	000	
Form	330	

# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AH	or th	e 2017 calendar year, or tax year beginning and	ending	_			
B c	Check if Ipplicab	e: C Name of organization		D Employer identifie	cation number		
	Addre						
	Name Chang	Doing business as		31-1597223			
	Initial return Final return		Room/suite	E Telephone number (213	, )680-0600		
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,621,000.		
	Amer	ded LOS ANGELES, CA 90013		H(a) Is this a group re			
		F Name and address of principal officer: LISA WATSON		for subordinates			
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	······		
11	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) c	or 527		list. (see instructions)		
		te: WWW.DOWNTOWNWOMENSCENTER.ORG		H(c) Group exemption			
		f organization: X Corporation Trust Association Other ►	I Year		State of legal domicile: CA		
_	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: HOUS	ING FO	RMERLY HOME	LESS WOMEN,		
Activities & Governance		PROVIDING MEALS, COUNSELING & SUPPORTIVE	SVCS	FOR WOMEN I	N POVERTY.		
na	2	Check this box      if the organization discontinued its operations or disposed in the organization dispo					
Nel	3	Number of voting members of the governing body (Part VI, line 1a)			19		
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			18		
8 8	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		164			
<i>i</i> tie	6	Total number of volunteers (estimate if necessary)			5000		
cţj	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
۲		Net unrelated business taxable income from Form 990-T, line 34		0.			
		······································		Prior Year	Current Year		
Ø	8	Contributions and grants (Part VIII, line 1h)		8,057,680.	7,526,272.		
ň	9	Program service revenue (Part VIII, line 2g)		553,562.	1,120,103.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		541,604.	243,071.		
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,716.	38,079.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,176,562.	8,927,525.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,317,657.	1,808,896.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,832,181.	5,021,675.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		48,000.	59,000.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25) <b>b</b> 1,091,00	68.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,848,867.	3,202,576.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,046,705.	10,092,147.		
	19	Revenue less expenses. Subtract line 18 from line 12		129,857.	-1,164,622.		
or				ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		37,850,517.	37,416,550.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		20,361,141.	20,870,073.		
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		17,489,376.	16,546,477.		
		Signature Block					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LISA WATSON, INTERIM O Type or print name and title	CEO	Date					
Paid	Print/Type preparer's name DONITA M. JOSEPH	Preparer's signature DONITA M. JOSEPH	Date Check PTIN 11/21/18 self-employed P00286656					
Preparer	Firm's name 🕨 WINDES, INC.	·	Firm's EIN <b>95-3001179</b>					
Use Only	Firm's address P.O. BOX 87							
	LONG BEACH, CA 9	0801-0087	Phone no. (562)435-1191					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)							

	DOWNTOWN WOMEN'S CENTER	31-1597223 <sub>P</sub>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE DOWNTOWN WOMEN'S CENTER (DWC) IS THE ONLY	
	ANGELES FOCUSED EXCLUSIVELY ON SERVING AND EM	
	EXPERIENCING HOMELESSNESS AND FORMERLY HOMELE	SS WOMEN. WE ENVISION A
	LOS ANGELES WITH EVERY WOMAN HOUSED AND ON A	PATH TO PERSONAL
2	Did the organization undertake any significant program services during the year which were	e not listed on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, and	/ program services?
0	If "Yes," describe these changes on Schedule O.	
4		
4	Describe the organization's program service accomplishments for each of its three largest p	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants ar	id allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 3,103,008. including grants of \$ 1,27	0,533.) (Revenue \$ 946,86
	HEALTH AND WELLNESS:	
	WE RECOGNIZE HOMELESSNESS AS A PUBLIC HEALTH	
	COMPOUNDING CHALLENGES OF HOMELESSNESS AND PO	OR HEALTH, WE TAKE A
	HOLISTIC APPROACH TO WOMEN'S WELLNESS.	
	WOMEN'S HEALTH CENTER:	
	OUR WOMEN'S HEALTH CENTER IS AN ON-SITE CLINIC	C JOINTLY RUN WITH LOCAL
	PARTNER JWCH, THROUGH WHICH WE PROVIDE BASIC	MEDICAL CARE, MAMMOGRAM
	AND HIV SCREENINGS, AND PHYSICAL AND MENTAL H	
	OUR EXCEPTIONALLY TRAINED STAFF FOCUSES ON PR	EVENTIVE CARE TO REDUCE
	DIABETES, OBESITY, HYPERTENSION, AND OTHER CH	
		8,363.) (Revenue \$ 678,61
4b	(Code:) (Expenses \$ 2,937,029 · including grants of \$55 · HOUSING:	<b>5,303</b> .) (Revenue \$ <b>078,01</b>
	USING THE HOUSING FIRST MODEL, DWC PROVIDES 1	
	SUPPORTIVE HOUSING FOR SINGLE UNACCOMPANIED W	
	RESIDENCES IN DOWNTOWN LOS ANGELES. PERMANENT	
	COMFORTABLE, SAFE, AND AFFORDABLE HOUSING WIT	
	WOMAN HAS ACCESS TO ON-SITE INDIVIDUALIZED SU	
	NEEDS NOT JUST TO END HER STRUGGLE WITH HOMEL	ESSNESS, BUT ALSO TO
	THRIVE IN PERMANENT HOUSING AND WORK TOWARD A	CHIEVING HER GOALS.
	COMMUNITY-BASED HOUSING:	
	DWC'S COMMUNITY-BASED HOUSING PROGRAM CONNECT	S SINGLE UNACCOMPANIED
	WOMEN AND WOMEN WITH CHILDREN TO PERMANENT HO	
4c	1 000 247	) (Revenue \$ 313,31
-0	EDUCATION & JOB READINESS:	
	WOMEN LIVING IN SKID ROW FACE MANY BARRIERS TO	
	EDUCATION AND JOB READINESS RESOURCES AIM TO	
	UNEMPLOYMENT AND HOMELESSNESS FOR WOMEN.	BREAK THE CICLES OF
	UNEMPHOIMENT AND HOMEHESSNESS FOR WOMEN.	
	EMPLOYMENT AND EDUCATION:	
	DWC PROVIDES CLASSES IN COMPUTER SKILLS, LITE	
	AND VOCATIONAL COUNSELING SESSIONS, JOB READING	
	EMPLOYMENT PLACEMENT SERVICES. MADE BY DWC IS	
	CREATED TO GENERATE ECONOMIC AND SOCIAL CAPITA	
	ROW COMMUNITY. OUR SIGNATURE LINE OF GIFTS IS	
	WOMEN, AND 100% OF THE PROCEEDS SUPPORT DWC'S	PROGRAMS AND SERVICES.
4d	Other program services (Describe in Schedule O.)	
		venue \$ )
40	Total program service expenses	)
τC		Form <b>990</b>
0000	2 11-28-17 SEE SCHEDULE O FOR CON	
32002	2 11-28-17 SEE SCHEDOLE O FOR CON	
01	121 794084 00250 2017.05000 DOWNTOWN W	OMEN'S CENTER 00250
υT	TTT 124004 00720 TOT1.02000 DOMULONN N	

Form	990	(2017)	)

Part IV Checklist of Required Schedules

DOWNTOWN WOMEN'S CENTER

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			v
	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			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17	- 23	<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G. Part III	19		X

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Form 990 (2017)

DOWNTOWN WOMEN'S CENTER

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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		v	
~ ~	Schedule J	23	Х	
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	240		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017)

732004 11-28-17

Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule C contains a response on note to any line In the Part V       V         a       Enter the number of cores W-GS netureds in the ta. Enter -0+ if not applicable       10       10       0         b       Enter the number of cores W-GS netureds in the ta. Enter -0+ if not applicable       10       10       0         c       Did the organization cores/s with backup withholding rules for exportable payments to vendors and reportable gaming (gambing) winnings to price winners?       16 dX         2a       Enter the number of enonyses reported on form W-G. Transmittal of Wage and Tax Statements, inter output the seture of the organization flag are covered by this return?       2a       X         b       If the taust one is reported on line 2a, did the organization flag are reportable flog Amolgony or tax returns?       2b       X         a       X       If "res," return the name of the flog are More (s) (s) one 2b, provide the constructions in a flog are composition to flag are construct by the seture in annel in account?       2b       X         b       If "res," return the name of the flag are more 10 role in a 2b, and the organization nate account and second account is entered account if (s) and 2b, and 2b as a second account is entered account is entered account is entered account (second account is entered account (second account is entered account is entered account is entered account is entered account (second account is entered account (second account is entered account (second account is entered account (secon	Form	990 (2017) DOWNTOWN WOMEN'S CENTER 31-1597	223	Р	age <b>5</b>
In         Enter the number reported in Box 3 of Form 1098. Enter -0. If not applicable         Image: Total applicable         Total applicable <thtotal applicable<="" th=""> <th< th=""><th>Pa</th><th>t V Statements Regarding Other IRS Filings and Tax Compliance</th><th></th><th></th><th></th></th<></thtotal>	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
a Enter the number reported in Exx 3 of Form 1096. Enter -0 in not applicable         is         79           b Enter the number of form W2G holdade in the last. Enter -0 in not applicable.         is         70           2 Enter the number of organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winnes?         1c         X           2 Enter the number of organization have intergrated in E.2, did the organization file all required federal employment tax returns?         2a         X           Note. If the sum of lines 1 and 2a is greater than 250, your may be required to e-file (see instructions)         3a         X           3 Did the organization have unrefactor busines gross income of 51 tool or more during the year?         3a         X           4 Aray three during the calendary year, did the organization have an interest it, or a signation or other funcieul accounts in Exceedue 0         3b         X           1 1 Yes, 'neal titled a form 990. Tor this year? If YAO, 'to line 3b, provide an explanation in Schedulo 0         3b         X           a A any time drog ingrassitian have an interest it, or a signation accounts in EXAPA.         5a         X           5a         X be the organization have annitization have annitization have annitization and the organization have annitization and any time during the tax year?         5a         X           6a         X         10 'to signa during the sistication an express statement thas suchorthytons		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W-20 included in line 1a. Enter - 0 in rot applicable       Image: Control of Contro Of Control Of Control Of Control Of Control Of Cont				Yes	No
b       Enter the number of Perms W-26 included in line 1a. Enter -0. In ottapplicable       10	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c       Dot the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gambling) withings to prove winners?       16 a         2a       Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendaryeer and gain to within the year covered by this return       2a       164         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2a       X         Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         a       At any time that and call is greater than 250, you may be required to e-file (see instructions)       3a       X         b       If "Yes," that if field a form 900.1 for this year? If "Ne," to line 3b, provide an explanation in Schedule O       3b       X         d       At any time the name of the organization have an interest n, or a signature or other authority over, a financial accountly required to the organization apart to a prohibitod tax shelter transaction?       5a       X         d       Dots the organization apart to a prohibitod tax shelter transaction?       5a       X         d       Dots the organization apart yo a prohibitod tax solicitation an explanation and party for goods and services provided to the payor?       7a       X         d       If "Yes," to line Ea contaxito orthubutons under section 170(c).       0b       8b					
Ignabiling winnings to prize winners?       ic       X         2a       Encer the number of employees reported on from W3, Transmittal of Wage and Tax Statements.       1       164         b       If at least one is reported on line 2a, did the organization file all required to feel see instructions?       2b       X         Note. If the sum of Ines 1 and 2a is greater than 250, you may be required to efficies instructions?       3a       X         10       11 "Yss," instrt file af Com 2007 for this yse?"       3a       X       X         41 At any time during the calendar ysea, did the organization have an interest in, or a signature or other authority over, a financial accounts for filing requirements for filing requirement for forms 8282         6       <					
2a       Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements.       164         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         Note, if the sum of line 3a, and 2a is greater than 250, you may be required to e- <i>file</i> (see instructions)       3a       X         a       Dat the organization have unique required to buints greater than 250, you may be required to e- <i>file</i> (see instructions)       3a       X         b       If Yes, 'has it filed a form 900-T for this year /f 'No, 'to line 3D, provide an explanation in X-deduke O       3a       X         d       At any time the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).       5a       X         See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b       If Yes, 'to line 5a or 5b, did the organization file Form 888617       5a       X         b       If Yes, 'to line 5a or 5b, did the organization file Form 888617       5a       X         b       If Yes, 'to line 5a or 5b, did the organization file Form 888617       5a       X         b       If Yes, 'to line 80, argentiation kave and a gross incediptis that an enormality greater than 3100,000, and did the organization solicit any contributions anderestice apayment in excess of \$55 male parity as contr			1c	Х	
till die dar beite neise reported om line 2s, did the organization fiel all required fedral employment tax returns?       2a       2b       X         3a Did the organization have unrolated buisness gross income of \$1,000 or more during the year?       3a       X       3a         3b If Yes, The sum of lines 1s and 2a is greater than 250, you may be required to e-fiel (see instructions)       3a       X       3a         3b If Yes, The sum of lines 1s and 2a is greater than 250, you may be required to e-fiel (see instructions)       3a       X       3a         3b If Yes, The sum of lines 1s and 2a is greater than 250, you may be required to e-field (see instructions)       3a       X       3a         3c If Yes, The the sum of the train outry (sub as as bank account, securities account, or other financial account)?       4a       X         5c If Yes, To line 5a or 5b, did the organization that twas or is a party to a prohibited tax shelter transaction?       5a       X         6b De ste organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutt any contributions that ween out tax deductible as charitable contributions?       6b       X         7b Uf Yes, "id the organization neutry evel scients an enormally greater than \$100,000, and did the organization solutt any contributions and party for groots and services provided?       7a       X         7b Uf Yes, "id the organization neutry evel scients and charitable contributions?       7b       X         7b	2a				
b       If at least one is reported on line 3 and 24, did the organization file all required to effit (see instructions)       2b       X         Note. If the sum (lines 1 and 24, gir set than 250, you may be required to effit (see instructions)       3a       X         b       If "Yes," has it filed a form 580 T for this year? If "No," to line 30, provide an explanation in Schedule O       3a       X         b       If "Yes," has it filed a form 580 T for this year? If "No," to line 30, provide an explanation in Schedule O       3a       X         b       If "Yes," that it file a form 500 T for this year? If "No," to line 30, provide an explanation on the rauthority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts (FBAR).       5a       X         5a       Was the organization have annual gross receives party to a prohibited tax shelt transaction?       5b       X         5a       Did any taxable part notify the organization the Form 586617       5c       C       5c       X         6a       Did was annual gross receives should tax shelts transaction?       5c       C       5c       X         7a       X       Did was anguarization sale approximation have annual gross receives should tax shelts transaction?       5c       C       5c       X         5a       X       Did was anguarization set anguarization set approximatin access of Si and p prix acontributions or girts		1.54			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)       3a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a tering country see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization aparty to a prohibited tax shafter transaction at any time during the tay year?       5a       X         5a       Ut 'ves, ' enter the name of the organization that it was or is a party to a prohibited tax shafter transaction?       5a       X         5a       Ut 'ves, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       X         6b       If 'ves, ' did the organization outfit, de door of the value of the goods or services provided to the party?       7a       X         7b       If a dives, ' indicate the number of Forms 8282 lied during the year       7d       7a       X         7b       If the organization neceive a payment in excess of \$15 made party as a contribution and party for goods and services provided to the party?       7a       X         7b       If 'ves, ' did the organization notiff, the doors can, bo	b	,		Х	
3a       Did the organization have unrelated bisiness gross income of \$1,000 or more during the year?       3a       X         bit 17%s, 'has it flids a form 990 for this year? If No, 'to line 3b, provide an explanation in Schedule 0       3a       X         bit 17%s, 'has it flids a form 990 for this year? If No, 'to line 3b, provide an explanation in Schedule 0       3a       X         bit 17%s, 'to at the the name of the foreign country (such as a bank account, securities account, or other nancial account)?       4a       X         bit 17%s, 'to at the the name of the foreign country (such as a bank account, securities account, or other nancial accounts (FBAP).       5a       X         Se instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP).       5a       X         So as the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid.       5a       X         bit 17%s, 'did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible ac charitable contributions?       7a       X         bit 17%s, 'did the organization neckes of 3/5 made pathy as a contribution and pathy for goods and services provided to the payor?       7a       X         c       Did the organization neckes of 3/5 made pathy as a contribution and pathy for goods and services provided to the payor?       7a       X         c       Did the organization neckes a contribution of east,	-				
b       If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0       3b       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or other financial account?       4a       X         b       If "Yes," enter the name of the foreign country: IV       See instructions for filing requirements to FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a       Was the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solid any combined tax shelter transaction?       5a       X         6b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and every solicitation an express statement that such contributions or gifts were not tax deductible contributions and every solicitation and party for goods and services provided to the party?       7a       X         7 Organization elevie a payment in eaces of \$75 made party as a contribution and party for goods and services provided?       7a       X         7a       Ma       Ma       Ma       X       7a       X         7a       Ma       Ma       Aad party as a contribution on a personal	3a		3a	Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         bit 1''yes, 'renet the name of the foreign country ≥       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account)?       5a       X         5a Was the organization a part to a prohibited tax shelter transaction?       5b       X         5d Dots the organization area winual gross receipts that are normally greater than \$100.000, and did the organization solid any contributions include with every solicitation an express statement that such contributions so gifts       5c       5c         7 Organization near annual gross receipts that are normally greater than \$100.000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifts       6a       X         9 I''yes, '' did the organization neares of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         10 If the organization neaves of \$75 made partly as a contribution and partly for which it was required       7c       X         10 If the organization neaves or throms 8222 filed during the year       1cd       7d       X         10 If the organization neave any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         11 the organization ne					
financial account in a toreign country (such as a bank account, securities account, or other financial account)?     4a     X       b If "Yes," enter the name of the foreign country.     5     5       See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5       5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a       b Id any taxable party notify the organization file Form 8896-17?     5a       6a Does the organization have annual gross receipts that are normally greater than \$100,000, and dit the organization solid any contributions that twas or is a party to a prohibited tax shelter transaction?     5a       7a X     7a     X       7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a schriftable outributions and party for goods and services provided to the party To X       7b If "Yes," did the organization notify the door of the value of the goods or services provided to the party To X     7a       7a Did the organization notify the door of the value of the goods or services provided to the party To X     7a       7c If the organization neceive any fundi, directly or indirectly, no parsonal benefit contract?     7a       7a Did the organization neceive any fundi, directly or indirectly, no parsonal benefit contract?     7a       7b If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C2?     7a <td< th=""><th></th><th>· · · · · · · · · · · · · · · · · · ·</th><th></th><th></th><th></th></td<>		· · · · · · · · · · · · · · · · · · ·			
b       If 'Yes,' enter the name of the foreign country:          See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         So Ud any taxable party notify the organization file form 8886-17       5c         Ga Does the organization have amual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         B If 'Nes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         B If 'Nes,' did the organization nolicity with very solicitation an express statement that such contributions or gifts       6b       7a       X         B If 'Nes,' did the organization sell, exchange, or therwise dispose transplate provider for which it was required to file Form 8282?       7d       7a       X         C Id the organization sell, exchange, or therwise dispose transplate prevery for which it was required?       7t       X         f If 'Nes,' findicate the number of Form 8282? filed during the year       7d       7a       X         f If we organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f If the organization neceive any funds, directly o			4a		х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         6b Did explantation have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was or proteipts that are normally greater than \$100,000, and did the organization solicit any contributions that was required to the party?       5c       X         7 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X       7t         8 Dif "ves," indicate the number of Forms 8282 filed during the year       Zd       7t       X         9 Did the organization receive a payment in excess business holding at any time during the year, pay premiums, directly or indirectly, to a pay remined the organization file a Form 8899 a required?       7t       X         7 Did the organization exceive a payment may taxible distributions under section 4966?       N/A       7t       X         9 Did the organization receive a payment produce the pay premiums on a personal benefit contract?       7t       X       7t       X         9 Did the organization receive any thinds, directly or indirectly, to	b				
5a     Xas the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5c     X       5b     Lif 'Yes,' is line 5a or 5b, of the reganization file form 8886-17     5c     X       5c     Lif 'Yes,' is lift be organization include with very solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?     6a     X       7     Organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?     6b     7a     X       7     Organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?     7a     X     7a     X       7     Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?     7a     X     X       0 lif the organization receive a payment in excess of \$75 made party as a contribution and party for which it was required?     7a     X     X       0 lif the organization receive a payment in excess of \$75 made party as a contribution and party for which it was required?     7a     X     Y       7a     X     T     7a     X     Y     Y     X     Y     X       0 lif the organization receive a payment in, excess as payment or spresonal	~				
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization tile Form 8866-17       5c       5c         B       Dees the organization have annual gross excelpts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions?       5c       5c       5c         b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         7       Organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7b       X         b       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f       Did the organization neceived a contribution of cars, boats, arignaes, or other whicles, did the organization file Form 8898 as required?       7n       X         f       If the organization maintaining door advised funds.       Did the organization maintaining door advised funds.       10b       10b         g       Sponsoring organization make any staxible distributions under section 48667       N/A	5a		5a		х
c       If "Yes," to line 5a of 5b, did the organization file Form 8886-17       5c         Gb       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charthable contributions?       5c         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charthable contributions?       6a       X         b       If "Yes," did the organization stating exclusions that may receive deductible contributions under section 170(c).       7b       X         c       Organizations that may receive deductible contributions under section 170(c).       7b       X         c       Did the organization netwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         f       If the organization receive any tanking donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       8       9a <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>					
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       Ga       X         7       Organization stat may receive deductible contributions under section 170(c).       Ga       Ga       X         9       Did the organization nective apyment in excess of 3/5 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         c       Did the organization nective apymentin excess of 3/5 made parity as a contribution and parity for goods and services provided to the payor?       7b       X         c       Did the organization nective apymentines or the value of the goods or services provided?       7c       X         c       Did the organization might by express provided to the payor?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year number of contract?       7c       X         f       Did the organization receive any funds, directly or indirectly or indirectly or appresimation and parity as a contribution contract?       7r       X         f       H 'the organization neceive accontribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1094.C       N/A       7n <th></th> <th></th> <th></th> <th></th> <th></th>					
any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       7b       X       7b         a bid the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         c Did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         d If 'Yes," indicate the number of Forms 8282?       7d       7d       7e       X         g Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization files Form 8899 as required?       7h       X         f If the sponsoring organization matexians and thanks dustributions under section 4966?       N/A       9a       9a         g Did the sponsoring organization make a distribution to a donor advisor, or related person?       N/A       9b       9a         g Did the sponsoring organizat					
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         c       Did the organization cecive any times, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089 Cr       N/A         sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       N/A         9       Sponsoring organization make any taxable distribution sudre section 4966?       N/A       9a         9       Sponsoring organizations maintaining donor advised funds.       11a       10a       10b         10       the sponsoring organizations make any taxable distributions under section 4966?       N/A       9a </th <th></th> <th></th> <th>6a</th> <th></th> <th>х</th>			6a		х
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b       9     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?     7c     X       0     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       0     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       10     Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h     X       11     The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7h     X       28     Sponsoring organization mave excess business holdings at any time during the year?     8     9       39     Sponsoring organization make any taxable distributions under section 4966?     N/A     9a       30     Did the sponsoring organization make any taxable distributions or called person?     N/A     9a       30     Gross income from others ourse (Do not net amounts due or paid to other sources against amounts due or schwel (Do not net amounts due or pain 200 network)     11a     12a       31     Section 501(c)(2) organizations make any taxable distributions under sources against amounts due	b	•			
7       Organizations that may receive deductible contributions under section 170(c).       a) bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the domor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1089-02       7h       X         8       Sponsoring organizations maintaining door advised funds.       Did a door advised funds.       8       9         9       Sponsoring organization make any taxable distribution surfar settion 4966?       N/A       8       9         9       Did the sponsoring organizations included on Part VIII, line 12       N/A       10a       10b       10b         10       Did the sponsoring organizations. Enter:       a       Gross income from members or shareholders       N/A	~		6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7c       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07       7f       X         g Sponsoring organizations maintaining donor advised funds.       N/A       7f       X         g Did the sponsoring organization make and taxable distributions under section 4966?       N/A       9a       9a         g Gross income from other sources (D not net amounts due or paid to other sources against amounts due or paid to other sources against amounts due or caceipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10a       10a       10a       10a       10a       10a       10a       10b       10b       10b       10b       10b	7		0.0		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7g       N/A         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       a       0       9a       9a         9       Sponsoring organizations maintaining donor advised funds.       a       10a       10a       8a       9a       9b       9b       9b       9b       9b       9b       9b       9b       9c       9c       9a       9b       9c       9c			7a	х	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive at a contribution of qualified intellectual property, did the organization file a Form 1088:07       7n       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088:07       7n       X         8       Sponsoring organization maintaining door advised funds. Did a donor advised fund bit a sponsoring organization make any taxable distributions under section 4966?       N/A       8         9       Sponsoring organizations maintaining door advised funds. Did a donor advised funds. Did a donor advised fund bit he sponsoring organizations maintaining door advised funds.       10a       10a       9a         10       Bection 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(212) organizations. Enter:       10b       10b       11b       12a         12       Section 501(c)(212) organizations. Enter:       10b       10b       12a       12					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8 Sponsoring organization have excess business holdings at any time during the year?       8       9         9 Sponsoring organization make any taxable distributions under section 4966?       N/A       8         9 Did the sponsoring organization make a distribution s donor, donor advised runds.       9b       90         10 Section 501(c)(7) organizations. Enter:       10a       10a       10a         11 Section 501(c)(7) organizations. Enter:       N/A       11a       10b         12 Section 501(c)(22) organizations. Enter:       N/A       11a       10b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       N/A       11a       12a         14 Section 501(c)(29) qualified nonprofit health plans in more than one state?       N/A       13a       13a         14 Section 501(c)(29) qualified					
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Te       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Th       X         f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       N/A         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the       N/A         9       Sponsoring organization make any taxable distributions under section 4966?       N/A         9       Did the sponsoring organizations. Enter:       a         a Initiation fees and capital contributions included on Part VIII, line 12       N/A       10a         10       b Gross income from members or shareholders       N/A       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       11b         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         13       Section 501(c)(12) organizations. Enter:	•		70		x
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Form 990 (2
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#### DOWNTOWN WOMEN'S CENTER

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			<u></u>		Σ
Sec	tion A. Governing Body and Management				-
		1 1 4/		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 19	1		
	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 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\ldots$		3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		
6	Did the organization have members or stockholders?		6		
7a					
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	T
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				T
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)			
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such				T
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х	T
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ,			
			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				┢
Ŭ	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	┢
14	Did the organization have a written document retention and destruction policy?		14	x	┢
5			14		
5	Did the process for determining compensation of the following persons include a review and appro- persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
_			45-	х	
	The organization's CEO, Executive Director, or top management official		15a	X	┢
b	Other officers or key employees of the organization		15b	^	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
_	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	· ·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the steps to safeguard the organization of the steps of the st	anization's			
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
		n in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records: ►			
	LISA WATSON - (213)680-0600				
	442 S. SAN PEDRO ST., LOS ANGELES, CA 90013				
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Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	recto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		yolqr	t con /ee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DONELLA WILSON	5.00	_		0	×	노ㅎ	<u>ш</u>			
PRESIDENT		х		х				0.	0.	0.
(2) HOWARD SHERMAN	5.00									
TREASURER		х		х				0.	0.	0.
(3) KATHERINE FORSTER	5.00									
SECRETARY		х		Х				0.	0.	0.
(4) LORAINE WHITE	2.00									
DIRECTOR		Х						0.	0.	0.
(5) RACHEL CAPOCCIA	2.00									
DIRECTOR		Х						0.	0.	0.
(6) PATTI FISCHER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) PATRICIA GONZALEZ	2.00									
DIRECTOR		Х						0.	0.	0.
(8) EILEEN GOODIS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) LYNN HALL RUSSELL	2.00									•
DIRECTOR		Х						0.	0.	0.
(10) ELYSE KLEIN	2.00									0
DIRECTOR	0.00	Х						0.	0.	0.
(11) ERIN MILLS	2.00								0	0
DIRECTOR	0.00	Х						0.	0.	0.
(12) HEATHER RIM	2.00	37						0	0	0
DIRECTOR	2.00	Х						0.	0.	0.
(13) BONNIE SUN	2.00	x						0.	0.	0.
DIRECTOR	2.00	^						0.	0.	0.
(14) ROBERT CRAWFORD	2.00	x						0.	0.	0.
DIRECTOR (15) DEANNA FREUND, PHD, P.E.	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(16) ALMA GRAHAM	2.00								••	0.
DIRECTOR	2.00	х						0.	0.	0.
(17) PILAR HOYOS	2.00				-		-			<b>.</b>
DIRECTOR		х						0.	0.	0.
732007 11-28-17	1						·		•••	Form <b>990</b> (2017)

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7 2017.05000 DOWNTOWN WOMEN'S CENTER Form 990 (2017)

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	990 (2017) DOWNTOWN	WOMEN'S	<u>s</u> (	CEI	ITI	ΞR				31-1	<u>597</u>	<u>223</u>	Pag	je <b>8</b>
Part	VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	(do box offi	not c	(C Pos heck ss pe	<b>c)</b> itior more rson		one h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n I	an	(F) timated nount of other	:
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensation om the anization d related anization	n d
(18) DIREC	SHELLI A. HERMAN TOR	2.00	x						0.		0.			0.
(19) DIREC	CATHERINE COLLINS TOR	2.00	x						0.		0.			0.
(20) CEO	ANNE MISKEY	40.00			x				177,978.		0.	2	0,86	0.
(21) COO	ZCHODAE STROM	40.00			x				137,055.		0.		8,68	
(22)	AMY TURK ' PROGRAM OFFICER	40.00	ŀ				x		119,054.		0.		6,74	
	FROGRAM OFFICER								115,054.				0,74	
									434,087.		0.	3	6,28	<u></u>
c	Sub-total Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A							<u>434,087</u> .		0.			0.
2	Total number of individuals (including but compensation from the organization									),000 of reportab	-		- ,	3
	Did the organization list any <b>former</b> office	r director or tri	iste	e ke	av er	mole		or	highest compensated e	mplovee on			Yes	No
I	ine 1a? If "Yes," <i>complete Schedule J for</i> For any individual listed on line 1a, is the s	such individual			· · · · · ·				• ·			3		X
:	and related organizations greater than \$15 Did any person listed on line 1a receive or	50,000? If "Yes,	" со	mple	ete S	Sche	edule	эJ	for such individual			4	X	
	rendered to the organization? If "Yes," cor on B. Independent Contractors	-				-						5		X
1	Complete this table for your five highest c	-	-								Ipens	ation f	rom	
	the organization. Report compensation for (A) Name and busines		ear	enai	ng v	vitri	or w	<u>1111</u>	(B) Description of s		C	( <b>C</b>	<b>;)</b> nsation	
	Y CONSULTING GROUP, L 0 PLATT AVE #548, WES	ЪС		~ <b>λ</b>	01	131	07		ACCOUNTING A CONSULTING S	ND OTHER			8,00	
GAR	CIAS JANITORIAL E JOHNSON ST, COMPTO				<u> </u>		07		JANITORIAL S				<u>6,00</u>	
													0   0	<u> </u>
	Total number of independent contractors		not li	mite	d to		se li: 2	ste	d above) who received n	nore than				
	\$100,000 of compensation from the organ	nzation 🗩				-	<u>ы</u>					Form	<b>990</b> (20	)17)

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rm 990 ( <b>art VII</b>		N'S CENTI	ER		31-159	7223 Page
art vii		or note to any line	e in this Part VIII			Г
	Check if Schedule O contains a response		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
a Other Similar Amour 6 f a p a q	All other contributions, gifts, grants, and similar amounts not included above	19,136. 577,405. 928,189. 001,542. 091,121.	7 526 272			
	Total. Add lines 1a-1f	Business Code				
2a b c d e ¢		531110 900099	806,793. 313,310.	806,793. 313,310.		
r e						
	All other program service revenue Total. Add lines 2a-2f		1,120,103.			
3	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p	►	122,450.			122,45
5	Royalties	F				
b c	Gross rents Less: rental expenses Rental income or (loss)					
7 a b	Net rental income or (loss)Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)(i) Securities 539,863.419,242. 120,621.	(ii) Other				
	Net gain or (loss)		120,621.			120,62
b	Less: direct expenses b	274,233. 274,233.				
9 a	Gross income from gaming activities. See Part IV, line 19 a		0.			
	Less: direct expenses <b>b</b> Net income or (loss) from gaming activities					
10 a b	Gross sales of inventory, less returns and allowances <b>a</b> Less: cost of goods sold <b>b</b>					
C C	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code				
11 a b		900099	38,079.			38,07
C C						
d e	Total. Add lines 11a-11d	►	<u>38,079.</u> 3927 525.	1,120,103.	0	. 281,15
<b>12</b> 009 11-28	Total revenue. See instructions.	····· ► •	5,741,343.	±,±20,±03•	0	Form <b>990</b> (2

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2017.05000 DOWNTOWN WOMEN'S CENTER

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Part IX Statement of Functional Expenses

DOWNTOWN WOMEN'S CENTER

	Check if Schedule O contains a respor	(1)			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	92,236.	92,236.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,716,660.	1,716,660.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	344,574.	278,554.	21,889.	44,131
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,819,113.	3,087,368.	242,612.	489,133
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7 7 7 1	6,244.	491.	0 9 0
•		7,724. 525,717.	424,989.	33,397.	989 67,331
9 10	Other employee benefits	324,547.	262,364.	20,617.	41,566
11	Payroll taxes Fees for services (non-employees):	521,517.	202,304.	20,017.	41,500
ii a	Management				
a b	Legal	8,834.		8,834.	
	Accounting	36,487.		36,487.	
d					
e	Professional fundraising services. See Part IV, line 17	59,000.			59,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
0	column (A) amount, list line 11g expenses on Sch 0.)	461,673.	127,689.	215,225.	118,759
12	Advertising and promotion				
13	Office expenses	132,018.	56,068.	56,673.	19,277
14	Information technology	141,614.	47,149.	57,327.	37,138
15	Royalties				
16	Occupancy	610,184.	545,063.	38,371.	26,750
17	Travel	82,724.	75,288.	3,183.	4,253
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	65,369.		65,369.	
21	Payments to affiliates	950 060	764 245	17 555	60 260
22	Depreciation, depletion, and amortization	850,060. 101,725.	764,245. 93,674.	17,555. 3,033.	68,260 5,018
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	101,725.	95,074.	5,055.	5,010
а	STORE EXPENSES	180,922.	162,830.		18,092
b	REPAIRS AND MAINTENANCE	172,762.	157,842.	6,176.	8,744
с	MISCELLANEOUS	103,245.	45,181.	37,127.	20,937
d	BANK CHARGES	69,903.		69,903.	
е	All other expenses	185,056.	87,540.	35,826.	61,690
25	Total functional expenses. Add lines 1 through 24e	10,092,147.	8,030,984.	970,095.	1,091,068
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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if following SOP 98-2 (ASC 958-720)

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					5 5 7		,
	1	Cash - non-interest-bearing			55,423.	1	53,676.
	2	Savings and temporary cash investments			1,554,153.	2	1,680,325.
	3	Pledges and grants receivable, net			611,032.	3	156,591.
	4	Accounts receivable, net			950,430.	4	1,074,432.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	`				
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use		E		8	
	9				67,818.	9	117,085.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,002,811.			
	b	Less: accumulated depreciation	10b	5,447,112.	31,288,690.	10c	30,555,699.
	11	Investments - publicly traded securities	·····		3,322,971.	11	3,778,742.
	12	Investments - other securities. See Part IV, line 1		E		12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			37,850,517.	16	37,416,550.
	17	Accounts payable and accrued expenses			567,803.	17	539,235.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
es	22	Loans and other payables to current and former	officers	s, directors, trustees,			
il ti		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties	19,453,338.	23	19,280,838.
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, page	yables t	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D			340,000.	25	1,050,000.
	26	Total liabilities. Add lines 17 through 25			20,361,141.	26	20,870,073.
		Organizations that follow SFAS 117 (ASC 958		k here ► 🛛 🛣 and			
sec		complete lines 27 through 29, and lines 33 an			0 000 040		10 451 601
anc	27	Unrestricted net assets			9,808,243.	27	10,451,601.
Bal	28	Temporarily restricted net assets			7,681,133.	28	6,094,876.
pu	29					29	
Ъ		Organizations that do not follow SFAS 117 (A	SC 958	), check here 🕨 🛄			
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds		E		30	
ŝ	31	Paid-in or capital surplus, or land, building, or eq				31	
<	32	Retained earnings, endowment, accumulated inc		F	17,489,376.	32	16,546,477.
Vet A							$i$ in $\neg 4n$ $4//$
Net Assets or Fund Balances	33	Total net assets or fund balances				33	
Net A	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances			37,850,517.		37,416,550. Form <b>990</b> (2017)

DOWNTOWN WOMEN'S CENTER

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

**(B)** End of year

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**(A)** Beginning of year

	DOWNTOWN WOMEN'S CENTER	31-1	597223	Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
					<b>~</b> -
	otal revenue (must equal Part VIII, column (A), line 12)	1	8,92		
	otal expenses (must equal Part IX, column (A), line 25)	2	10,09	-	
	evenue less expenses. Subtract line 2 from line 1	3	-1,16		
	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,48		
5 N	et unrealized gains (losses) on investments	5	22	0,7	64.
<b>6</b> D	onated services and use of facilities	6			
<b>7</b> In	ivestment expenses	7			
	rior period adjustments	8			
<b>9</b> O	ther changes in net assets or fund balances (explain in Schedule O)	9		9	59.
<b>10</b> N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	olumn (B))	10	16,54	6,4	77.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 A	ccounting method used to prepare the Form 990: 🛄 Cash 🛛 🗶 Accrual 🔛 Other		_		1
	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
<b>2a</b> W	/ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
s	eparate basis, consolidated basis, or both:				
L	Separate basis Consolidated basis Both consolidated and separate basis				
bΝ	/ere the organization's financial statements audited by an independent accountant?		2b	Х	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			1
C	onsolidated basis, or both:				
L	Separate basis X Consolidated basis Both consolidated and separate basis				1
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
re	eview, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
lf	the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
A	ct and OMB Circular A-133?		3a		Х
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
01	r audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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# 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

I	2017
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name	of the	organization
------	--------	--------------

		DOWN		3	1-1597223								
Pa	rt I	Reason for Public (	Charity Status	All organizations must co	omplete th	is part.) S	ee instruction	S.					
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	nurches, or associati	on of churches described	d in <b>sectio</b>	on 170(b)(	1)(A)(i).						
2		A school described in section	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)							
3		A hospital or a cooperative	hospital service org	anization described in <b>se</b>	ection 170	)(b)(1)(A)(i	ii).						
4		A medical research organiz	zation operated in co	njunction with a hospital	described	d in <b>sectio</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental ι	unit descrik	oed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma						he general	public described in				
		section 170(b)(1)(A)(vi). (C			-			-					
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org				ed in conju	unction with a	land-grant	college				
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
	university:												
10		An organization that norma	ally receives: (1) mor	e than 33 1/3% of its sur	port from	contributi	ons. members	ship fees, a	nd aross receipts from				
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
		income and unrelated busir							-				
		See section 509(a)(2). (Cor						94					
11		An organization organized a		sively to test for public sa	fetv. See	section 50	09(a)(4).						
12		An organization organized a		•	•			arrv out the	purposes of one or				
		more publicly supported or	•	•	•		-	•	• •				
		lines 12a through 12d that											
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina				
		the supported organization		-	•								
		organization. You must c			<b>jj</b>								
b		<b>Type II.</b> A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	vina				
		control or management o					-		-				
		organization(s). You mus											
с		Type III functionally inte	-		in connec	tion with.	and functiona	Ilv integrate	ed with.				
		its supported organization						, ,	,				
d		Type III non-functionally						rted organi	zation(s)				
		that is not functionally int		• •				-					
		requirement (see instruct			-		-						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	s that it is a	a Type I, Type	II, Type III					
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, <b>,</b>					
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0								
		vide the following informatior	-	ed organization(s).									
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in vour governi	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)				
Tota	ıl												
LHA	For F	Paperwork Reduction Act N	Notice, see the Inst	ructions for Form 990 o	r 990-EZ.	732021 10	-06-17 Schee	dule A (For	m 990 or 990-EZ) 2017				

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## Schedule A (Form 990 or 990 EZ) 2017 DOWNTOWN WOMEN'S CENTER

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,142,676.	5,514,292.	6,653,125.	8,057,680.	7,526,272.	32,894,045.
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	5,142,676.	5,514,292.	6,653,125.	8,057,680.	7,526,272.	32,894,045.
	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)						72,776.
6	Public support. Subtract line 5 from line 4.						32,821,269.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	5,142,676.	5,514,292.	6,653,125.	8,057,680.	7,526,272.	32,894,045.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	65,783.	63,877.	65,681.	99,746.	122,450.	417,537.
9	Net income from unrelated business		,	,	•		
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	15,783.	13,666.	28,395.	23,716.	38,079.	119,639.
11	Total support. Add lines 7 through 10	,	,	,	•		33,431,221.
	Gross receipts from related activities,	etc. (see instructio	ons)	I		12 3	,255,225.
	<b>First five years.</b> If the Form 990 is for					n 501(c)(3)	<u> </u>
	organization, check this box and <b>stop</b>				2		
See	ction C. Computation of Publi						
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.18 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	95.72 <sub>%</sub>
16a	<b>33 1/3% support test - 2017.</b> If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2017. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>ere.</b> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"						
b	0 10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a public	cly supported orga	anization	
18	Private foundation. If the organization						s 🕨 🗌
						dule A (Form 990	

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# Schedule A (Form 990 or 990-EZ) 2017 DOWNTOWN 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	17 <b>(f)</b> 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						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	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						
6	Total. Add lines 1 through 5				ļ		
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
2	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	ion 501(c)(3)	organization,
	check this box and stop here						
3ec	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2017 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2016						%
	ction D. Computation of Invest						
17	Investment income percentage for 20	<b>17</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2						%
	<b>133 1/3% support tests - 2017.</b> If the						d line 17 is not
	more than 33 1/3%, check this box ar	-					
	<b>33 1/3% support tests - 2016.</b> If the						
h		-					
b	Ine 18 is not more than 33 1/3% coa		Cop notes the dige	anzadon qualines a	as a publicity supp	Joi Cu Uiyani	
	line 18 is not more than 33 1/3%, che Private foundation If the organization			a or 19h check +	his hay and sea in	nstructions	
20	Private foundation. If the organization			a, or 19b, check t			
20							rm 990 or 990-EZ) 2017
<b>20</b> 320:	Private foundation. If the organization	n did not check a	a box on line 14, 19	0a, or 19b, check t 15 DOWNTOWN	Sci	hedule A (Fo	

### Schedule A (Form 990 or 990-EZ) 2017 DOWNTOWN WOMEN'S CENTER

#### 31-1597223 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

### 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")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 DOWNTOWN WOMEN'S CENTER Part IV Supporting Organizations (continued)

11       Has the organization accepted a gin or contribution from any of the following persons?       Image: Control of Contro Control of Control control contecle Control of Control				Yes	No
	44	Has the organization acconted a gift or contribution from any of the following persons?		165	NU
b A tanky member of a period exectibility of a person described in (a) or (b) above?!! "Yes' to a, b, or c, provide detail in Part VI.       11a         Section B. Type I Supporting Organizations <ul> <li>I bit the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least analysinty of the organizations directors or trustees at at times during the tax year.</li> <li>I bit the directors, trustees, or membership of one or more supported organization at the supported organization, a describe in the torganization software the non esupported organization, describe in the organization software the non esupported organization, describe in the organization software the none supported organization, describe in the organization software in the supported organization of the tax year.</li> <li>Did the organization software in the supported organization of the tax year.</li> <li>Did the organization supporting organization.</li> <li>Bit the organization supporting organization in the supported organization (b) that operated, supervised, or controlled the supporting organization.</li> <li>Section C. Type II Supporting Organization.</li> <li>Were a majority of the organization supported organization (b) five, ' describe in Part V inco control or managed the supporting organization' (b) five, ' describe in Part V inco control or management of the supporting organization's due to radia organization (s) and the directors or trustees or a support ordiced organization (s) five, ' describe in Part V inco control or managed transmitters supported organization, supported organization, supported organization (s) five, ' describe in Part V inco control or management of the supporting Organization is supported organization (s) five, ' describe in Part V inco control or management or the supporting</li></ul>					
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## Schedule A (Form 990 or 990-EZ) 2017 DOWNTOWN WOMEN'S CENTER

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990 EZ) 2017 DOWNTOWN WOMEN'S CENTER

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 DOWNTOWN WOMEN ' Part VI Supplemental Information. Provide the explanati Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 2, (See instructions.)	ons required by Part II, line 10; Part II, li 9c, 11a, 11b, and 11c; Part IV, Section lines 1c, 2a, 2b, 3a, and 3b; Part V, line	B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V
32028 10-06-17		Schedule A (Form 990 or 990-EZ)
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2017

Employer identification number

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Name of the	organization
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Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						

DOWNTOWN WOMEN'S CENTER

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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) (2017)

Name	of	orga	nization
------	----	------	----------

31-1597223

#### DOWNTOWN WOMEN'S CENTER

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>    1                                </u>		\$403,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio

31-1597223

#### DOWNTOWN WOMEN'S CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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2017.05000 DOWNTOWN WOMEN'S CENTER

00250\_\_1

Name of orga	nization		Employer identification number			
	WN WOMEN'S CENTER		31-1597223			
Part III	Exclusively religious, charitable, etc., con	tributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follo us, charitable, etc., contributions of \$1.000 o	Wing line entry. For organizations			
	Use duplicate copies of Part III if addition					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Fulpose of girt					
.						
·						
		(e) Transfer of gif	it			
_	Transferee's name, address, a	nd ZIP + 4	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 git				
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
Γ.						
.						
.						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
.						
-						
-		(e) Transfer of gif				
		(e) transfer of gi				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
Γ.			· · · · · · · · · · · · · · · · · · ·			
.						
.						
(a) No.						
(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, a	Relationship of transferor to transferee				
⊢						
723454 11-01-1	17	2.4	Schedule B (Form 990, 990-EZ, or 990-PF) (20			
		×.4				

09301121 794084 00250

2017.05000 DOWNTOWN WOMEN'S CENTER

00250\_\_1

SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047	
(Form 990 or 990-EZ)	2017				
Department of the Treasury	-	if the organization is described			open to i done
Internal Revenue Service		to to www.irs.gov/Form990 for			Inspection
-		Form 990, Part IV, line 3, or Fo		ne 46 (Political Campaig	n Activities), then
	-	plete Parts I-A and B. Do not cor	•		
		01(c)(3)) organizations: Complete	Parts I-A and C below	I. Do not complete Part I-E	3.
<ul> <li>Section 527 organiz</li> </ul>	•	•			
-		Form 990, Part IV, line 4, or Fo			
		have filed Form 5768 (election un			
		have NOT filed Form 5768 (election			
		Form 990, Part IV, line 5 (Proxy	y Tax) (see separate	Instructions) or Form 99	0-EZ, Part V, line 35c (Proxy
Tax) (see separate inst					
<ul> <li>Section 501(c)(4), (5)</li> <li>Name of organization</li> </ul>	), or (6) organizat	tions: Complete Part III.		Em	ployer identification number
Name of organization		N WOMEN'S CENTER			31-1597223
Part I-A Compl		anization is exempt und	er section 501(c)	or is a section 527	
1 Drovida a descriptiv	on of the examin	ation's direct and indirect politics	al compoint optivition	in Dort IV	
		ation's direct and indirect politica			¢
		ures gn activities			Φ
3 Volunteer nours for	political campai				
Part I-B Compl	ete if the orc	anization is exempt und	er section 501(c)	(3).	
		incurred by the organization und			\$
		incurred by organization manage			
		n 4955 tax, did it file Form 4720 f			
<b>b</b> If "Yes," describe ir					
		anization is exempt und	er section 501(c)	, except section 50 <sup>.</sup>	I (c)(3).
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt func	tion activities	\$
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	ner organizations for s	ection 527	
exempt function ac	tivities		-	▶	\$
		. Add lines 1 and 2. Enter here ar			
					\$
		1120-POL for this year?			Yes No
5 Enter the names, a	ddresses and en	nployer identification number (EIN	N) of all section 527 pc	olitical organizations to wh	ich the filing organization
	-	tion listed, enter the amount paid			-
		omptly and directly delivered to a			rate segregated fund or a
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part	IV.	
<b>(a)</b> Name	•	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2017

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017	DOWNTOWN	WOMEN'S	CENTER
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Pa	rt II-A Complete if the organization	n is exempt under section 501(c)(3) and fil	led Form 5768 (el	ection under
	section 501(h)).			
A C	heck 🕨 🛄 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	l group member's nam	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
BC	heck 🕨 📃 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pub	ic opinion (grass roots lobbying)	0.	
b	Total lobbying expenditures to influence a leg	jislative body (direct lobbying)	210,369.	
с	Total lobbying expenditures (add lines 1a and	11b)	210,369.	
d			9,767,629.	
е		s 1c and 1d)	9,977,998.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	648,900.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% or	f line 1f)	162,225.	
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, en	nter -0-	0.	
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reporting section 4911 tax for this year?			Yes No

#### 4-Year Averaging Period Under section 501(h)

## (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> Total
2a Lobbying nontaxable amount			563,134.	648,900.	1,212,034.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,818,051.
c Total lobbying expenditures			217,148.	210,369.	427,517.
d Grassroots nontaxable amount			140,784.	162,225.	303,009.
e Grassroots ceiling amount (150% of line 2d, column (e))					454,514.
f Grassroots lobbying expenditures			45,000.		45,000.

Schedule C (Form 990 or 990-EZ) 2017

732042 11-09-17

## Schedule C (Form 990 or 990-EZ) 2017 DOWNTOWN WOMEN'S CENTER

#### 31-1597223 Page 3

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	i), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		-		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	-		t III-A, Iır	ne 3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
С	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		. 4		
	Taxable amount of lobbying and political expenditures (see instructions)		. 5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. IEDULE C , PART II-A				
TH	E ORGANIZATION FILED FORM 5768 IN 2016 AND HAS ELEC	TED TO	HAVE	THE	
PRO	OVISIONS OF SECTION 501(H) OF THE CODE, RELATING TO	EXPENI	DITUR	ES TO	
INI	FLUENCE LEGISLATION, APPLY TO TAX YEAR ENDING 12/31	/16 ANI	GOI	NG	
FOI	RWARD.				

732043 11-09-17

Schedule C (Form 990 or 990-EZ) 2017

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**SCHEDULE D** 

### (Form 990)

732051 10-09-17

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



.....

Name of the organiz	at
Internal Revenue Service	
Department of the Treasury	

Nam	e of the organization DOWNTOWN WOMEN'S CE	۱ NTEB	31-1597223
Pa			
1 4			
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds 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 w	•	
~	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		-
	for charitable purposes and not for the benefit of the donor or		
Pa	impermissible private benefit?		
			J, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (e.g., recreation or ed		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic stru-		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year ►		
4	Number of states where property subject to conservation ease		_
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing c	onservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	vation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describ	es the organization's accounting for
Do	conservation easements.	Art Historical Tracquires or	Other Similar Access
Fa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form S		
та	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of	public service, provide the following amounts
	relating to these items:		<b>N</b> .
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treat		cial gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

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2017.05000 DOWNTOWN WOMEN'S CENTER

Sche	dule D (Form 990) 2017 DOWNTOW	N WOMEN'S (	CENTER				31-1	597223	3 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical 1	reasures, o	or Othe	er Simila	ar Ass	ets(contin	ued)	
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	s, check any of th	e following tha	at are a s	ignificant	use of its	s collectior	n item	S
а	Public exhibition	d	Loan or e	change progra	ams					
b	Scholarly research	е		0.0						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they further	the organizati	ion's exe	empt purpo	ose in Pa	art XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's	collection?			[	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizat	ion answered '	"Yes" on	n Form 990	), Part IV	', line 9, or		
1a	Is the organization an agent, trustee, custod		liarv for contribution	ons or other as	sets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
	······································							Amount		
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on F					lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has bee	n provided on	Part XIII	I				
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on	Form 990, Part	-					
		(a) Current year	<b>(b)</b> Prior year	(c) Two year		(d) Three y			-	
	Beginning of year balance	1,000,000.	1,000,000	1,000	0,000.	1,0	00,000	. 1,	,000	,000.
b	Contributions									
	Net investment earnings, gains, and losses	38,388.	62,785	5. 8	8,448.		38,562	•	16,	153.
	Grants or scholarships									
е	Other expenditures for facilities	4 4 4 4 4 4 4	<b>60 70</b>							4 - 0
	and programs	1,038,388.	62,785	· ·	8,448.		38,562	•	16,	153.
	Administrative expenses		1 000 000	1 00	0 000	1 0	00 000	1	000	
-	End of year balance		1,000,000		0,000.	1,0	00,000	•	,000	,000.
2	Provide the estimated percentage of the cur	rent year end balanc		(a)) held as:						
	Board designated or quasi-endowment ► Permanent endowment ► .00		_%							
		• 0 %								
C	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the posse	-	tion that are hold	and administe	orod for t	bo organiz	ration			
Ja	by:					ine organiz	ation	Г	Yes	No
	(i) unrelated organizations							3a(i)	103	X
	(ii) related organizations							··· – ··· +		X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule F	?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a	See Form 990	), Part X,	, line 10.				
	Description of property	(a) Cost or of	ther (b) Co	st or other	(c) A	ccumulate	ed	(d) Book	< value	e
		basis (investm		s (other)		preciation		.,		
1a	Land		6,0	70,500.				6,070	),5	00.
	Buildings		28,8	73,532.	4,	932,68	84.	23,940		
	Leasehold improvements									
	Equipment			75,778.		350,82				55.
	Other		2	83,001.		163,60				96.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)				30,555	5,6	99.
						:	Schedu	le D (Form	n 990)	2017

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Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" (	on Form 990 Part IV line	11c. See Form 990. Part X. line 13

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

#### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

(a) Description of liability

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LINE OF CREDIT	1,050,000.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,050,000.

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

Schedule D (Form 990) 2017

732053 10-09-17

(b) Book value

-	edule D (Form 990) 2017 DOWNTOWN WOMEN'S CENTER				1597223 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-			
1	Total revenue, gains, and other support per audited financial statements			1	9,134,390.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	220,764.		
b	Donated services and use of facilities	. 2b	40,291.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	959.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	262,014.
3	Subtract line <b>2e</b> from line <b>1</b>			3	8,872,376.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	55,149.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	55,149.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	8,927,525.
_					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem			Retu	ırn.
Pa		nents Wit		Retu	
<b>Pa</b>	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu 1	ırn. 10,077,289.
	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit	h Expenses per		
1	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per		
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents Wit	h Expenses per		
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	h Expenses per		
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	h Expenses per		10,077,289.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 40,291.		10,077,289. 40,291.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 40,291.	1	10,077,289.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 40,291.	1 2e	10,077,289. 40,291.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per 40,291.	1 2e	10,077,289. 40,291.
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	h Expenses per 40,291.	1 2e	10,077,289. 40,291. 10,036,998.
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	h Expenses per 40,291. 55,149.	1 2e	10,077,289. 40,291. 10,036,998. 55,149.
1 2 d 6 3 4 b 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           4a           4b	h Expenses per 40,291. 55,149.	1 2e 3	10,077,289. 40,291. 10,036,998.

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

#### PART V, LINE 4:

THE ENDOWMENT FUNDS WERE RESTRICTED FOR GENERAL PROGRAM OPERATIONS OF

PROJECT HOME UNTIL MARCH 31, 2017.

PART X, LINE 2:

DWC IS A NONPROFIT ORGANIZATION AND, THEREFORE, IS NOT SUBJECT TO FEDERAL

OR STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND

SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THIS

EXEMPTION IS FOR ALL INCOME TAXES EXCEPT FOR THOSE ASSESSED ON UNRELATED

BUSINESS INCOME, OF WHICH THERE IS NONE.

THE LLC IS A LIMITED LIABILITY CORPORATION AND HAS ELECTED TO BE TREATED

732054 10-09-17

Schedule D (Form 990) 2017

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AS A PARTNERSHIP FOR FEDERAL INCOME TAX PURPOSES AND, ACCORDINGLY, THE INCOME OR LOSS OF THE LLC WILL BE RECORDED ON THE RETURN OF ITS MEMBER. THE LLC IS EXEMPT FROM CALIFORNIA FRANCHISE TAX UNDER CALIFORNIA REVENUE AND TAXATION CODE 23701. AS A RESULT, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED ON THESE CONSOLIDATED FINANCIAL STATEMENTS. THE CENTER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	Schedule D (Form 990) 2017       DOWNTOWN       WOMEN'S       CENTER       31–1597223       Page 5         Part XIII       Supplemental Information (continued)       Figure 1       Figure 2       Figure 2
THE LLC IS EXEMPT FROM CALIFORNIA FRANCHISE TAX UNDER CALIFORNIA REVENUE AND TAXATION CODE 23701. AS A RESULT, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED ON THESE CONSOLIDATED FINANCIAL STATEMENTS. THE CENTER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	AS A PARTNERSHIP FOR FEDERAL INCOME TAX PURPOSES AND, ACCORDINGLY, THE
AND TAXATION CODE 23701. AS A RESULT, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED ON THESE CONSOLIDATED FINANCIAL STATEMENTS. THE CENTER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	INCOME OR LOSS OF THE LLC WILL BE RECORDED ON THE RETURN OF ITS MEMBER.
RECORDED ON THESE CONSOLIDATED FINANCIAL STATEMENTS. THE CENTER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	THE LLC IS EXEMPT FROM CALIFORNIA FRANCHISE TAX UNDER CALIFORNIA REVENUE
THE CENTER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	AND TAXATION CODE 23701. AS A RESULT, NO PROVISION FOR INCOME TAX HAS BEEN
SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	RECORDED ON THESE CONSOLIDATED FINANCIAL STATEMENTS.
SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	
RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	THE CENTER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS,
FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE
ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE	RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION
	FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS
	ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE
STATUTE OF LIMITATIONS FOR FEDERAL PURPOSES IS THREE YEARS AND FOR	STATUTE OF LIMITATIONS FOR FEDERAL PURPOSES IS THREE YEARS AND FOR
CALIFORNIA PURPOSES IS FOUR YEARS.	CALIFORNIA PURPOSES IS FOUR YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ACCRUED INCOME

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AUCTION ITEMS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AUCTION ITEMS

Schedule D (Form 990) 2017

732055 10-09-17

959.

55,149.

55,149.

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(Form 990 or 990-F7)	nplete if th	ental Information Regarding te organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000 ) or Fo	990, I on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 90-EZ.			OMB No. 1545-0047
Name of the organization		N WOMEN'S CENTER					Employer id 31-159	entification number
		Complete if the organization answe	ered "\	/es" 0	n Form 990, Part IV.	line 1		
required to compl	ete this par	rt.						
<ul> <li>a X Mail solicitations</li> <li>b X Internet and email</li> <li>c X Phone solicitations</li> <li>d X In-person solicitation</li> <li>2 a Did the organization have</li> </ul>	solicitations s ons e a written o		tion of tion of fundra I (inclu	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru:	stees	, or X Ye	s 🗌 No
b If "Yes," list the 10 highe compensated at least \$5	-	viduals or entities (fundraisers) pursu e organization.	uant to	agree	ements under which	the fu	Indraiser is to	be
(i) Name and address of in or entity (fundraiser)		(ii) Activity	(iii) fund have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
ELEVATE LLC - 2424 18TH			Yes	No				
STREET NW, 2ND FLOOR,		GRANTWRITING		X	1,667,733.		59,000	. 1,608,733.
					1 667 733		E0 000	1 600 733
Total           3 List all states in which the	organizatio	on is registered or licensed to solicit	contrik		1,667,733. s or has been notified	d it is	59,000 exempt from	
or licensing.	5	5					•	5

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2017

732081 09-13-17

31-1597223 Page 2

 Schedule G (Form 990 or 990-EZ) 2017
 DOWNTOWN
 WOMEN'S
 CENTER
 31-1597223
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	851,638.			851,638
	2	Less: Contributions	577,405.			577,405
	3	Gross income (line 1 minus line 2)	274,233.			274,233
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	158,920.			158,920
		Entertainment	1			5,500 109,813
	9	Other direct expenses				274,233
		Direct expense summary. Add lines 4 throu	•			274,255
ar	tl	Net income summary. Subtract line 10 from II Gaming. Complete if the organizatio	n answered "Ves" on Form	000 Part IV line 10 or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
	1	Gross revenue				
	2	Cash prizes				
-	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		No. 0/	Yes %	,
	6	Volunteer labor		└── Yes % └── No	└── Yes % └── No	0
	7	Direct expense summary. Add lines 2 throu	ıgh 5 in column (d)			
	8	Net gaming income summary. Subtract line	e 7 from line 1. column (d)			
	-	·····				•
	Ent	ter the state(s) in which the organization con	ducts gaming activities:			
a I	ls t	he organization licensed to conduct gaming	activities in each of these	states?		Yes 🗌 N
~	lf "I	No," explain:				
			revoked suspended or t	erminated during the tax	vear?	Yes N
b   -	We	ere any of the organization's gaming licenses			J	
b   		ere any of the organization's gaming licenses Yes," explain:	revoked, suspended, or t			
b   - a \		Vac " avalain:				

Schedule G (Form 990 or 990-EZ) 2017 DOWNTOWN WOMEN'S CENTER	31-1597223 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes L No
<b>13</b> Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares the organization's gaming/special events books and r</li></ul>	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and r	ecords.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	amount
of gaming revenue retained by the third party $\blacktriangleright$ \$	
<b>c</b> If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name 🕨	
Gaming manager compensation 🕨 \$	
Description of services provided 🕨	
Director/officer	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III lines 9 9b 10b 15b
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	DRAISERS:
(I) NAME OF FUNDRAISER: ELEVATE LLC	
(I) ADDRESS OF FUNDRAISER:	
2424 18TH STREET NW, 2ND FLOOR, WASHINGTON, DC 20009	
·	
732083 09-13-17 Sched	dule G (Form 990 or 990-EZ) 2017

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	(contanded)				
				Schedule G	(Form 990 or 990-EZ
32084 04-01-17				Conedule G	
		36			
01121 794084 00250	2017.05000	) DOWNTOWN	WOMEN'S	CENTER	002501

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organization	nd Individual	ls in the Uni	ted States		омв №. 1545-0047 <b>2017</b>
Department of the Treasury Internal Revenue Service	•	-	Attach to For rs.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization DOWNTOWN	WOMEN'S C	CENTER					Employer identification number 31-1597223
Part I General Information on Grants a	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?	-					
Part II Grants and Other Assistance to					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	tional space is need	ded.			· · · ·
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEACE OVER VIOLENCE 1015 WILSHIRE BLVD, STE. 200 LOS ANGELES, CA 90017	51-0179305	501(C)(3)	72,236.	0.			SUB-CONTRACTOR FOR TRAUMA RECOVERY CENTER GRANT
RAINBOW SERVICES, LTD 453 WEST 7TH STREET SAN PEDRO, CA 90731	95-3855705	501(C)(3)	20,000.	0.			CO-LEAD ORGANIZATION FOR DOMESTIC VIOLENCE HOUSING SERVICES COALITION
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul>	s listed in the line	1 table	ne line 1 table				Schedule I (Form 990) (2017)

#### Schedule I (Form 990) (2017) DOWNTOWN WOMEN'S CENTER

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
FOOD, CLOTHING, HOUSEHOLD ITEMS, BRIDGE LOANS, TRANSPORTATION, FINANCIAL ASSISTANCE, DOCUMENT					PROVIDED FOOD, HOUSEHOLD ITEMS, GIFT CARDS, CLOTHING AND OTHER GOODS FOR FORMERLY
SERVICES, GIFT CARDS, AND HEALTH SERVICES.	4000	680,688.	1,035,972.	FMV	HOMELESS AND EXTREMELY
Part IV Supplemental Information. Provide the information red	l quired in Part I, lin	e 2; Part III, column	(b); and any other a	l dditional information.	l
PART I, LINE 2:					

38

ASSISTANCE IS AWARDED TO WOMEN WHO ARE HOMELESS, FORMERLY HOMELESS OR

EXTREMELY LOW INCOME WHO PARTICIPATE IN THE HEALTH AND WELLNESS AND HOUSING

PROGRAMS OFFERED BY DOWNTOWN WOMEN'S CENTER. ASSISTANCE IS PROVIDED TO

WOMEN WHO REQUEST AND NEED SUCH ASSISTANCE.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDED FOOD, HOUSEHOLD ITEMS,

GIFT CARDS, CLOTHING AND OTHER GOODS FOR FORMERLY HOMELESS AND EXTREMELY

Part III

DOWNTOWN WOMEN'S CENTER

LOW-INCOME WOMEN.

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39 2017.05000 DOWNTOWN WOMEN'S CENTER

00250\_\_1

Schedule I (Form 990)

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	17	/			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20					
Dena	rtment of the Treasury	Attach to Form 990.		Open to					
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Nan	ne of the organizatio			identificati		mber			
		DOWNTOWN WOMEN'S CENTER	31-1	159722	3				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o	, j							
	Travel for com								
		cation and gross-up payments Health or social club dues or initiation fee							
		spending account Personal services (such as, maid, chauffe	eur, chet)						
L.	If any of the house	on line 1a are checked, did the organization follow a written policy regarding payment or							
b		provision of all of the expenses described above? If "No," complete Part III to explain		16					
2				<u>1b</u>					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, ors, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
	trustees, and onice			····· <u> </u>					
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's						
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization							
		ation of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
		compensation consultant							
	X Form 990 of c		committee						
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re								
а	Receive a severand	e payment or change-of-control payment?		4a		Х			
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?				Х			
с		ceive payment from, an equity-based compensation arrangement?				Х			
		nes 4a.c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion						
	contingent on the r	evenues of:							
а	The organization?			5a		X			
		ation?				X			
		or 5b, describe in Part III.							
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion						
	contingent on the r	net earnings of:							
а	The organization?			6a		X			
		ation?				X			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to							
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		ז 53.4958-6(c)?							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990	) 2017			

732111 10-17-17

Schedule J (Form 990) 2017

#### 31-1597223

Page **2** 

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ANNE MISKEY	(i)	177,978.	0.	0.		20,860.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

SCHEDULE L	Т	ransactior	ıs V	Vith	Inte	erested	Ρ	ersons			0	VIB No.	1545-0	047
(Form 990 or 990-EZ) 🕨 C	complete if the	e organization and							26, 27	, 28a,	-	20	117	7
		28b, or 28c, o				rt V, line 38a Form 990-E2		40b.						
Department of the Treasury Internal Revenue Service	► Go t	to www.irs.gov/Fo						est information.				pen T spect		DIIC
Name of the organization										ployer	r ident	ificat	ion ni	umber
		WOMEN'S									972	23		
		ctions (section 50												
		nswered "Yes" on				ne 25a or 25t	b, or	Form 990-EZ, P	art V,	line 40	Ob.			
<ol> <li>(a) Name of disqualified p</li> </ol>	person (b	Relationship bety person and or			lified	(0	<b>c)</b> De	escription of tran	sactic	n			Corre es	ected?
			3									1	62	NO
												_		
2 Enter the amount of tax i	incurred by the	e organization man	aders	or dise	aualifier	hersons du	rina	the year under						
	-		-		-	-	-			▶ \$				
<b>3</b> Enter the amount of tax,	if any, on line	2, above, reimburs	sed by	the or	ganizati	ion				▶ \$				
Dest III - La sur da sur														
		nterested Per					_							
	-	nswered "Yes" on I 190, Part X, line 5, 6			2, Part V	, line 38a or I	Forn	n 990, Part IV, Iir	ie 26;	or if th	ne orga	anızatı	on	
(a) Name of	(b) Relationsh		(d) Lo	an to or	(e)	Original	(f	) Balance due	(a	) In	(h) Ap	provec	(i) V	Vritten
interested person	with organizati			n the ization?		pal amount			default?		bý bo comn		agre	ement?
			То	From					Yes	No	Yes	No	Yes	No
		_												
Total						<b>&gt;</b> \$								1
	sistance B	enefiting Inter	reste	d Pe	rsons									
Complete if the c	organization a	nswered "Yes" on I	Form	990, Pa	art IV, lii	ne 27.								
(a) Name of interested p	person	<b>(b)</b> Relationship interested pers the organiza	son an			Amount of Assistance		<b>(d)</b> Type assistan				) Purp assist		of

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

Schedule L (Form 990 or 990-EZ) 2017

732131 10-18-17

Schedule L (Form 990 or 990-EZ) 2017 DOWNTOWN WOMEN'S CENTE
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Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c,

	163 01110111330, 1 att 10, iiile 20	a, 200, 01 200.			
(a) Name of interested person	(b) Relationship between interest person and the organization	d (c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
OLIVIA GONZALEZ	DAUGHTER OF BOARDI	1E 53,822.	COMPENSATED		Х

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

#### (A) NAME OF PERSON: OLIVIA GONZALEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

### DAUGHTER OF BOARDMEMBER, PATRICIA GONZALEZ

(D) DESCRIPTION OF TRANSACTION: COMPENSATED AS HR COORDINATOR FOR THE

#### ORGANIZATION

Part IV

Schedule L (Form 990 or 990-EZ) 2017

732132 10-18-17

09301121 794084 00250

SCHEDU	JLE N	/
(Form 99	90)	

# **Noncash Contributions**

OMB No. 1545-0047

ſ

Employer identification number

21

Department of the Treasury	
Internal Revenue Service	

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

Open To Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

	DOWNTOWN WOM	31-1	L597	223				
Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d noncash contrib	, etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		860,662.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	1,953	78,120.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other  (OTHER)	X	2,957					
26	Other ( AUCTION ITEMS )	X	77	55,149.				
27	Other ► ( GIFT CARDS )	X	410	8,230.				
28	Other  ( )							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period	?				30a		Х
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance					31	Х	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash	1			v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2017

732141 09-07-17

09301121 794084 00250

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

732142 09-07-17			Schedule	e M (Form 990) 2017
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SUTEZE 794084 00250	2017.05000	DOWNTOWN WOMEN	S CENTER	00250 1

09301121 794084 00250

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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number 31 - 1597223

OMB No 1545-0047

Open to Public

Inspection

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STABILITY. OUR MISSION IS TO END HOMELESSNESS FOR WOMEN IN GREATER LOS

ANGELES THROUGH HOUSING, WELLNESS, EMPLOYMENT AND ADVOCACY.

DOWNTOWN WOMEN'S CENTER

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WE SUPPLEMENT OUR CLINIC OFFERINGS WITH PSYCHIATRIC SESSIONS, MENTAL

HEALTH COUNSELING, AND GROUP THERAPY, AS WELL AS SELF-CARE AND HEALTH

EDUCATION WORKSHOPS, FITNESS CLASSES, AND ENRICHMENT ACTIVITIES. IN

2017, DWC PROVIDED MORE THAN 250 WOMEN WITH MENTAL HEALTH SERVICES.

IN 2017, DWC PROVIDED 1,300 ONE-ON-ONE COUNSELING SESSIONS AND OVER 15,000 CASE MANAGEMENT SESSIONS TO ENSURE THAT EACH WOMAN HAS AN INDIVIDUALIZED SERVICE PLAN TAILORED TO HER NEEDS. DWC OFFERED BASIC MEDICAL CARE, MAMMOGRAMS, AND WOMEN'S HEALTH SERVICES, HIV SCREENINGS, AND PHYSICAL AND MENTAL HEALTH ASSESSMENTS THROUGH MORE THAN 1,000 VISITS AT SKID ROW'S ONLY WOMEN'S MEDICAL AND MENTAL HEALTH CENTER.

TRAUMA RECOVERY CENTER:

OUR LOS ANGELES TRAUMA RECOVERY CENTER WAS CREATED IN PARTNERSHIP WITH PEACE OVER VIOLENCE, AND OFFERS SURVIVORS OF VIOLENT CRIME EMOTIONAL SUPPORT, INFORMATION, COMPASSION, ACCOMPANIMENT, REFERRAL, AND ADVOCACY SERVICES.

WITH A COMBINED 75 YEARS OF EXPERIENCE, DWC AND PEACE OVER VIOLENCE

PROVIDE ASSISTANCE APPLYING TO VICTIM COMPENSATION, REFERRALS FOR FOOD,

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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 09-07-17
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2017.05000 DOWNTOWN WOMEN'S CENTER 00250\_1

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization DOWNTOWN WOMEN'S CENTER	Employer identification number 31-1597223
SHELTER AND HOUSING SERVICES MEDICATION SUPPORT SERVICE	S AND ACCESS

TO THERAPY, COMMUNITY TRAININGS, AND MORE.

THE TRAUMA RECOVERY CENTER IS SUPPORTED BY THE CALIFORNIA VICTIM

COMPENSATION AND GOVERNMENT CLAIMS BOARD, AND IS THE ONLY ONE OF ITS

KIND IN DOWNTOWN LOS ANGELES.

DAY CENTER:

DWC'S DAY CENTER IS THE ENTRY POINT FOR OUR WOMEN-CENTERED SERVICES AND THE HUB OF OUR HEALTHY COMMUNITY. IT PROVIDES A SAFE SPACE FOR WOMEN IN THE HEART OF THE SKID ROW NEIGHBORHOOD IN DOWNTOWN LOS ANGELES. WOMEN WHO COME THROUGH OUR DOORS HAVE ACCESS TO 3 NUTRITIOUS MEALS DAILY, CLEAN BATHROOMS AND SHOWERS AND CHANGES OF CLOTHES. DAY CENTER CASE MANAGERS CAN ALSO LINK WOMEN TO HEALTHCARE, LEGAL AID, TRANSPORTATION, JOB TRAINING AND EDUCATIONAL SERVICES, AS WELL AS WORK PLACEMENTS AND OTHER RESOURCES.

IN 2017, THE FOLLOWING MILESTONES WERE ACHIEVED, DWC

- PROVIDED OVER 110,000 MEALS TO THOSE IN NEED.

- CREATED A SAFE OASIS FOR 4,000 WOMEN.

- PROVIDED 23,000 SHOWERS, CHANGES OF CLOTHING, LAUNDRY, PHONE, AND

MAIL SERVICES IN THE DROP-IN DAY CENTER.

- SURPASSED 25,000 ANNUAL VOLUNTEER HOURS AND 5,000 VOLUNTEERS. WE'RE

OPEN MONDAY-FRIDAY FROM 6AM-4PM, AND SATURDAY-SUNDAY FROM 7AM-3PM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES THROUGHOUT LOS ANGELES COUNTY. DWC OFFERS RAPID RE-HOUSING

ASSISTANCE TO ANY WOMAN NEEDING HOUSING, PARTICULARLY FOR WOMEN

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Schedule O (Form 990 or 990-EZ) (2017)

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48 2017.05000 DOWNTOWN WOMEN'S CENTER

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization DOWNTOWN WOMEN'S CENTER	Employer identification number 31-1597223
ESCAPING DOMESTIC VIOLENCE, TO CONNECT THEM WITH SAFE, PE	RMANENT
HOUSING AS QUICKLY AS POSSIBLE AND SUPPORT FOR WOMEN VETE	RANS THROUGH
HOUSING VOUCHERS, MOVE-IN ASSISTANCE, TRAUMA RECOVERY RES	OURCES, AND
HELP NAVIGATING THE COMPLEX PROCESS OF APPLYING FOR VETER	AN BENEFITS.

WOMEN'S HEALTH CLINIC:

IN PARTNERSHIP WITH JWCH, DWC'S WOMEN'S HEALTH CLINIC-THE ONLY

WOMEN-SPECIFIC HEALTH CLINIC IN SKID ROW-PROVIDES PRIMARY CARE, STD AND

HIV TESTING, TUBERCULOSIS AND CANCER SCREENINGS, VACCINATIONS,

MAMMOGRAMS, AND PHYSICAL AS WELL AS MENTAL HEALTH ASSESSMENTS. DWC

ALSO PROVIDES SELF-CARE AND HEALTH EDUCATION WORKSHOPS, FITNESS

CLASSES, AND ENRICHMENT ACTIVITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

#### ENRICHMENT

THROUGH OUR VOLUNTEER-LED WORKSHOPS, WOMEN REBUILD SELF-CONFIDENCE AND LEARN SKILLS LIKE SEWING, PHOTOGRAPHY, CREATIVE WRITING, ACTING, AND MORE. PARTICIPANTS ALSO COLLABORATE WITH STAFF AND COMMUNITY ARTISTS TO DESIGN MADE BY DWC'S SIGNATURE PRODUCT LINE HANDMADE.

#### ENTERPRISE

MADE BY DWC IS OUR SOCIAL ENTERPRISE, CREATED TO BREAK THE CYCLES OF CHRONIC UNEMPLOYMENT AND HOMELESSNESS. MADE BY DWC CONSISTS OF THE HANDMADE PRODUCT LINE CREATED BY THE WOMEN OF DWC, AND TWO STORE FRONTS IN DOWNTOWN LA. BY EMPOWERING WOMEN TO DISCOVER TALENTS AND DEVELOP SKILLS THROUGH VOCATIONAL OPPORTUNITIES, MADE BY DWC GENERATES ECONOMIC AND SOCIAL CAPITAL TO SUPPORT OUR PROGRAMS. 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017) 49

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Name of the organization

IN 2017, NEARLY 1,000 WOMEN ACCESSED VOCATIONAL EDUCATION AND JOB

READINESS SERVICES AND 59 WOMEN WERE PLACED IN EMPLOYMENT.

FORM 990, PART VI, SECTION A, LINE 3:

DOWNTOWN WOMEN'S CENTER DELEGATES CONTROL OVER ACCOUNTING SERVICES TO PERY CONSULTING GROUP, LLC.

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

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990. UPON APPROVAL BY THE COMMITTEE, A COPY IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY SPECIFIES PROCEDURES TO DETERMINE IF A CONFLICT OF INTEREST EXISTS AND PROCEDURES TO ELIMINATE THE CONFLICT. CERTAIN KEY EMPLOYEES AND COMMITTEE MEMBERS AND ALL BOARD MEMBERS RECEIVE THE WRITTEN POLICY AND ACKNOWLEDGE THEIR RECEIPT ON AN ANNUAL BASIS; THEIR UNDERSTANDING OF AND AGREEMENT WITH THE POLICY IS DOCUMENTED BY SIGNING A CONFLICT OF INTEREST CERTIFICATE. UPON IDENTIFICATION OF A POTENTIAL CONFLICT OF INTEREST, ALL DETAILS RELATING TO THE CONFLICT OF INTEREST MUST BE DISCLOSED AND WILL BE REVIEWED BY THE BOARD. THE BOARD WILL VOTE ON A DECISION IN THE BEST INTEREST OF THE ORGANIZATION AND TO BEST ADDRESS ANY CONFLICT OF INTEREST.

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

THE BOARD OF DIRECTORS AND APPOINTED COMMITTEES REVIEW COMPENSATION FOR KEY

EMPLOYEES INCLUDING THE TOP MANAGEMENT AND TOP FINANCIAL OFFICIALS.

 EMPHOTEES INCLODING THE TOP MANAGEMENT AND TOP FINANCIAL OFFICIALS.

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 Schedule O (Form 990 or 990-EZ) (2017)

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 2017.05000 DOWNTOWN WOMEN'S CENTER 00250\_1

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization DOWNTOWN WOMEN'S CENTER	Employer identification number 31-1597223
COMPENSATION IS EVALUATED ANNUALLY BY THE EXECUTIVE COMMI	TTEE OF THE BOARD
OF DIRECTORS. THE EVALUATION INCLUDES PERFORMANCE REVIEW	S AND AN ANALYSIS
OF COMPARABLE COMPENSATION FOR LIKE POSITIONS IN SIMILAR	NON-PROFIT
ORGANIZATIONS IN THE SAME REGION. IN 2015, A COMPENSATION	ANALYSIS FOR ALL
EMPLOYEE POSITIONS WAS COMPLETED AND PRESENTED TO THE BOA	RD OF DIRECTORS.
ONGOING COMPENSATION ANALYSES FOR ALL STAFF OCCURRED IN 2	017 AS WELL.
FORM 990, PART VI, SECTION C, LINE 19:	
THE DETERMINATION LETTER, GOVERNING DOCUMENTS, AND CONFLI	CT OF INTEREST
POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S H	EADQUARTERS. THE
LATEST AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POST	ED ON THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACCRUED INCOME	959.

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SCHEDULE	R
(= 000)	

#### (Form 990)

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

31-1597223

Name of the organization

DOWNTOWN WOMEN'S CENTER

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	
DOWNTOWN WOMEN'S CENTER HOUSING, LLC -					
26-4043648, 442 SOUTH SAN PEDRO ST., LOS					
ANGELES, CA 90013	TO HOLD TITLE	CALIFORNIA	173,122.	25,874,957.	DOWNTOWN WOMEN'S CENTER
	-				

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>(g)</b> 512(b)(13) htrolled htity?	
				501(c)(3))		Yes	No	

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

Schedule R (Form 990) 2017

### Schedule R (Form 990) 2017 DOWNTOWN WOMEN'S CENTER

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	tions?	amount in box	mana partr	er?	Percenta ownersh
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(i conti ent	(i) ction (b)(13) trolled tity?
		country)		01 11 03 0		235013			No

### Schedule R (Form 990) 2017 DOWNTOWN WOMEN'S CENTER

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
		163					
	4-		<u> </u>				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			├──				
b Gift, grant, or capital contribution to related organization(s)							
c Gift, grant, or capital contribution from related organization(s)			<u> </u>				
d Loans or loan guarantees to or for related organization(s)	1d						
e Loans or loan guarantees by related organization(s)	1e						
f Dividends from related organization(s)	1f						
g Sale of assets to related organization(s)	1g						
h Purchase of assets from related organization(s)							
i Exchange of assets with related organization(s)							
j Lease of facilities, equipment, or other assets to related organization(s)							
k Lease of facilities, equipment, or other assets from related organization(s)	1k						
I Performance of services or membership or fundraising solicitations for related organization(s)	11						
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)							
p Reimbursement paid to related organization(s) for expenses	1p						
q Reimbursement paid by related organization(s) for expenses	1q						
r Other transfer of cash or property to related organization(s)	1r						
s Other transfer of cash or property from related organization(s)	1s						
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)		5.4		

### Schedule R (Form 990) 2017 DOWNTOWN WOMEN'S CENTER

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c orgs <b>Yes</b>	e) all s sec. :)(3) s.? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ł Dispr tior alloca <b>Yes</b>	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managi partner Yes N	(k) Percentage ownership

Schedule R (Form 990) 2017

### DOWNTOWN WOMEN'S CENTER

1	Part VII	Supplemental Information	-
	i ait vii	Supplemental information	

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

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			Schedule R (Form 990) 2017			
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2017.05000	DOWNTOWN	WOMEN'S	CENTER	00250	_1	

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					a sidentinyi	ng number	
Type or	Name of exempt organization or other filer, see instru-	Employe	mployer identification number (EIN) or				
print							
File by the	DOWNTOWN WOMEN'S CENTER				31-1597223		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.       Soc         442       S. SAN PEDRO ST.			Social se	ocial security number (SSN)		
instructions	City, town or post office, state, and ZIP code. For a LOS ANGELES, CA 90013	foreign add	lress, see instructions.				
Enter the	Return Code for the return that this application is for (f	ile a separa	ate application for each return)				
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)	07			
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)	09			
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
<ul> <li>If this box</li> <li>1 I reformed</li> </ul>	brganization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box $\blacktriangleright$ quest an automatic 6-month extension of time until the organization named above. The extension is for the X calendar year 2017 or	Group Exe and atta	emption Number (GEN) Ich a list with the names and EINs o MBER 15, 2018 , to file	f this is fo f all memb	r the whole g	nsion is for.	
			el en elie e				
2  f t	Lax year beginning the tax year entered in line 1 is for less than 12 months,		d ending on: Initial return	Final retur	<u> </u>		
<b>2</b> III	Change in accounting period	check reas		Final retur			
3a lft	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any				
no	nrefundable credits. See instructions.			3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
est	imated tax payments made. Include any prior year over	3b	\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
by using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawa	al (direct de	bit) with this Form 8868, see Form 8	453-EO ai	nd Form 887	9-EO for payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8	868 (Rev. 1-2017)	

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Entor filor's identifying number