TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	CENTER FOR WOMEN IN TRANSITION 7525 SOUTH BROADWAY ST LOUIS, MO 63111
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u>	roi ille	e 2015 calendar year, or tax year beginning Joh	1, 2015	anu	enumy o	UN 30, 2016			
В	Check if applicabl	C Name of organization				D Employer ic	dentif	ication number	
	Addre: chang	CENTER FOR WOMEN IN TRANSITION							
	Name chang	Doing business as				43	3-179	99627	
	Initial return	Number and street (or P.O. box if mail is not deliver	red to street ac	ldress)	Room/suite	E Telephone n	umbe	er	
	Final return/	7525 SOUTH BROADWAY		•				71.5207	
	termin ated	City or town, state or province, country, and ZIF	or foreign p	ostal code		G Gross receipts \$;	1,561	1,232.
	Ameno return	ST LOUIS, MO 63111				H(a) Is this a gr	oup r	return	
	Application	F Name and address of principal officer: CAPTAIN	ROBERT C	ATLETT		for subord	linates	s? Yes 🖸	∡ No
	pendir	SAME AS C ABOVE				H(b) Are all subord	linates i	included? Yes	No
I	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀	(insert no.)	4947(a)(1)	or 527	If "No," att	tach a	a list. (see instruction	ns)
		e: WWW.CWITSTL.ORG				H(c) Group exe	emptic	on number 🕨	
		organization: X Corporation Trust Assoc	ciation	Other >	L Year	of formation: 199	7	M State of legal domic	cile: MO
Р	art I	Summary							
ø	1	Briefly describe the organization's mission or most sig	gnificant activ	vities: THE CE	NTER ASSI	STS WOMEN IN	THE		
Activities & Governance		CRIMINAL JUSTICE SYSTEM BECAUSE CHANGE I	S POSSIBL	E					
ern	2	Check this box 🕨 📖 if the organization discontin	nued its oper	ations or dispo	sed of more	e than 25% of its		1	
Š		Number of voting members of the governing body (Pa						+	19
≪		Number of independent voting members of the govern							19
ies		Total number of individuals employed in calendar year							32
₹		Total number of volunteers (estimate if necessary) \dots							112
Ąct		Total unrelated business revenue from Part VIII, colum						+	0.
	b	Net unrelated business taxable income from Form 990	0-T, line 34				7b		0.
					<u> </u>	Prior Year		Current Yea	
ne		Contributions and grants (Part VIII, line 1h)				748.		4,949.	
Revenue							315.		5,650.
Be		Investment income (Part VIII, column (A), lines 3, 4, an			757.	-	7,445.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d					765.	_	9,469.
		Total revenue - add lines 8 through 11 (must equal Pa				1,362,			8,575.
		Grants and similar amounts paid (Part IX, column (A),				120,	253.	+	9,056.
	1	Benefits paid to or for members (Part IX, column (A), li				700	0.	1	0.
Expenses	15	Salaries, other compensation, employee benefits (Par				708,	,369. 0.	, /1/	7,587.
ē	16a	Professional fundraising fees (Part IX, column (A), line					٠.		0.
Ä	_b	Total fundraising expenses (Part IX, column (D), line 29			,311.	405	050	202	2 707
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11				1,233,	052.		3,787.
		Total expenses. Add lines 13-17 (must equal Part IX, o					911.		0,430. 8,145.
	19	Revenue less expenses. Subtract line 18 from line 12				ginning of Current		1	
Net Assets or		Total access (Dart V. line 10)			Be	1,131,		End of Year	r 5,071.
ASSE	20	Total liabilities (Part X, line 16)			·····		311.		6,378.
let /	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line			·····		548.		8,693.
P	art II	Signature Block	6			320,	, 5 10 .	,	,,050.
		Ities of perjury, I declare that I have examined this return, incl	luding accom	panying schedule	es and statem	ents, and to the be	st of m	ny knowledge and belie	ef. it is
		t, and complete. Declaration of preparer (other than officer) is						.,auge and sem	o.,
_	,				<u> </u>	1			
Sig	ın	Signature of officer				Date			
He		CAPTAIN ROBERT CATLETT, PRESIDENT							
	-	Type or print name and title							
_		Print/Type preparer's name Pro	eparer's signa	ture	П		heck	PTIN	
Pai	d	JENNIFER M. VACHA	. •			if se	elf-employ	ved P01251998	
Pre	parer	Firm's name BROWN SMITH WALLACE LLP			I	Firm's E		43-1001367	
Use	Only	Firm's address 6 CITYPLACE DRIVE, SUITE 90	0 0						
		ST. LOUIS, MO 63141				Phone n	0.314	1.983.1200	
Ma	y the If	RS discuss this return with the preparer shown above	? (see instru	ctions)				X Yes	No

Ра	Int III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission: THE CENTER ASSISTS WOMEN IN THE CRIMINAL JUSTICE SYSTEM IN MAKING A	
	SUCCESSFUL TRANSITION TO THEIR FAMILIES AND COMMUNITIES, THROUGH	
	PRACTICING AND PROMOTING RESTORATIVE JUSTICE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	al expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,250,229. including grants of \$319,056.) (Revenue \$	1,105,650.
	THE CENTER FOR WOMEN IN TRANSITION PROVIDES RE-ENTRY SERVICES TO WOMEN	
	IN THE CRIMINAL JUSTICE SYSTEM IN THE FORM OF ONE-ON-ONE MENTORING,	
	EMPLOYMENT ASSISTANCE AND LIFE SKILLS EDUCATION, CASE MANAGEMENT, AND	
	REFERRALS TO MEDICAL AND SOCIAL SERVICES, SUCH AS SUBSTANCE ABUSE	
	TREATMENT, COUNSELING, AND SPECIALIZED JOB READINESS TRAINING. THE CENTER ALSO PROVIDES TRANSITIONAL HOUSING AND BASIC NEEDS, INCLUDING	
	,	
	CLOTHING, TOILETRIES, FOOD CARDS, BUS PASSES, AND FINANCIAL ASSISTANCE TO WOMEN IN CENTER PROGRAMS.	
	TO WOMEN IN CENTER IROGRAMS.	
	THE CENTER ADMINISTERS A COLLABORATION CALLED PROJECT RECONNECT, WHICH	
	SERVES MEN AND WOMEN LEAVING MISSOURI PRISONS AFTER MAXING THEIR	
	SENTENCES. THE CENTER PROCESSES ALL APPLICATIONS (SEE SCHEDULE O)	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
	Other program services (Describe in Schedule O.)	
4 0		١
40	(Expenses \$ including grants of \$) (Revenue \$	J

Form 990 (2015) CENTER FOR WOMEN II Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		Х
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, 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? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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			
40	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	х	
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	, , , , ,	14a		Х
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	ا بيرا		
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	4-		
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Х
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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," complete Schedule G, Part III	19		Х

Form 990 (2015) CENTER FOR WOMEN IN TRANSIT 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			
	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			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			۱,,
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
20	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Λ
33	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	33		
34		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
J	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?	300		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	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?	J.		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		,		

43-1799627

Check if Schedule O contains a response or note to any line in the Part V 18. Enter the number reported in Box 3 of Form 1066. Enter O if not applicable 19. 0 c	Par	t V Statements Regarding Other IRS Filings and Tax Compliance							
18 Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 10 0 0 0 dit be organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 28 Enter the number of Forms W250 for localused in line 150 Enter -0 if in 100 M250 M250 M250 M250 M250 M250 M250 M2		Check if Schedule O contains a response or note to any line in this Part V							
be Enter the number of Forms W-SG included in line 1a. Enter 0-If not applicable Did the organization comply with backgu withholding ulser for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. The statements of the calendar year ending with or within the year covered by this return The statements of the calendar year ending with or within the year covered by this return The statements of the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2s is greater than 250, you may be required to e-Mig Gee instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Lay 11 Yes, 1 and 1 tide a form 900 To first year If 1 Mo. 1 fair 8,000 you may be required to e-Mig Gee instructions or 3b but 1 Yes, 2 and 1 tide a form 900 To first year If 1 Mo. 1 fair 8,000 you may be required to e-Mig Gee instructions in Schedule 0 3b Lay 1 Yes, 2 and 1 tide a form 900 To first year If 1 Mo. 1 fair 8,000 you may for other financial account? 4a Lay 1 Yes, 2 and 1 tide a form 900 To first year If 1 Mo. 1 fair 8,000 you may for other financial account? 4a Lay 1 Yes, 2 and 1 the 1 Yes, 2 and 1 the 1 Yes, 2 and 1 the 1 Yes, 3 and 3 the 3 years and 3 the 3 yea				1		Yes	No		
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withoutings to prize wereners with a winnings to prize wereners. 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2c X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c If the year is a simple of the companization have an explanation in Schedule O 3d If the required the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4c If Yes, "Institute the name of the foreign country. 5c If Yes, "Institute the name of the foreign country. 5c Was the organization a party to a prohibitote tax shefter transaction at any time during the tax year? 5c If Yes, "Institute the party of the organization file Form 8886-7? 5d Deas the organization that organization file Form 8886-7? 5d Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 5d Organization shaft may receive deductible contributions are express statement that such contributions or gifts were not tax deductible? 7d Organization shaft may receive deductible contributions are express statement that such contributions or gifts were not tax deductible as charitable contributions on express statement that such contributions or gifts were not tax deductible? 7d Organization shaft may receive deductible contributions under section 170(c). 8d If Yes, "idle the organization shaft were solicitation an				7					
(agambling) winnings to prize winners? 2 Enfort the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 5 field for the calendar year ending with or within the year covered by this return. 5 It at least one is reported on line 2a, did the organization lie all required federal employment tax returns? 5 It was more than 1 and 2 as greater than 250, you may be required to e-five (see instructions) 5 It at least one is reported on line 2a, did the organization lie all required federal employment tax returns? 5 It is was more than 200, you may be required to e-five (see instructions) 5 It is was more than 200, you may be required to e-five (see instructions) 5 It is was more than 200, you may be required to e-five (see instructions) 5 It is was the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; but have a bank account, securities account, or other financial accounts? 6 It is was the organization and the organization than 2 and a bank account, securities account, or other financial accounts; (FBAR). 5 It is was the organization that or she inticEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 It is was the organization that was the remandable of the property of the account of the stax year? 5 It is was the organization that was the organization that it was or is a party to a prohibited tax shelter transaction? 5 It is year, to line 5 acro 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or gifts of the property of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6 It is year, to line organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or a charitable contributions or growing than the organization tha				0					
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendary pare anding with or within the year covered by this return filed for the calendary pare anding with or within the year covered by this return 7b. If it all least one is reported on line 2a, did the organization file all required federal employment tax returns? 8c. Did the organization have unretated business gross income of \$1,000 or more during the year? 8c. Did the organization have unretated business gross income of \$1,000 or more during the year? 8c. At any time during the calendary ear, did the organization have an explanation in Schedule O. 8c. At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in oreign country (such as a bank account, securities account, or other financial account)? 8c. But If Yes, "the the harme of the foreign country." 9c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9c. If Yes, "to line 5a or 5b, did the organization line Form 88861? 9c. If Yes, "to line 5a or 5b, did the organization file Form 88861? 9c. If Yes, "to line 5a or 5b, did the organization file Form 88861? 9c. If Yes, "to line 5a or 5b, did the organization file form 88861? 9c. If Yes, "to line 5a or 5b, did the organization file on the year year of the year of the organization on sold with very solicitation an express statement that such contributions or gifts were not tax deductible? 9c. Organization state were not tax deductible ontributions and yearly for goods and services provided to the payor? 9c. If Yes, "did the organization motive with very solicitation an express statement that such contributions or gifts were not tax deductible? 9c. Organization statement organization	С		reporta	able gaming					
filed for the calendary year ending with or within the year covered by this return. 2a 32 X			 T	 I	1c	Х			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b A 1 ary time during the calendary 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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5b Us any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Us If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a 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 charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If If If Yes, indicate the number of Forms 822 filed during the year 7d If Yes, indicate the number of Forms 822 filed during the year 8d If Yes, indicate the number of Forms 822 filed during the year 9d Did the organization receive a payment in excess of tangible personal property for which it was required? 1b If the organization received a contribution of qualified intellectively, on a personal benefit contract? 7c X 7d Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the orga	2 a								
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sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h				
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		sponsoring organization have excess business holdings at any time during the year?			8				
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1 1b 11b 11b 11b 11b 11b 11b 11b 11				ı					
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X	h								
c Enter the amount of reserves on hand	~		13h						
14a Did the organization receive any payments for indoor tanning services during the tax year?	С								
					14a		Х		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) (availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l 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 books and records:			
	THE ORGANIZATION - 314.771.5207			
	7525 SOUTH BROADWAY, ST LOUIS, MO 63111			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

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

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

(A)	(B)	I		11	C)			(D)	(E)	(F)
(A) Name and Title	I				ری itior	1				
Name and Title	Average hours per			heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	트	lus	₩	Ş.	j <u>F</u> iii	휸			
(1) SR SUZANNE WESLEY CSJ	2.00	∤		l						
PRESIDENT		Х		Х				0.	0.	0.
(2) CPT ROBERT CATLETT	2.00	∤		l						
PRESIDENT ELECT		Х		Х				0.	0.	0.
(3) LINDA PIZZO	2,00	ł								
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) KELLY GAST	2.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(5) KYLE BAXTER	2.00							_	_	_
SECRETARY		Х		Х		_		0.	0.	0.
(6) KIM BROWN, ESQ	1.00									
DIRECTOR		Х				_		0.	0.	0.
(7) MICHELLE CLARDY DOBBS, ESQ	1.00	1								
DIRECTOR		Х						0.	0.	0.
(8) EMILY PEREZ ESTEPP, ESQ	1.00	1								
DIRECTOR		Х						0.	0.	0.
(9) JON T FOGLE	1.00	1								
DIRECTOR		Х						0.	0.	0.
(10) KAREN FRICK	1.00	1								
DIRECTOR		Х						0.	0.	0.
(11) KATHY HARRIS (RESIGNED 3/2016)	1.00	1								
DIRECTOR		Х						0.	0.	0.
(12) ANDREW LIND	1.00	1								
DIRECTOR		Х						0.	0.	0.
(13) SUSAN ROLLINS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BARBARA SAPIENZA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DANETTE SILVA, ESQ	1.00	1								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(16) JUDGE CALEA STOVALL-REID	1.00]								
DIRECTOR		Х						0.	0.	0.
(17) SR CLAUDIA WARD RSM	1.00]								
DIRECTOR		Х						0.	0.	0.
500007 10 16 15										Form 990 (2015)

Form **990** (2015) 532007 12-16-15

- 3.14 - 1.1 Section A. Onicers, Directors, 1143	tees, Key Lili	picy	ces	, an	uii	gne	31 (zompensated Employe	es (continuca)				
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	tion amour			of
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	5)	com fr org an	other pensi rom th janiza d rela anizat	ation ne tion ted
(18) JUDGE NANCY WATKINS	1.00	드	드	5	<u>\$</u>	포등	요			\dashv			
DIRECTOR		x						0.		0.			0.
(19) K WENTZIEN	1.00									\exists			
DIRECTOR		х						0.		0.			0.
(20) NICOLE S ZELLWEGER, ESQ	1.00												
DIRECTOR		Х						0.		0.			0.
(21) LAURA TOLEDO	40.00												
EXECUTIVE DIRECTOR		_		Х				80,000.		0.		5	,162.
		_											
		<u> </u>											
		-											
1b Sub-total	<u> </u>	L		L			▶	80,000.		0.		5	,162.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	80,000.		0.		5	,162.
Total number of individuals (including but n compensation from the organization	ot limited to th	ıose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable				0
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		х
4 For any individual listed on line 1a, is the su	•	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-						_		1,,
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	<u>e J f</u>	or s	ıch	pers	son .					5		Х
Complete this table for your five highest co	mnensated in	den	ande	nt c	onti	racto	ore t	that received more than	\$100,000 of comp		ation	from	
the organization. Report compensation for	-	-							-	<i>,</i> C113	ation	10111	
(A)		-		·· <u>·</u>		<u> </u>		(B)			(()	
Name and business	address	NO	NE					Description of s	services	C	ompe		on
2 Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the organic	•					0							
											Form	990	(2015)

CENTER FOR WOMEN IN TRANSITION 43-1799627

		Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII			
			·	ļ	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts str	1 a	Federated campaigns	1a	49,997.				
g a		Membership dues						
S, G	С	Fundraising events		129,783.				
ar,		Related organizations						
imi		Government grants (contribution						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants	s, and					
the		similar amounts not included above	e 1f	225,169.				
do	g	Noncash contributions included in lines	1a-1f: \$	6,849.				
<u>ම</u> දි	h	Total. Add lines 1a-1f		>	404,949.			
				Business Code				
e	2 a	RESIDENT HOUSING INCOM		812900	1,105,200.	1,105,200.		
e Ž	b	OTHER PROGRAM REVENUE		812900	450.	450.		
Program Service Revenue	С							
ran ev	d							
ρ F	е							
<u> </u>	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			1,105,650.			
	3	Investment income (including of	dividends, inter	est, and				
		other similar amounts)		▶ [7,445.			7,445.
	4	Income from investment of tax	exempt bond p	oroceeds 🕨				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
nue	8 a	Gross income from fundraising including \$ 129,						
eve		contributions reported on line						
Other Reven		Part IV, line 18		43,188.				
‡	b	Less: direct expenses						
0		Net income or (loss) from fundi			-9,469.			-9,469.
		Gross income from gaming act						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gami						
		Gross sales of inventory, less r						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
Ī		Miscellaneous Revenue		Business Code				
Ī	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,508,575.	1,105,650.	0.	-2,024.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	319,056.	319,056.		
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	86,353.	45,767.	40,586.	
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	493,970.	449,181.	10,218.	34,571.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,668.	4,260.	79.	329.
9	Other employee benefits	71,568.	62,827.	4,147.	4,594.
10	Payroll taxes	61,028.	52,242.	5,115.	3,671.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	45,680.	13,074.	32,606.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,137.	612.	1,525.	
12	Advertising and promotion	812.			812.
13	Office expenses	34,377.	9,190.	16,853.	8,334.
14	Information technology				
15	Royalties				
16	Occupancy	263,692.	255,781.	7,911.	
17	Travel	13,612.	9,376.	4,236.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,820.	67.	1,753.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,723.	20,054.	1,669.	
23	Insurance	9,934.	8,742.	1,192.	
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.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,430,430.	1,250,229.	127,890.	52,311.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2015)
	0 10 16 15				

Form 990 (2015)

Part X Balance Sheet

	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			106,683.	1	46,898.
	2	Savings and temporary cash investments			98,275.	2	90,333.
	3	Pledges and grants receivable, net			178,760.	3	225,207.
	4	Accounts receivable, net			1,619.	4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c	e)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
છ		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		_		7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	543,724.			
	Ь	Less: accumulated depreciation		223,357.	335,709.	10c	320,367.
	11	Investments - publicly traded securities	410,813.	11	442,266.		
	12	Investments - other securities. See Part IV, line	,	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 equ	1,131,859.	16	1,125,071.		
	17	Accounts payable and accrued expenses	55,929.	17	96,199.		
	18	Grants payable	,	18	,		
	19	Deferred revenue		12,546.	19		
	20	Tax-exempt bond liabilities	,	20			
	21	Escrow or custodial account liability. Complete		ı		21	
S	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		F	46,041.	24	
	25	Other liabilities (including federal income tax, pa			,		
		parties, and other liabilities not included on lines	•				
		Schedule D	,	·	96,795.	25	30,179.
	26	Total liabilities. Add lines 17 through 25			211,311.	26	126,378.
		Organizations that follow SFAS 117 (ASC 958			ŕ		,
S		complete lines 27 through 29, and lines 33 an		,			
nce	27	Unrestricted net assets			575,074.	27	517,863.
ala	28	Temporarily restricted net assets			122,544.	28	257,142.
Net Assets or Fund Balances	29	B			222,930.	29	223,688.
L L		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.	,				
ts	30	Capital stock or trust principal, or current funds			30		
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
et A	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances		_	920,548.	33	998,693.
	34	Total liabilities and net assets/fund balances			1,131,859.	34	1,125,071.

Form **990** (2015)

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

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 43-1799627 CENTER FOR WOMEN IN TRANSITION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

he	ne organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(ii	ii).	
4		A medical research organiz					-	the hospital's name.
		city, and state:	·					,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		g,				
6		A federal, state, or local go		nental unit described in	section 17	70/6\/1\/٨\	(v)	
		•	-					nublic described in
′	21	An organization that norma	-	initial part of its support	rom a gov	emmema	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		(4)(A)(-i) (O l - t - D	.			
8		A community trust describe			-			
9		An organization that norma	•	•	•		· · · · · · · · · · · · · · · · · · ·	*
		activities related to its exen	•	•				-
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	•					
10		An organization organized a	•	•	•			
11		An organization organized a	•	•	-		-	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). C	Check the box in
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	ving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte	ed organization(s).				
	(i	Name of supported	(ii) EIN	(iii) Type of organization	. ,	rganization in your	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))		document?	support (see	other support (see
					Yes	No	instructions)	instructions)

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

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

Se	ction A. Public Support		·	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	,	` '	` ,	. ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	351,389.	284,545.	303,779.	338,748.	404,949.	1,683,410.
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	351,389.	284,545.	303,779.	338,748.	404,949.	1,683,410.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						59,968.
	Public support. Subtract line 5 from line 4.						1,623,442.
	ction B. Total Support	1				-	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	351,389.	284,545.	303,779.	338,748.	404,949.	1,683,410.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		00.400	00 110	00 757	- 445	404 040
_	and income from similar sources	23,492.	22,498.	22,118.	28,757.	7,445.	104,310.
9	Net income from unrelated business						
	activities, whether or not the	7 106	0	0	6 765	0	12 071
40	business is regularly carried on	7,106.	0.	0.	6,765.	0.	13,871.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1,801,591.
	Total support. Add lines 7 through 10	-4- (in-atmosti				12	4,496,504.
12 13	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	l fourth or fifth to		<u> </u>	4,450,504.
13	organization, check this box and stor				•		ightharpoonup
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2015 (<u>~</u>	nlumn (fl)		14	90.11 %
	Public support percentage from 2014					15	90.90 %
	33 1/3% support test - 2015. If the						
	stop here. The organization qualifies	· ·		,		,	
r	33 1/3% support test - 2014. If the						
	and stop here. The organization qual	· ·		,		,	
17:	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	-					, = =:
	organization meets the "facts-and-cire				-		
18	Private foundation. If the organization						s >

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	slow, please com	piete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4	iness under section 513						
4	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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	s first, second. thi	rd, fourth. or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
	check this box and stop here	· ·			-		>
Se	ction C. Computation of Publi						,
	Public support percentage for 2015 (li			column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box ar	-					
ł	33 1/3% support tests - 2014. If the	organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nıs box and see in	structions	

Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	-1 a		
	4.		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9c		
	10a		
	10b		
- ^		00 E7	0045

Sche	edule A (Form 990 or 990-EZ) 2015 CENTER FOR WOMEN IN TRANSITION	43-1799627	Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		T.,	·
_	Did the constitution was ide to each of the comparted associations by the leat day of the fifth would be the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	uctions):		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions	s).	
2	Activities Test. Answer (a) and (b) below.	•	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	ınizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1 b			
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 Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
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	y-integra	ted Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2015

1	Distributable amount for 2015 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2015		
	(reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2015:		
а			
b			
С			
d	From 2013		
е	From 2014		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2015 distributable amount		
i_	Carryover from 2010 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2015 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2015, if		
	any. Subtract lines 3g and 4a from line 2 (if amount		
	greater than zero, see instructions).		
6	Remaining underdistributions for 2015. Subtract lines 3h		
	and 4b from line 1 (if amount greater than zero, see		
	instructions).		
7	Excess distributions carryover to 2016. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013		
d	Excess from 2014		
е	Excess from 2015		

Schedule A (Form 990 or 990-EZ) 2015

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

2015

CE	NTER FOR WOMEN IN TRANSITION	43-1799627			
Organization type (check of	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note. Only a section 501(c	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(1) any one contribute	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 1 or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
year, total contrib	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. Do not 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 \ \bigsim \text{\tet					
but it must answer "No" or	ution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), tit 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 tify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Name of organization	Employer identification number
CENTER FOR WOMEN IN TRANSITION	43-1799627

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, audress, and ZiF + 4	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CENTER FOR WOMEN IN TRANSITION

43-1799627

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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

Name of org	anization		Employer identification number					
CENTER FO	OR WOMEN IN TRANSITION		43-1799627					
Part III		columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 o	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of git	ift					
	Transferee's name, address, ar	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 gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(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 git						
	Transferee's name, address, ar	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					
	Transferee's name, address, ar	(e) Transfer of git	of gift Relationship of transferor to transferee					
			·					

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR WOMEN IN TRANSITION

Employer identification number 43-1799627

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther Simil	ar Asse	ts (contin	nued)			
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d	Loan or exc	hange programs							
b											
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they further t	ne organization's e	exempt purpo	ose in Par	t XIII.				
5	During the year, did the organization solicit or	r receive donations of	of art, historical trea	sures, or other sim	nilar assets						
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			Yes	No_			
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes"	on Form 990), Part IV,	line 9, or				
	reported an amount on Form 990, Part X, line 21.										
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?						Yes	☐ No			
b	If "Yes," explain the arrangement in Part XIII a										
							Amount	:			
С	Beginning balance				1c						
	Additions during the year										
е	Distributions during the year				1e						
f	Ending balance				1f		_				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account li	ability?	L	Yes	L No			
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII						
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, lir	ne 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back			
1a	a Beginning of year balance 222,930. 202,803. 202,803. 202,803. 202,803.										
b	Contributions										
С	Net investment earnings, gains, and losses	758.	20,127.	5,080	5.	10,568.		11,018.			
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs			5,080	5.	10,568.		11,018.			
f	Administrative expenses										
g	End of year balance	223,688.	222,930.	202,803	3. 2	02,803.		202,803.			
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:							
а	Board designated or quasi-endowment	.00	_%								
b	Permanent endowment 100.00	%									
С	Temporarily restricted endowment	.00 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered fo	or the organiz	zation	-				
	by:							Yes No			
	(i) unrelated organizations						3a(i)	X			
							3a(ii)	X			
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b				
4	Describe in Part XIII the intended uses of the		wment funds.								
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Par	t X, line 10.						
	Description of property	(a) Cost or of	' ') Accumulate		(d) Book	k value			
		basis (investr	nent) basis	` '	depreciation						
	Land			66,000.				66,000.			
	9			418,323.	171,	111.		247,212.			
	Leasehold improvements										
	1 1			59,401.	52,	246.		7,155.			
	Other										
Tota	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										

Schedule D (Form 990) 2015 CENTER FOR WOM	EN IN TRANSITION		43-1799627	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yo		, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security	ty) (b) Book value	(c) Method of v	aluation: Cost or end-of-year ma	rket 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 "Ye				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-of-year ma	rket value
<u>(1)</u>				
(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 "Ye		, line 11d. See Form 990,		
	(a) Description		(b) Bo	ok value
<u>(1)</u>				
(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 "Yo	es" on Form 990, Part IV		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PROGRAM PARTICIPANT FUNDS		30,179.		
(3)				
(4)				
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 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 X

30,179.

(6) (7) (8)

Par	Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, li		evenue per Retur	n.
1	Total revenue, gains, and other support per audited financial statements		1	1,535,764.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	27,189.	
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	27,189.
3	Subtract line 2e from line 1		3	1,508,575.
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		
С	Add lines 4a and 4b		4c	0,
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			1,508,575.
Par	t XII Reconciliation of Expenses per Audited Financial S		Expenses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		<u>1</u>	1,457,619.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	27,189.	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	27,189.
3	Subtract line 2e from line 1		3	1,430,430.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.	18.)	5	1,430,430.
PART	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a X, LINE 2: ORGANIZATION CONSTITUTES A QUALIFIED NOT-FOR-PROFIT ORGAN	any additional informa		(A, III 16 2, Falt Al,
	TION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREF	ORE, EARMFI		
THE	ORGANIZATION HAS EVALUATED ITS TAX POSITIONS, EXPIRING ST	PATUTES OF		
LIMI	TATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW	V AND NEW		
AUTH	ORITATIVE RULINGS AND BELIEVES THAT NO PROVISION FOR INCO	OME TAXES IS		
NECE	SSARY, AT THIS TIME, TO COVER ANY UNCERTAIN TAX POSITIONS	5.		

Schedule D	(Form 990) 2015	CENTER FOR WOMEN IN TRANSITION	43-1799627	Page 5
Part XIII	(Form 990) 2015 Supplemental Info	rmation (continued)		

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CENTER FOR WOMEN IN TRANSITION 43-1799627 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2015 CENTER FOR WOMEN IN TRANSITION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events BEAUTIFUL NONE (add col. (a) through TRANSFORMATIONS DI col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 172,971 172,971. 2 Less: Contributions 129,783 129,783. **3** Gross income (line 1 minus line 2) 43,188 43,188. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 18,509. 7 Food and beverages 18,509. 500. 500. 8 Entertainment 33,648. 33,648. 9 Other direct expenses 52,657. 10 Direct expense summary. Add lines 4 through 9 in column (d) -9,469. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain: ___

Sch	edule G (Form 990 or 990-EZ) 2015 CENTER FOR WOMEN IN TRANSITION 43-1/S	19621		Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└─ No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a	_	%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9	, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

Schedule 0	(Form 990 or 990-EZ) CENTER FOR WOMEN IN TRANSITION	43-1799627	Page 4
Part IV	(Form 990 or 990-EZ) CENTER FOR WOMEN IN TRANSITION Supplemental Information (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2015**

Open to Public Inspection

Employer identification number

CENTER FOR WO	MEN IN TRANSIT	ON					43-1799627
Part I General Information on Grants a	and Assistance					•	
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr 	istance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than							•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							>

(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 non-cash assistance
MEDICAL AND FOOD SERVICES	159	87,181.	. 0.		
OTHER PROGRAM SERVICES	159	122,525.	0.		
PRANSPORTATION	159	31,177.	0.		
HOUSING AND RELATED SERVICES	159	78,173.	0.		
Part IV Supplemental Information. Provide the informat	tion required in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
	·				

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

CENTER FOR WOMEN IN TRANSITION

Employer identification number 43-1799627

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AND REFERS ALL MALE CLIENTS TO PARTNER ORGANIZATIONS. THE CENTER
PROVIDES CASE MANAGEMENT AND DIRECT SERVICES TO THE WOMEN UNDER THIS
PROGRAM.
THE CENTER ALSO PROVIDES "STEP OUT" SUPPORT TO WOMEN LEAVING CORE
PROGRAMMING FOR INDEPENDENT HOUSING, WHICH CONSISTS OF ONGOING CASE
MANAGEMENT SUPPORT, STEP DOWN RENT SUPPORT, AND LIMITED FINANCIAL
ASSISTANCE FOR OTHER NEEDS.
DURING THE YEAR THE CENTER PROVIDED SUPPORT FOR 159 WOMEN THROUGH ALL
CORE PROGRAM ACTIVITIES, AND 22 WOMEN THROUGH STEP OUT.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND REVIEWED BY THE
EXECUTIVE COMMITTEE BEFORE FILING. IT IS ALSO MADE AVAILABLE TO ALL
MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 12C:
A CONFLICT OF INTEREST QUESTIONNAIRE IS PROVIDED TO EACH MEMBER OF THE
BOARD OF DIRECTORS AND REVIEWED ANNUALLY FOR ANY POTENTIAL CONFLICTS OF
INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW
OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND INDEPENDENTLY DETERMINES ANY

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization CENTER FOR WOMEN IN TRANSITION	Employer identification number 43-1799627
CENTER FOR WOMEN IN TRANSITION	43-1799027
CHANGES IN COMPENSATION.	
THE ORGANIZATION DOES NOT PRESENTLY COMPENSATE ANY OTHER OFFICERS OR KEY	
EMPLOYEES, PER IRS DEFINITION. IN THE FUTURE, IF SUCH PERSONS ARE	
COMPENSATED A REVIEW PROCESS SIMILAR TO THAT EXECUTED FOR THE EXECUTIVE	
DIRECTOR WOULD BE UNDERTAKEN.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES THEIR FORM 990 AND FORM 1023 AVAILABLE TO THE PUBLIC	
UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE TO THE PUBLIC ON THE	
ORGANIZATION'S WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY AND ANNUALLY AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	
UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE	
OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE	
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED SINCE THE PRIOR	
YEAR.	