See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01/08 , and ending 6/30/09

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WOMENSAFE, INC.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 67

City or town, state or country, and ZIP + 4
MIDDLEBURY VT 05753-0067

D Employer identification number
22-2921518

E Telephone number
802-388-9180

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method [ ] Cash [X] Accrual
Other (specify) ▶

I Website: ▶ WWW.WOMENSAFE.NET

J Organization type (check only one) — [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 508,435

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	497,461
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	814
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 4,280		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	4,280
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ SEE STATEMENT 1)		8	5,880
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	508,435
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	304,568
	13	Professional fees and other payments to independent contractors		13	67,992
	14	Occupancy, rent, utilities, and maintenance		14	8,278
	15	Printing, publications, postage, and shipping		15	20,739
	16	Other expenses (describe ▶ SEE STATEMENT 2)		16	50,672
	17	**Total expenses.** Add lines 10 through 16 ▶		17	452,249
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	56,186
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	77,066
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	133,252

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	26,666	22	84,207
23 Land and buildings	82,504	23	79,877
24 Other assets (describe ▶ SEE STATEMENT 3)	39,894	24	39,512
25 **Total assets**	149,064	25	203,596
26 **Total liabilities** (describe ▶ SEE STATEMENT 4)	71,998	26	70,344
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	77,066	27	133,252

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 6

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 367,689

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule) SEE STATEMENT 7

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 367,689

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NAOMI SMITH, MIDDLEBURY VT	EXEC. DIR. 40	58,568	7,359	0
KAREN GUTTENTAG, EAST MIDDLEBURY VT	@ LARGE 1	0	0	0
DEBBY MOODY, MIDDLEBURY VT	SEC/TREAS. 1	0	0	0
PAM BARENBAUM, ADDISON VT	CHAIR 1	0	0	0
JILL ROBINSON, MIDDLEBURY VT	@ LARGE 1	0	0	0
MELODY PERKINS, NEW HAVEN VT	@ LARGE 1	0	0	0
BETSY CARTLAND, BRIDPORT VT	@ LARGE 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The books are in care of ▶ NAOMI SMITH @ ENTITY LOCATION "CONFIDENTIAL" Telephone no ▶ 802-388-9180

Located at ▶ MIDDLEBURY, VT ZIP + 4 ▶ 05753

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	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		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

Signature of officer Date 1/8/10

NAOMI SMITH EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 12/18/09	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00124210
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ANGOLANO & COMPANY CPA PC PO BOX 639 SHELBURNE, VT 05482-0639			EIN ▶ 03-0322470 Phone no ▶ 802-985-8992

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

DAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization WOMENSAFE, INC.

Employer identification number 22-2921518

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

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally Integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	232,429	250,610	277,198	345,776	501,741	1,607,754
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	232,429	250,610	277,198	345,776	501,741	1,607,754
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						1,607,754

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	232,429	250,610	277,198	345,776	501,741	1,607,754
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99	86	980	702	814	2,681
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		7,453	4,890	3,124	5,880	21,347
11 **Total support.** Add lines 7 through 10						1,631,782

12 Gross receipts from related activities, etc (see instructions) — 12

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98 5275 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99 7631 %

16a **33 1/3 % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

REIMBURSEMENTS	$	20,087
MISC. OTHER	$	1,260

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
REIMBURSEMENTS	$ 4,914
MISC. OTHER	966
TOTAL	$ 5,880

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
MOTHER'S DAY CARD ACTIVITY	$
SUPPLIES	189
PERMIT ENV.	250
EXPENSES	
COMPUTER MAINT.	686
MILEAGE REIMBURSEMENT	3,164
MEETING EXPENSES	434
STAFF CONFERENCE/MEETING	8,704
BOARD EXPENSES	71
INTEREST EXP	3,223
INSURANCES	3,887
BOOKS	338
EQUIP. SERVICE/LEASE	3,000
DUES AND SUBSCRIPTIONS	4,274
EDUCATION AND OUTREACH	7,304
MISC. OTHER	293
SECURITY	5,498
REPAIRS AND MAINT.	1,947
STAFF/VOLUNTEER RECOGNITI	589
STAFF WELLNESS	109
VOLUNTEER TRAINING	787
WOMENS RESOURCES	5,925
TOTAL	$ 50,672

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
GRANTS RECEIVABLE	$ 11,094	$ 10,034
ACCOUNTS RECEIVABLE	24,566	23,613
PREPAID EXPENSES AND DEFERRED CHARGES	4,234	5,865
	39,894	39,512

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 19,807	$ 22,340
DEFERRED REVENUE	700	700
MORTGAGE AND OTHER NOTES PAYABLE	51,491	47,304
	71,998	70,344

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
WORKING TOWARDS THE ELIMINATION OF PHYSICAL, SEXUAL AND EMOTIONAL VIOLENCE AGAINST WOMEN AND THEIR CHILDREN THROUGH DIRECT SERVICE, EDUCATION AND SOCIAL CHANGE.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
THROUGH A 24-HOUR HOTLINE, WOMENSAFE PROVIDES CRISIS INTERVENTION, PROBLEM-SOLVING ASSISTANCE, SAFETY PLANNING AND EMOTIONAL SUPPORT TO VICTIMS WHO HAVE BEEN PHYSICALLY, SEXUALLY AND/OR EMOTIONALLY ABUSED. WOMENSAFE OFFERS UP-TO-DATE INFO. TO ASSIST WOMEN IN FINDING RESOURCES FOR FINANCIAL, EMPLOYMENT, HOUSING AND COUNSELING NEEDS. THEY HAVE BOTH LEGAL ADVOCATES AND MEDICAL ADVOCATES WHO OFFER SUPPORT AND ADVOCACY THROUGH THE RELIEF FROM ABUSE ORDER PROCESS, DIVORCE AND CUSTODY PROCEEDINGS, AND CRIMINAL COURT PROCEEDINGS WHEN DOMESTIC OR SEXUAL VIOLENCE IS INVOLVED. VICTIMS WILL BE ACCOMPANIED TO THE HOSPITAL TO OFFER SUPPORT AND ADVOCACY WHEN RECEIVING MEDICAL ATTENTION FOLLOWING AN ACT OF SEXUAL OR DOMESTIC VIOLENCE. WOMENSAFE OFFERS ONGOING SUPPORT GROUPS FOR VICTIMS, AS WELL AS WORKSHOPS & TRAINING AND PRESENTATIONS ON DOMESTIC AND SEXUAL VIOLENCE TO SCHOOLS, COMMUNITY GROUPS, BUSINESSES AND OTHER HUMAN SERVICES AGENCIES. THEY ALSO PROVIDE SAFE HAVEN FOR CHILDREN AND CUSTODIAL PARENTS DURING VISITS AND EXCHANGES.

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
	$ 128,129	$ 45,625	$ 118,039	$ 38,162
TOTAL	$ 128,129	$ 45,625	$ 118,039	$ 38,162

WomenSafe, Inc
Depreciation Schedule 6/30/09

Description	Date in Service	Life	Cost	Prior deprec	FY 6/01 deprec	A/D 6/30/01	FY 6/02 deprec	A/D 6/30/02	FY 6/03 deprec	A/D 6/30/03	FY 6/04 deprec	A/D 6/30/04	FY 6/05 deprec	A/D 6/30/05	FY 6/06 deprec	A/D 6/30/06	Net Book Value	FY 6/07 deprec	A/D 6/30/07	Net Book Value	FY 6/08 deprec	A/D 6/30/08	Net Book Value	FY 6/09 deprec	A/D 6/30/09	Net Book Value
Land, Building, Improvements																										
Office building	5/12/1997	39	96,743	7,753	2,481	10,234	2,481	12,715	2,481	15,196	2,481	17,677	2,481	20,158	2,481	22,639	74,104	2,481	25,120	71,623	2,481	27,601	69,142	2,481	30,082	66,661
Land, Seymour Street	5/12/1997	0	10,000	-		-		-		-		-		-		-	10,000		-	10,000		-	10,000		-	10,000
Safety door	4/16/1998	39	1,488	84	38	122	38	160	38	198	38	236	38	274	38	312	1,176	38	350	1,138	38	388	1,100	38	426	1,062
Driveway paving	5/1/2000	39	2,814	12	72	84	72	156	72	228	72	300	72	372	72	444	2,370	72	516	2,298	72	588	2,226	72	660	2,154
Total Land, Bldg, Improv			111,045	7,849	2,591	10,440	2,591	13,031	2,591	15,622	2,591	18,213	2,591	20,804	2,591	23,395	87,650	2,591	25,986	85,059	2,591	28,577	82,468	2,591	31,168	79,877
Office Equipment																										
Shredder	4/21/1999	7	60	10	9	19	9	27	9	36	9	45	9	54	6	60	(0)		60	(0)		60	(0)		60	(0)
Picnic table	9/22/1999	7	100	11	14	25	14	40	14	54	14	68	14	82	14	96	4	4	100	0		100	0		100	0
Brochure racks	2/17/2000	7	484	23	69	92	69	161	69	230	69	299	69	368	69	437	47	47	484	(0)		484	(0)		484	(0)
Office chair	10/11/1999	7	40	4	6	10	6	15	6	21	6	27	6	33	7	40	(0)		40	(0)		40	(0)		40	(0)
Swipe machine	1/31/2001	7	247	-	18	18	35	53	35	88	35	123	35	158	35	193	54	35	228	19	19	247	(0)		247	(0)
Upholstered chairs	6/29/2001	7	400	-	28	28	57	85	57	142	57	199	57	256	57	313	87	57	370	30	30	400	(0)		400	(0)
Telephone system	6/15/2001	7	5125	-	366	366	732	1,098	732	1,830	732	2,562	732	3,294	732	4,026	1,099	732	4,758	367	367	5,125	(0)		5,125	(0)
2 air conditioners	8/10/2001	7	538	-	-	-	39	39	77	116	77	193	77	270	77	347	191	77	424	114	77	501	37	37	538	-
Total Office Equipment			6,994	48	510	558	961	1,519	999	2,518	999	3,517	999	4,516	997	5,513	1,481	952	6,465	529	493	6,958	36	37	6,995	(1)
Grand Total			118,039	7,897	3,101	10,998	3,552	14,550	3,590	18,140	3,590	21,730	3,590	25,320	3,588	28,908	89,131	3,543	32,451	85,588	3,084	35,535	82,504	2,628	38,163	79,876

WomenSafe Statistics

July 1, 2008- June 30, 2009

WomenSafe staff and volunteers provided the following services during **1,752 hotline calls** and **715 in-person contacts** to the **385 women, children and men** who experienced abuse and violence directly

- General information and referral 406 times
- Emotional crisis support 2,187 times
- Housing advocacy 352 times
- Emergency financial assistance 65 times
- Support and advocacy to 25 women who had a self-identified disability
- Support, advocacy and navigation through arraignments, depositions, interviews, pre-trial hearings, trials, sentencing and other criminal legal processes 81 times
- Assistance with filling out over 90 Relief from Abuse Orders
- 16 visits to the hospital

Other Notable Facts

- Total number of women who experienced violence directly increased by 35 compared to last year
- In-person advocacy with women who experienced violence directly increased from 30% to 41%
- Nearly 60 friends and family members contacted us because they were concerned about someone
- 150 supervised visits and monitored exchanges occurred increasing safe access for children and their parents

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	WOMENSAFE, INC.	22-2921518
	Number, street, and room or suite no If a P O box, see instructions P.O. BOX 67	
	City, town or post office, state, and ZIP code For a foreign address, see instructions MIDDLEBURY VT 05753-0067	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ NAOMI SMITH

Telephone No ▶ 802-388-9180 FAX No ▶ 802-388-3438

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10 , to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [ ] calendar year or
▶ [X] tax year beginning 7/01/08 , and ending 6/30/09

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.