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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)

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection For the 2008 calendar year, or tax year beginning Oct 1 2008, and ending Sep 2009 D Employer Identification Number Name of organization Check if applicable CENTER FOR WOMEN IN TRANSITION 38-2181204 Address change or print or type. See Room/suite mber and street (or P O box if mail is not delivered to street addr) Telephone number Name change Initial return 411 BUTTERNUT DRIVE (616) 392-1970 specific Instruc-City, town or country ZIP code + 4 Termination HOLLAND MI 49424 G Gross receipts \$ 2,180,731 Amended return F Name and address of principal officer H(a) is this a group return for affiliates? Application pending Yes No H(b) Are all affiliates included? MI 49424 Yes STEVE HARVEY 411 BUTTERNUT DRVIE HOLLAND If 'No,' attach a list (see instructions) 527 X 501(c) (3) ◄ (insert no) Website: ► www.aplaceforwomen.org H(c) Group exemption number M State of legal domicile MI X Corporation L Year of Formation 1977 Type of organization Part I Summary VIOLENCE PREVENTION AND Briefly describe the organization's mission or most significant activities DOMESTIC Activities & Governance Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b). 4 13 Total number of employees (Part V, line 2a) 5 61 Total number of volunteers (estimate if necessary) 6 200 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 RECEIVED **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,898,175. 1,869,628. ÖSC Program service revenue (Part VIII, line 2g) 149,029 138,695. EB 05 RS-(11,503. 10 21,711. Other revenue (Part VIII, column (A), lines 5, 6d, 8¢, 9¢, 107,137. 94,487. 11 Total revenue - add lines 8 through 11 (must equal Part YN (361) (A), (1) [12) 2,114,313. 2,176,052 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,19/8,939 1,249,899. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 144,720. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,134,378 1,123,477. 2,373,376. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,333,317 Revenue less expenses Subtract line 18 from line 12 -157,265-259,063.**Beginning of Year End of Year** Not Assets 3,541,293. 20 Total assets (Part X, line 16) 3,839,674 21 Total liabilities (Part X, line 26) 400,820. 361,502. 22 Net assets or fund balances Subtract line 21 from line 20 3,438,854 3,179,791. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge m ₁₁Siqn Here Signature of officer STEVE HARVEY Type or print name and title Date Preparer's identifying number (see instructions) Check if Paid employed > X Preparer's Preparer's FLEGAL AND TIBBITTS Use yours if self-employed), address, and ZIP + 4 2750 OLD CTR STE 150 FIN Only 673-2222 (269)PORTAGE MI 49024-4880 Phone no Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

TFFA0101

04/23/09

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		x
4		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		x
9	Did the organization report an amount in Part X, line 21; 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 hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
71	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	_ X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	-	<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, 'go to question 25	24a		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	!	
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		<u>x</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
m A A				

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
		C	000 //	2000

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Part V Statements Regarding Other INST Imigs and Tax Compilance		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 1	5	163	100
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	기		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6	<u>.</u>		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b 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.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5ь		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	1	
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>x</u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	8	\rightarrow	<u>X</u>
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		
a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
	90		
10 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		İ	
	i		
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Form 9	90 (2	008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A.	Governing Body and Manage	ment		·			
	For each processe	'Yes' response to lines 2-7b below, and s, or changes in Schedule O See instru	d for a 'No' respor uctions	nse to lines 8 or 9b below, d	escribe the circumstances,		Yes	No.
1	l a Enter the	number of voting members of the gove	erning body		1a 13]		
	b Enter the	number of voting members that are inc	dependent		1b 13			
2	2 Did any o officer, d	fficer, director, trustee, or key employe rector, trustee or key employee?	e have a family re	elationship or a business rela	ationship with any other	2	<u> </u>	Х
3	Did the o	ganization delegate control over mana, directors or trustees, or key employed	gement duties cus	stomarily performed by or ur ent company or other persor	nder the direct supervision	3		х
4		ganization make any significant chang		, -		4		Х
	since the	prior Form 990 was filed?					Ī	
5	Did the or	ganization become aware during the ye	ear of a material o	diversion of the organization	's assets?	5	<u> </u>	X
6	Does the	organization have members or stockhol	lders?			6		X
7	a Does the governing	organization have members, stockholde body?	ers, or other perso	ons who may elect one or me	ore members of the	7a		х
	b Are any d	ecisions of the governing body subject	to approval by me	embers, stockholders, or oth	er persons?	7b	<u> </u>	X
8	Did the or the follow	ganization contemporaneously documeng.	nt the meetings h	eld or written actions undert	aken during the year by			
	a The gover	ning body?				8 a	Х	
	b Each com	mittee with authority to act on behalf of	the governing bo	dy? .		86	_ X	<u> </u>
9	a Does the	organization have local chapters, branc	hes, or affiliates?			9a	L	X
	b If 'Yes,' do and brand	es the organization have written policiones to ensure their operations are cons	es and procedures sistent with those	s governing the activities of soften of the organization?	such chapters, affiliates,	9b		
10	Was a cop describe i	y of the Form 990 provided to the orga Schedule O the process, if any, the o	nızatıon's governı rganızatıon uses t	ng body before it was filed? to review the Form 990	All organizations must	10	х	
		y officer, director or trustee, or key em n's mailing address? If 'Yes,' provide t	ployee listed in P he names and ad	art VII, Section A, who cann Idresses <i>in Schedule O</i>	ot be reached at the	11		х
Sec	ction B.	Policies						
	.					-	Yes	No
		rganization have a written conflict of in				12a	X	
	to conflicts		·	•	_	12b	х	
•	Does the of Schedule	rganization regularly and consistently i Ohow this is done	monitor and enfor	ce compliance with the polic	y? If 'Yes,' describe in	12c	х	
		rganization have a written whistleblowe	• •			13	Х	
14	Does the o	rganization have a written document re	tention and destr	uction policy?		14	X	
15	Did the propersions, c	cess for determining compensation of omparability data, and contemporaneou	the following pers us substantiation (ons include a review and ap of the deliberation and decis	proval by independent ion:			
	-	zation's CEO, Executive Director, or top	-	ficial?		15a	X	
ŀ		ers of key employees of the organization				15b	<u> </u>	
	Describe to	e process in Schedule O (see instruct	ions)			1 1		
16 a		anization invest in, contribute assets to g the year?	o, or participate in	a joint venture or similar ar	rangement with a taxable	16a		X
t	in joint ver	s the organization adopted a written po ture arrangements under applicable fed respect to such arrangements?	licy or procedure deral tax law, and	requiring the organization to taken steps to safeguard th	evaluate its participation e organization's exempt	16Ь		
Sec		Disclosures				<u> </u>		
17	List the sta	les with which a copy of this Form 990	is required to be t	filed Michigan				
18	Section 61	4 requires an organization to make its Indicate how you make these available	Forms 1023 (or 1	024 if applicable), 990, and	990-T (501(c)(3)s only) ava	aılable f	or pub	olic
	X Own w			on request				
19	Describe in	Schedule O whether (and if so, how) t available to the public	he organization m	nakes its governing documen	its, conflict of interest policy	y, and f	nancia	al
20		ame, physical address, and telephone	number of the per	son who possesses the book	ks and records of the organ	ızatıon		
•	PAULA !	IGGINS 411 BUTTE	RNUT DRIVE,	HOLLAND, MI	49424(6	16)_39	<u> 32-21</u>	<u>829</u>
BAA						Form 9	90 (2	008)

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

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

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no (A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours			_		that app	**	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi al trustee or director	mshiphonal trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
CHARISSE SMITH-MITCHELL										
EXEC. DIRECTOR	40.00				X			41,827.	0.	2,091.
JANE ARMSTRONG		i								
DIRECTOR	1.00	Х	Ш				Ш	0.	0.	
JANE DICKIE										
DIRECTOR	1.00	Х						0.	0.	0.
ANGELA GRIFFORE										1
DIRECTOR	1.00	X		_				0.	0.	0.
REV JACO HAMMAN PHD										
DIRECTOR	1.00	X						0.	0.	0.
STEVE_HARVEY		i				l				
PRESIDENT	1.00	X						0.	0.	0.
MARIA HOEKSTRA DDS				ł	ŀ					
DIRECTOR	1.00	X						0.	0.	<u> </u>
ROBYN HOFMEYER										
DIRECTOR	1.00	Х	_	_	_			0.	0.	0.
LISA LUCKEY					- 1	ı				
DIRECTOR	1.00	Х		_	4		_	0.	0.	0.
JEFF MCMARTIN		ı		ı		l	ı			
SECRETARY	1.00	Х	\dashv	_	_			0.	0.	0.
JANE PATTERSON		- 1		- 1	- 1	I			\$	
DIRECTOR	1.00	Х	_	_				0.	0.	0.
BETSY SIMPSON		- 1	İ							
VICE PRESIDENT	1.00	X	4		_			0.	0.	0.
CAROL STROOP			- 1			i				
DIRECTOR	1.00	Х		_	_		_	0.	0.	0.
BETHANN TIECHE			- 1							
DIRECTOR	1.00	X	_	_	\perp		_	0.	0.	0.
ED_WALSH		ĺ		-		ļ				
TREASURER	1.00	Х	_	4	_			0.	0.	0.
REV GORDON WIERSMA		ŀ	-			-				
DIRECTOR	1.00	Х	\perp	_			\dashv	0.	0.	0.
		- 1			1				j	

Pa	art VIII Statement of Revenue			,	· · · · · · · · · · · · · · · · · · ·
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMIL AR AMOUNTS	ta Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above q Noncash contribns included in lns 1a-1f 1 a 137, 911. 1b 1c 1d 1 e 1,239,137.				
Ser	h Total. Add lines 1a-1f	1,869,628.		,	
UE	Business Code				
VEN	2a GIRLS ON THE RUN 611710	118,863.	118,863.	0.	0
E 26	b TANSITIONAL HOUSING PROGRAM INCOME 624200	14,452.	14,452.	0.	0
PROGRAM SERVICE REVENUE	c COUNSELING AND SERVICE FEES 624100	5,380.	5,380.	0.	0
N S	e				
GR/	f All other program service revenue				
<u>P</u>	g Total. Add lines 2a-2f	138,695.			
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds	11,503.	11,503.	0.	0.
	4 Income from investment of tax-exempt bond proceeds 5 Royalties				
	(i) Real (ii) Personal				•
	6a Gross Rents 24,078.	-	,	,	
	b Less rental expenses 15,334.				
	c Rental income or (loss) 8,744.	0.744	0.744		
	(i) Securities (ii) Other	8,744.	8,744.	0.	0.
	7 a Gross amount from sales of assets other than inventory		-	21	•
	b Less cost or other basis	-		'	
	and sales expenses			•	
	c Gain or (loss) d Net gain or (loss)				
	8a Gross income from fundraising events	,	·		
INDE	(not including \$,	
OTHER REVENU	of contributions reported on line 1c)			İ	
E.R	See Part IV, line 18 a 111,380. b Less' direct expenses b 51,084.		. }		
5	c Net income or (loss) from fundraising events	60,296.	60,296.	0.	0.
	9a Gross income from gaming activities				-
	See Part IV, line 19 a			1	
	b Less direct expenses b			,	
	c Net income or (loss) from gaming activities				
ı	10 a Gross sales of inventory, less returns and allowances a	1	1		
	b Less' cost of goods sold b				
}	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
ŀ	11a MISC INCOME 624200	25,447.	25,447.	0.	0.
	b				
J	c				
	d All other revenue				
	e Total. Add lines 11a-11d	25,447.			
	12 Total Revenue . Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	2,114,313.	244,685.	0.	0.

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Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com				
Do 6b,	not include amounts reported on lines 7b, 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 governments and organizations in the U.S. See Part IV, line 21			,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		<u>, </u>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	73,417.	62,404.	5,873.	5,140.
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	977,137.	822,247.	78,588.	76,302.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,545.	24,110.	4,582.	1,853.
9	Other employee benefits	168,800.	134,217.	24,727.	9,856.
10					
11	Fees for services (non-employees)				
	a Management				
1	Legal [
	Accounting				
	Lobbying				
	Prof fundraising svcs See Part IV, In 17		1	, ,	
1	Investment management fees				
ç	g Other				
	Advertising and promotion	2,490.	1,709.	0.	781.
13	Office expenses		•		
14	Information technology				
15	Royalties				
16	Occupancy	99,765.	93,402.	3,535.	2,828.
17	Travel .	29,136.	28,228.	285.	623.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,810.	4,123.	181.	506.
20	Interest		"		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	124,384.	64,285.	57,859.	2,240.
	Other expenses. Itemize expenses not	20,710.	6,166.	14,544.	0.
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	ASSISTANCE TO OTHERS	285,861.	285,861.	0.	0.
b	DUES AND PUBLICATIONS	11,866.	9,870.	1,304.	692.
С	SUPPLIES	116,928.	115,024.	992.	912.
d	PROFESSIONAL FEES	10,000.	0.	10,000.	0.
е	COMMUNICATIONS	56,251.	44,466.	10,138.	1,647.
f	All other expenses	361,276.	279,887.	40,049.	41,340.
25	Total functional expenses. Add lines 1 through 24f	2,373,376.	1,975,999.	252,657.	144,720.
26	Joint Costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	campaign and rundraising solicitation	<u> </u>			Form 990 (2008)

Page 11

L-i2	ai (^				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			625,750	. 1	554,398
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			228,843.	. 3	181,506
	4	Accounts receivable, net			106,765.	. 4	20,996
	5	Receivables from current and former officers, director or other related parties Complete Part II of Schedule	s, trust L	ees, key employees,		5	·
	6	Receivables from other disqualified persons (as define	ed unde	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	olete Pa	art II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net				7	
Ē	8	Inventories for sale or use				8	
ş	9	Prepaid expenses and deferred charges			27,696.	9	35,171
	10 a	Land, buildings, and equipment cost basis	10a	3,690,807.			
	Ŀ	Less: accumulated depreciation Complete Part VI of		ļ			
		Schedule D	10Ь	966,207.	2,824,849.	10 c	2,724,600
	11	Investments — publicly-traded securities		1		11	
	12	Investments – other securities See Part IV, line 11			·	12	
	13	Investments - program-related See Part IV, line 11		L		13	
	14	Intangible assets .				14	
	15	Other assets See Part IV, line 11		Ĺ	25,771.	15	24,622
	16	Total assets. Add lines 1 through 15 (must equal line	34)		3,839,674.	16	3,541,293
	17	Accounts payable and accrued expenses			196,753.	17	156,400
	18	Grants payable .			18		
	19	Deferred revenue		19			
Ļ	20	Tax-exempt bond liabilities		20			
AB	21	Escrow account liability Complete Part IV of Schedule		21			
ABILIT	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal disqualified perso	ey employees, omplete Part II				
E		of Schedule L			22		
ร	23	Secured mortgages and notes payable to unrelated thi	rd partı	es		23	
	24	Unsecured notes and loans payable		24			
ļ	25	Other liabilities Complete Part X of Schedule D		L	204,067.	25	205,1 <u>02</u>
	26	Total liabilities. Add lines 17 through 25			400,820.	26	361,502
N E		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X and	d complete lines	-		
	27	Unrestricted net assets		ļ -	3,136,686.	27	2,949,669
SSE	28	Temporarily restricted net assets			302,168.	28	230,122
ξ	29	Permanently restricted net assets		-	302,100.	29	230/122
P	23	Organizations that do not follow SFAS 117, check here	۰ >	and complete			
- 1		lines 30 through 34.	•			' <u>'</u>	
POZD	30	Capital stock or trust principal, or current funds		-		30	
	31	Paid-in or capital surplus, or land, building, and equipm	nent fill	nd -		31	
B41420ES	32	Retained earnings, endowment, accumulated income, of		<u> </u>		32	
Ñ	33	Total net assets or fund balances.	Ji Other	- Iulius	3,438,854.	33	3,179,791.
Ĕ	34	Total liabilities and net assets/fund balances			3,839,674.	34	3,541,293
	t XI	Financial Statements and Reporting			3,033,074.		3,341,233.
1 2:	Acc Wer Wer		indepe that a	by an independent acc ndent accountant? ssumes responsibility fo	or oversight of the audi	t,	Yes No 2a X 2b X 2c X
3 8	As a Aud	a result of a federal award, was the organization require lit Act and OMB Circular A-133?	d to un	dergo an audit or audits	as set forth in the Sin	igle	3a X
	If 'Y	es,' did the organization undergo the required audit or a		 			3b X Form 990 (2008)

SCHEDULE A (Form.990 or 990-EZ)

Public Charity Status and Public Support

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

2008

nen to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

		IN TRANSITION							218120			
			us (All organizations				s part	.) (see	ınstruc	ctions)		
The organ	ization is not a pri	ivate foundation becai	use it is: (Please check o	nly one	organıza	tion.)						
1 📙	A church, convent	ion of churches or ass	sociation of churches des	cribed ir	section	1 70(b)(1)(A)(i).					
2 .	A school described	d in section 170(b)(1)(A)(ii). (Attach Schedule I	E)								
3 📙	A hospital or coop	erative hospital servic	e organization described	ın secti	on 170(b)(1)(A)(i	ii). (Att	ach Sch	edule H)		
4 📙	A medical researc	h organization operate	ed in conjunction with a h	ospital o	describe	d in sect	tion 170	(b)(1)(A)(iii) Ent	er the hosp	oital's	
	name, city, and sta		_,					- -				
	1 70(b)(1)(A)(iv). ((Complete Part II.)	of a college or university			_	_	imentai	unit desc	cribed in se	ction	
7 🗖	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)											
	• • • • • • • • • • • • • • • • • • • •		1 70(b)(1)(A)(vi). (Complet	te Part I	1)							
f	rom activities relations relations relations in the community of the community relations in the commun	ted to its exempt func-	(1) more than 33-1/3 % of tions — subject to certain less taxable income (less complete Part III)	excepti	ons, and	l (2) no i	more th	an 33-1.	/3 % of it	ts support t	from gros	SS
10 🔲 🗸	An organization org	ganized and operated	exclusively to test for pu	blic safe	ty See	section !	509(a)(4	1). (see	instruction	ons)		
r	nore publicly supp	orted organizations d	exclusively for the benefi lescribed in section 509(a ation and complete lines	a)(1) or :	section 5	i09(a)(2	tions of) See s	, or carr ection 5	y out the 109(a)(3).	purposes Check the	of one or box tha	r at
а	ı 🔲 Type I	b Type II	c 🔲 Type II	II — Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
t	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)											
	the organization theck this box	received a written det	ermination from the IRS t	that is a	Type I,	Туре ІІ с	r Type	III suppo	orting org	janization,		
g S	ince August 17, 2	006, has the organiza	tion accepted any gift or	contribi	ition froi	n any of	f the fol	lowing p	ersons?			
(i	a person who	directly or indirectly o	controls, either alone or to	ogether	with nor	cone des	cribod	ın (u) ar	od (m)		Yes I	No
· ·			ipported organization?	ogether	with per-	30113 UC3	scribed	iii (ii) ai	id (iii)	11 g (i)		
(i	i) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
(i	ii) a 35% control	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	<u> </u>	
h P	rovide the followin	ng information about the	ne organizations the orga	nization	support	s						
(i) N	lame of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in cold in your training ment?	(v) Did your sulpour s	ızatıon in (ı) of	(vi) l organizat (i) organi U S	zed in the	(VII) Amoun	nt of Suppoi	rt
				Yes	No	Yes	No	Yes	No			
	,			ļ								
				İ								
				-								—
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tal	<u> </u>										_	

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)

Sec	ction A. Public Support						
beg	endar year (or fiscal year inning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	2,121,592.	1,933,429.	1,897,824.	1,898,175.	1,869,628.	9,720,648
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge			:			
4	Total. Add lines 1-3	2,121,592.	1,933,429.	1,897,824.	1,898,175.	1,869,628.	9,720,648.
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		,	į	,	`	9,720,648.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	2,121,592.	1,933,429.	1,897,824.	1,898,175.	1,869,628.	9,720,648.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	16,253.	26,516.	32,385.	<u>2</u> 1,711.	11,503.	108,368.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)	49,375.	97,733.	83,251.	107,135.	94,487.	431,981.
11	Total support. Add lines 7 through 10	·	,	,		,	10,260,997.
12	Gross receipts from related activity	ties, etc. (see insti	ructions)			12	709,053.
	First five years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ 🗍
	tion C. Computation of Pub				 		
	Public support percentage for 200 Public support percentage for 200		· ·	11, column (f)		14	94.73% 95.67%
16 a	33-1/3 support test $-$ 2008. If the and stop here. The organization of				ne line 14 is 33-1/3	3 % or more, chec	k this box ► X
b	33-1/3 support test — 2007. If the and stop here. The organization q	organization did n jualifies as a publi	ot check a box or cly supported orga	n line 13, or 16a, a anization	and line 15 is 33-1	/3% or more, chec	ck this box
	10%-facts-and-circumstances tes or more, and if the organization methology the organization meets the 'facts-a	neets the 'facts-and	d-circumstances' i	test, check this bo	x and stop here. I	Explain in Part IV	0% how ► □
	10%-facts-and-circumstances tes or more, and if the organization m organization meets the 'facts-and- Private foundation. If the organiza	neets the 'facts-and circumstances' te	d-circumstances' fest. The organiza	test, check this bo tion qualifies as a	x and stop here. E publicly supported	Explain in Part IV l d organization	how the
10	Filvate toundation. If the organiza	anon ald Hot Check	Ca DOX OF TIME, 13	<u>, 10a, 100, 17a, 0</u>	" 170, CHECK IIIS	nox and see mistru	ictions -

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)

Sac	ction A. Public Support	med the box en in					-			
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	108	(f) Total		
Cale 1	endar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	(a) 2004	(3) 2003	(6) 2000	(u) 2007	(6) 20		, (i) Total		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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									
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons									
k	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.)				,	,				
Sec	tion B. Total Support							<u>_</u> _		
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200)8	(f) Total		
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-								
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 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)									
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and s	for the organization here	tion's first, second	, third, fourth, or	fifth tax year as a	section 50	1(c)(3)	▶ □		
Sec	tion C. Computation of Pub		ercentage							
15	Public support percentage for 200	8 (line 8, column	(f) divided by line	13, column (f))	· · · · -		15	%%		
16	Public support percentage from 20)07 Schedule A, F	Part IV-A, line 27g				16	%		
	tion D. Computation of Inve									
17	Investment income percentage for	2008 (line 10c, c	column (f) divided	by line 13, colum	n (f))		17	<u>%</u>		
	Investment income percentage fro	•					18	%		
19 a	33-1/3 support tests – 2008. If the more than 33-1/3%, check this box	e organization did x and stop here.	not check the box The organization o	on line 14, and Jualifies as a pub	licly supported org	anızatıon		▶ 📋		
	33-1/3 support tests $-$ 2007. If the is not more than 33-1/3%, check t	his box and stop	here. The organiza	ation qualifies as	a publicly supporte	ed organiza	ition	ind line 18		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedule A	(Form 990 or 990-EZ) 2008	CENTER FOR	WOMEN	IN TRANSIT	ION	38-2181204	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b	tion. Complete t ; or Part III, line	his part 12. Prov	to provide the ride any other	explanation requadditional inform	ired by Part II, line ation. (see instruc	e 10; tions)
Other I	ncome Part II, Lin	<u>ne 10</u>					
Descrip	tion: MISCELLANEOU	JS INCOME					
2004:_2	1684				· 		
2005: 2	2039		. 				
2006: 3	2352			· 	·		
2007: 2	7132						
2008: 3	4191					·	
Descrip	tion: NET REVENUE	FROM SPECIAL	EVENT	S			
2004: 2	7691						
<u> 2005: 7</u>	5694						
<u> 2006: </u>	0899.						
<u> 2007: 8</u>	0003.						
2008: 6	0296			_ _			·

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number Name of the organization CENTER FOR WOMEN IN TRANSITION 38-2181204 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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 Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 CENT							38-21		Page
Part III Organizations Maint	aining Col	lection	s of Art, His	toric	al Treasures,	or Other	Similar As	sets (cont	inued)
3 Using the organization's accessing that apply).	on and other	records,			-	_	use of its colle	ection items (check all
a Public exhibition			d Loar	or ex	change programs	5			
b Scholarly research			e 💹 Othe	er					
c Preservation for future gene	rations								
4 Provide a description of the orga Part XIV			•	•	_			e in	
5 During the year, did the organiza assets to be sold to raise funds in	rather than to	be main	tained as part	of the	organization's col	llection?		Yes	∏No
Part IV Trust, Escrow and Co	l an amoui	nt on Fo	orm 990, Pa	rt X,	line 21.	answer	ea Yes to	Form 990,	Part
1 a Is the organization an agent, true included on Form 990, Part X?			_			ier assets i	not	Yes	□No
b If 'Yes,' explain the arrangement	in Part XIV	and comp	olete the followi	ng tab	le		,	···	
						<u> </u>		Amount	
c Beginning balance						1 c			
d Additions during the year						1 d	-		
e Distributions during the year						1 e			
f Ending balance	_					1 f			
2a Did the organization include an a		orm 990, F	Part X, line 21?					Yes	No
b If 'Yes,' explain the arrangement						00 0 1			
Part V Endowment Funds Co	T T								
	(a) Currer	nt year	(b) Prior yea	ar	(c) Two years ba	ck (d)	Three years back	(e) Four ye	ears back
1 a Beginning of year balance	ļ							ļ	
b Contributions								· · · · · · · · · · · · · · · · · · ·	
c Investment earnings or losses							-	<u> </u>	
d Grants or scholarships									
e Other expenditures for facilities and programs					·				
f Administrative expenses								-	
g End of year balance								<u> </u>	
2 Provide the estimated percentage	-	end balar	ice held as:						
a Board designated or quasi-endow	ment 🟲		8						
b Permanent endowment		5							
c Term endowment	 *								
3a Are there endowment funds not in organization by	the possess	sion of the	e organization t	hat ar	e held and admin	istered for	the	Yes	No
(i) unrelated organizations								3a(i)	
(ii) related organizations								3a(ii)	
b If 'Yes' to 3a(II), are the related or	ganizations	listed as i	required on Sch	edule	R۶			3b	
4 Describe in Part XIV the intended	uses of the	organizati	on's endowmer	nt fund	s				
Part VI Investments-Land, B	uildings, a	nd Equ	i pment . See	For	m 990, Part X	, line 10.			
Description of investment			or other basis estment)		Cost or other asıs (other)	(c) Dep	reciation	(d) Book V	/alue
1a Land			557,743.					557	743.
b Buildings			810,293.				40,756.		,537.
c Leasehold improvements		1,	832,146.				79,259.		,887.
d Equipment			424,273.				94,058.		,215.
e Other			66,352.				52,134.		,218.
Total. Add lines 1a-1e (Column (d) show	uld equal For	m 990, Pa		B), line	e 10(c))		P		,600.
BAA							Schedu	ule D (Form 9	
									-

38-2181204

Page 4

Schedule D (Form 990) 2008 CENTER FOR WOMEN IN TRANSITION

Schedule D	(Form 990) 2008 Supplemental	CENTER F	OR WOMEN	IN TRANSI	TION		38-2181204	Page
Part XIV	Supplemental	Information	n (continued	d)				
					. 			
		- 						
						. .		
			 -					
								•
				- -				
							-	
- -								
. 								
· - 	_							
- -								

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Employer identification number Name of the organization 38-2181204 CENTER FOR WOMEN IN TRANSITION Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No **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. Form 990EZ filers are not required to complete this table. (v) Amount paid to (III) Did fundraiser (i) Name of individual (ii) Activity (iv) Gross receipts (or retained by) (vi) Amount paid to or entity (fundraiser) have custody or control from activity fundraiser listed in (or retained by) of contributions? col (ı) organization Yes No **Total** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Page 2

Га	1 (11	reported more than \$15,000 on F	Form 990-EZ, line 6	5a. List events with	gross receipts gre	ater than	\$5,000.
	Γ		(a) Event #1	(b) Event #2	(c) Other Events	(d) To	tal Events (a) through
			REACH FOR THE STARS (event type)	STYLE DE VIE (event type)	MAKING A DIFF MASO (total number)	CO	(a) through
R			(6:0:: 9)-1		<u> </u>		
REVERUE	•	1 Gross receipts	68,901.	21,075.	21,404.		111,380
Ě	:	2 Less: Charitable contributions					
	;	Gross revenue (line 1 minus line 2)	68,901.	21,075.	21,404.	ļ	111,380.
	4	4 Cash prizes					
D I R E C T	5	5 Non-cash prizes					
		Rent/facility costs					
EXPENSES	7	7 Other direct expenses	23,311.	10,042.	10,443.		43, 7 <u>96.</u>
S E S	ا (B Direct expense summary Add lines 4- th	rough 7 in column (d)		•		43,796.
	9	Net income summary Combine lines 3 ar			•		67,584.
Pai	<u>† Ⅲ</u>	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye :	s' to Form 990, Pai	rt IV, line 19, or rep	oorted m	ore than
REVERUE			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col.	al gaming (a) through (c))
N U E	1	Gross revenue					
	2	? Cash prizes					<u></u> .
DIRECT	3	Non-cash prizes					
Č S T E S	4	Rent/facility costs			-		
	5	Other direct expenses					
	6	Volunteer labor	Yes %	Yes%	Yes %		
	7	Direct expense summary Add lines 2 thro	ugh 5 ın column (d)		•		<u>-</u>
	8	Net gaming income summary. Combine lir	nes 1 and 7 in column (d)	>		
							YES NO
		ter the state(s) in which the organization ope he organization licensed to operate gaming a	-	se states?		— 9a	
		No,' Explain					
10 a	We	re any of the organization's gaming licenses	revoked, suspended or	terminated during the ta	ax year?	10a	
b	lf 'Y	'es,' Explain.					
11	 Doe	es the organization operate gaming activities	with nonmembers?				
12	ls t	he organization a grantor, beneficiary or trus	tee of a trust or a mem	ber of a partnership or c	ther entity formed to	10	
RΔΔ	adn	ninister charitable gaming?	TEE 43702 08	115/09	Schedule G (Forn	12 n 990 or 99	00 EZ) 2009

Schedule G (Form 990 of 990-E2) 2008 CENTER FOR WOMEN IN TRANSITION		38-21812	04	r	age .
				YES	NO
13 Indicate the percentage of gaming activity operated in:				ĺ	
a The organization's facility	13a	<u></u>	_}		1
b An outside facility	13b		_		}
14 Provide the name and address of the person who prepares the organization's gaming/special	al events bool	ks and records.			Ì
Name					
Address:					
15a Does the organization have a contact with a third party from whom the organization receives	•		15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$	and	I the amount			-
c If 'Yes,' enter name and address					
Name			-		
Address -				-	
16 Gaming manager information				İ	
Name					
Gaming manager compensation ► \$					
Description of services provided			-		
☐ Director/officer ☐ Employee ☐ Independent contractor	r				
17 Mandatory distributions					
a Is the organization required under state law to make charitable distributions from the gaming state gaming license?	•		17a		
b Enter the amount of distributions required under state law distributed to other exempt organiz	ations or spe	nt in the		1	İ
organization's own exempt activities during the tax year: ► \$					
BAA TEEA3703 07/18/08	Sche	dule G (Form 990	or 990))-EZ) 2	2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

38-2181204 CENTER FOR WOMEN IN TRANSITION Pt VI-A, Line 10 THE FORM 990 IS REVIEWED BY AGENCY'S STAFF THEN PROVIDED TO BOARD OF DIRECTORS FOR REVIEW BEFORE FILING Pt VI-B, Line 12c OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ASKED TO DISCLOSE INTERESTS UPON JOINING THE ORGANIZATION AND THEN NO LESS THAN ONCE A YEAR Pt VI-C, Line 19 THE ORGANIZATION ISSUES AN ANNUAL REPORT WHICH INCLUDES AUDITED FINANCIAL STATEMENTS. THE REPORT IS WIDELY CIRCULATED TO THE PUBLIC AND IS POSTED ON THE ORGANIZATION WEB SITE. THE WEB SITE ALSO STATES THAT OTHER INFORMATION AND GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE ON REQUEST. Pt_VI-B, Line 15 THE BOARD_PRESIDENT AND EXECUTIVE COMMITTEE REVIEW THE CURRENT SALARY_ AND USE COMPARABILITY DATA FROM SALARY SURVEYS PRODUCED BY THE JOHNSON CENTER FOR PHILANTHROPY AT GRAND VALLEY STATE UNIVERSITY. THE EXECUTIVE COMMITTEE ALSO INFORMALLY COLLECTS SALARY DATA FROM NON-PROFIT ORGANIZATIONS IN WEST MICHIGAN TO DETERMINE COMPARABILITY. BOARD MEMBERS MAY PROPOSE CHANGES IN EXECUTIVE COMPENSATION. SUCH SUGGESTIONS ARE PRESENTED TO THE FULL EXECUTIVE COMMITTEE FOR FINAL DISCUSSION AND DECISION. EXECUTIVE SALARY WAS NOT CHANGED LAST YEAR.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

Code _____ Description: SEXUAL ASSAULT AND NURSE EXAMINER-INCLUDES 24 HOUR CRISIS Expenses ____ 348,629. RESPONSEK, FORENSIC EXAMS, COUNSELING, AND CASE ADVOCACY Grants Of _____ 0. FOR VICTIMS OF SEXUAL ASSAULT; SUPPORTS LAW ENFORCEMENT.

Revenue 192,147. ALSO NUMEROUS SPECIAL PROJECTS.

Supporting Statement of:

Form 990 p 2/Line 4a Expenses

534,992.
21,055.
328,116.

Supporting Statement of:

Form 990 p 2/Line 4a Revenue

Description	Amount
SHELTER	448,132.
NON-RESIDENTIAL	265,911.
WOMEN'S SUPPORTIVE SERVICES	25,700.
Total	739,743.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
OTHER GRANTS CONTRIBUTIONS	158,869. 333,711.
Total	492,580.

Supporting Statement of:

Form 990 p 11/Line 3, column (B)

Description	Amount
GRANTS RECEIVABLE PROMISE TO GIVE	110,356. 71,150.
Total	181,506.

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
ACCOUNTS PAYABLE	105,383.
ACCRUED WAGES AND VACATION PAY	73,534.
ACRUED PAYROLL TAX	10,342.
ACCRUED RETIREMENT PLAN	7,494.
Total	<u> 196,753.</u>

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
ACCOUNTS PAYABLE	49,140.
ACCRUED WAGES ABD VACATION PAY	95,897.
ACCRUED PAYROLL TAXES	3,699.
ACCRUED RETIREMENT PLAN	7,664.
Total	156,400.

Supporting Statement of:

Sch. G, page 2/Other Gross Receipts

16,270. 5,134.
21,404.