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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

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.

Doing Business As

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

G Gross receipts $ 531,283

F Name and address of principal officer
NAOMI SMITH
PO BOX 67
MIDDLEBURY VT 05753

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.WOMENSAFE.NET

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile VT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
WORKING TOWARDS THE ELIMINATION OF PHYSICAL, SEXUAL AND EMOTIONAL VIOLENCE AGAINST WOMEN AND THEIR CHILDREN THROUGH DIRECT SERVICE, EDUCATION AND SOCIAL CHANGE.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of employees (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	104
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	497,461	522,132
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	814	916
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,160	8,235
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	508,435	531,283

Expenses

13 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)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	304,568	319,550
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,892		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	147,681	168,250
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	452,249	487,800
19 Revenue less expenses Subtract line 18 from line 12	56,186	43,483

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	203,596	248,495
21 Total liabilities (Part X, line 26)	70,344	71,760
22 Net assets or fund balances. Subtract line 21 from line 20	133,252	176,735

SCANNED FEB 28 2011

RECEIVED FEB 09 2011

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

Sign Here

▶ Signature of officer — Date 2/2/11

▶ NAOMI SMITH EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 12/07/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) 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

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

DAA

Form 990 (2009)

9-17 10

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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

4a (Code) (Expenses $ 386,631 including grants of $) (Revenue $)

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

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 386,631

DAA

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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 similar funds or 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		X
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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: ; No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
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		
25a	**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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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-chantable 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
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			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	6		
b	Enter the number of voting members that are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☐ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ NAOMI SMITH "CONFIDENTIAL"

MIDDLEBURY VT 05753 802-388-9180

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN GUTTENTAG CHAIR FOR 4 MONTHS	1.38							0	0	0
DEBBY MOODY @ LARGE	1.38							0	0	0
PAM BARENBAUM CHAIR FOR 8 MONTHS	1.38							0	0	0
JILL ROBINSON SECRETARY	1.38							0	0	0
MELODY PERKINS @ LARGE	1.38							0	0	0
BETSY CARTLAND @ LARGE	1.38							0	0	0
NAOMI SMITH EXEC. DIR.	40.00			X				58,722	0	11,025

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								58,722		11,025

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	423,522			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	98,610			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a–1f	▶	522,132			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	916			916
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a 3,740				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶	3,740			3,740
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Busn. Code				
	11a .....OTHER MISC.		4,495			4,495
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d	▶	4,495			
	12 Total Revenue. See instructions	▶	531,283	0	0	9,151

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,747	52,659	14,647	2,441
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	197,287	149,105	41,430	6,752
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	32,882	24,852	6,906	1,124
10 Payroll taxes	19,634	14,835	4,124	675
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	2,800		2,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	70,643	70,078	565	
12 Advertising and promotion	1,153	981		172
13 Office expenses	19,790	14,552	3,194	2,044
14 Information technology	2,260	1,706	475	79
15 Royalties				
16 Occupancy	5,359	4,758	516	85
17 Travel	3,119	2,357	655	107
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,155	16,653	489	13
20 Interest	2,731		2,731	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,591	1,956	544	91
23 Insurance	3,914		3,914	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a WOMENS RESOURCES	14,697	14,697		
b EDUCATION AND OUTREACH	6,443	6,443		
c REPAIRS AND MAINT.	5,190	3,921	1,091	178
d MISC. OTHER	2,921	1,125	30	1,766
e EQUIP. SERVICE/LEASE	2,720	2,054	571	95
f All other expenses	4,764	3,899	595	270
25 Total functional expenses. Add lines 1 through 24f	487,800	386,631	85,277	15,892
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		23,187	1	14,365
	2	Savings and temporary cash investments		61,020	2	93,029
	3	Pledges and grants receivable net		10,034	3	23,438
	4	Accounts receivable, net		23,613	4	32,880
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,865	9	7,495
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 118,039			
	b	Less accumulated depreciation	10b 40,751	79,877	10c	77,288
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		203,596	16	248,495
Liabilities	17	Accounts payable and accrued expenses		22,340	17	26,345
	18	Grants payable			18	
	19	Deferred revenue		700	19	2,227
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		47,304	23	43,188
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		70,344	26	71,760
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		133,252	27	176,735
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		133,252	33	176,735
	34	Total liabilities and net assets/fund balances		203,596	34	248,495

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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).**

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
11g(i) (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(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	250,610	277,198	345,776	501,741	506,132	1,881,457
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 through 3	250,610	277,198	345,776	501,741	506,132	1,881,457
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						1,881,457

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	250,610	277,198	345,776	501,741	506,132	1,881,457
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86	980	702	814	916	3,498
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
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	4,995	26,342
11 **Total support.** Add lines 7 through 10						1,911,297

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 2009 (line 6, column (f) divided by line 11, column (f))	14	98.44%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	98.53%

16a **33 1/3 % support test—2009.** 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—2008.** 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—2009.** 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—2008.** 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** 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—2008.** 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 explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

REIMBURSEMENTS	$	25,082
MISC. OTHER	$	1,260

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

WOMENSAFE, INC.

Employer identification number

22-2921518

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a through 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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
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 year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _ _ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) *Revenues included in Form 990, Part VIII, line 1* ▶ $ _ _ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _

b Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _ _ _ _%
- b Permanent endowment ▶ _ _ _ _%
- c Term endowment ▶ _ _ _ _%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		111,045	33,757	77,288
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				77,288

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	531,283
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	487,800
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	43,483
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	43,483

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	633,471
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	102,188		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	102,188
3	Subtract line **2e** from line **1**			3	531,283
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	531,283

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	589,988
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	102,188		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	102,188
3	Subtract line **2e** from line **1**			3	487,800
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	487,800

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WOMENSAFE, INC.

Employer identification number
22-2921518

FORM 990, PART I, LINE 6

VOLUNTEERS PROVIDE SERVICES TO THE VICTIMS AND SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE. THEY ASSIST SERVICE USERS BY HELPING THEM TO FIND THE SERVICES, RESOURCES AND SAFETY THAT THEY NEED FOR THEMSELVES AND THEIR CHILDREN. THEY ASSIST THE STAFF WHO ENSURE ACCESSIBILITY 24-HOURS A DAY, 7 DAYS A WEEK TO MEET THE NEEDS OF WOMEN WHO ARE VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE AND THEIR CHILDREN, FAMILY AND FRIENDS. VOLUNTEERS ASSIST IN GROUNDS MAINTENANCE, ADMINISTRATIVE WORK, EDUCATION AND OUTREACH AND VARIOUS EVENTS.

FORM 990, PART III, LINE 2

THE TRANSITIONAL HOUSING ASSISTANCE PROGRAM AT WOMENSAFE FOCUSES ON A HOLISTIC, VICTIM-CENTERED APPROACH TO PROVIDE TRANSITIONAL HOUSING SERVICES THAT MOVE INDIVIDUALS INTO PERMANENT HOUSING. THE PROGRAM STAFF PROVIDE ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING WHO ARE IN NEED OF TRANSITIONAL HOUSING, SHORT-TERM HOUSING ASSISTANCE, AND RELATED SUPPORT SERVICES. IT IS CRITICAL TO PROVIDE A WIDE RANGE OF FLEXIBLE AND OPTIONAL SERVICES THAT REFLECT THE DIFFERENCES AND INDIVIDUAL NEEDS OF VICTIMS AND THAT ALLOWS VICTIMS TO CHOOSE THE COURSE OF ACTION THAT IS BEST FOR THEM. THE PROGRAM CAN OFFER INDIVIDUALIZED SERVICES SUCH AS COUNSELING, SUPPORT GROUPS, SAFETY PLANNING, AND ADVOCACY SERVICES AS WELL AS PRACTICAL SERVICES SUCH AS LICENSED CHILD CARE, EMPLOYMENT SERVICES, TRANSPORTATION VOUCHERS, TELEPHONES, AND REFERRALS TO OTHER AGENCIES.

Name of the organization: WOMENSAFE, INC.

Employer identification number: 22-2921518

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

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, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

FORM 990, PART V, LINE 3B - FORM 990-T NOT FILED EXPLANATION

THERE WAS NO INCOME OUTSIDE OF THE TAX EXEMPT PURPOSE.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

SEE ATTACHED COPY OF REVISED BY-LAWS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

FUTURE MEMBERS OF THE BOARD ARE ELECTED BY CURRENT MEMBERS OF THE BOARD.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

EXAMPLES OF DECISIONS SUBJECT TO APPROVAL OF MEMBERS OF THE GOVERNING BOARD ARE: POLICY CHANGES, PROGRAM CHANGES AND BORROWING.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization: WOMENSAFE, INC.

Employer identification number: 22-2921518

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE IT IS MAILED TO THE IRS. THE FORM 990 IS REVIEWED BY THE GOVERNING BOARD AFTER IT IS MAILED TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL POLCIES ARE SUBMITTED TO ALL EMPLOYEES AND ARE REVIEWED AND REINFORCED ANNUALLY.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

THERE WAS NO INCOME OUTSIDE OF THE TAX EXEMPT PURPOSE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE UPON REQUEST.

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10

2009

Name

WOMENSAFE, INC.

Employer Identification Number

22-2921518

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	VERMONT COMMUNITY LOAN FUND	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	70,648	05/03/02	04/01/13	569.74MNTH; 32,171 IN 2013	6.000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	BUILDING	BUILDING
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		47,304	43,188
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		47,304	43,188

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST	$ 916		14	VT	
TOTAL	$ 916				

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK SERVICE FEES	$ 190	$	$ 190	$
CONSULTING SERVICES	675	300	375	
CONTRACT SERVICES	69,778	69,778		
TOTAL	$ 70,643	$ 70,078	$ 565	$ 0

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
VOLUNTEER TRAINING	$ 1,740	$ 1,740	$	$
STUDENT STIPENDS	1,230	930	258	42
STAFF/VOLUNTEER RECOGNITI	1,125	850	236	39
STAFF WELLNESS	481	363	101	17
OTHER SUPPLIES	172			172
BOOKS	16	16		
TOTAL	$ 4,764	$ 3,899	$ 595	$ 270

WomenSafe, Inc

Depreciation Schedule 6/30/10

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	FY 6/10 deprec	A/D 6/3010	Net Book Value
Land, Building, Improvements																													
Office building	5/12/1997	39	98,743	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	2,481	32,563	64,180
Land, Seymour Street	5/12/1997	0	10,000	-		-		-		-		-		-		-	10,000		-	10,000		-	10,000		-	10,000		-	10,000
Safety door	4/16/1998	39	1,488	64	38	122	38	160	38	198	38	236	38	274	38	312	1,176	38	350	1,138	38	388	1,100	38	428	1,062	38	464	1,024
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	1,154	72	732	2,082
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	2,591	33,759	77,286
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)		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		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)		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)		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)		247	(0)
Upholstered chairs	6/28/2001	7	400	-	28	28	57	85	57	142	57	199	57	256	57	313	87	57	370	30	30	400	(0)		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)		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	-		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)	-	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	79,878	2,591	40,754	77,285

Statistics

FYE 6-30-10
Information for Audit

Town	# of Women	# of Men	Total Adult	Kids Direct	Total Direct Victims	Kids Exposed	
Addison	3	0	3	1	4	5	
Bndport	8	0	8	1	9	12	
Bnstol	37	0	37	3	40	36	includes 2 male children in Kids Direct
Cornwall	5	0	5	0	5	3	
Fernsburg	4	0	4	0	4	3	
Goshen	2	0	2	0	2	2	
Granville	3	0	3	0	3	5	
Hancock	5	0	5	0	5	6	
Leicester	9	0	9	0	9	11	
Lincoln	5	0	5	0	5	6	
Middlebury	68	0	68	2	70	65	
Monkton	6	0	6	2	8	9	
New Haven	4	0	4	2	6	4	
Orwell	6	0	6	0	6	10	
Panton	2	0	2	0	2	0	
Ripton	7	0	7	0	7	11	
Rochester	5	0	5	0	5	4	
Salisbury	8	0	8	0	8	9	
Shoreham	4	0	4	0	4	5	
Starksboro	3	0	3	0	3	2	
Vergennes	35	2	37	2	39	39	
Waltham	2	0	2	0	2	3	
Weybridge	4	0	4	0	4	5	
Whiting	2	0	2	0	2	2	
Unknown	123	3	126	7	33	66	
Other	37	0	37	0	37	34	includes other Vermont towns + out of state
Totals	397	5	402	20	422	357	

Town	SVP Adult Victim	SVP Kids
Addison	0	0
Bndport	1	2
Bnstol	1	1
Cornwall	0	0
Fernsburg	0	0
Goshen	0	0
Granville	0	0
Hancock	0	0
Leicester	0	0
Lincoln	0	0
Middlebury	3	4
Monkton	0	0
New Haven	0	0
Orwell	1	1
Panton	0	0
Ripton	0	0
Rochester	0	0
Salisbury	1	1
Shoreham	1	1
Starksboro	2	3
Vergennes	1	1
Waltham	0	0
Weybridge	1	1
Whiting	1	2
Unknown	0	0
Other	3	5
Totals	16	22

	Total Court Visits	DCF Visits	Exchanges	Cancellations
Quarter 1	35	9	4	13
Quarter 2	23	32	0	8
Quarter 3	25	17	0	9
Quarter 4	17	0	15	11
Totals	100	58	19	41

* Numbers includes 3 DCF Adult victims (2 Middlebury, 1 Bnstol) with a total of 4 children (3 Midd, 1 Bnstol)

Prepared By: RM
07/08/10

ARTICLE I
Organization

1.1 Name.

The name of the organization is WomenSafe, Inc., (hereafter "the Corporation").

1.2 Purpose.

The Corporation is organized exclusively for charitable and educational purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code of 1954.

1.3 Objectives.

The objectives of the Corporation are:

a) to provide advocacy, crisis support and 24-hour hotline services to the women of Addison County and the Town of Rochester;
b) to increase awareness of the prevalence of physical, sexual and emotional violence against women;
c) to coordinate with other agencies, including social service and law enforcement agencies, in achieving the foregoing objectives, and to make referrals to such agencies as appropriate.

1.4 Operating Policies

The purpose of the Corporation reflects a need in Addison County and the Town of Rochester to provide supportive services to all persons, particularly women, who have experienced physical, sexual or emotional violence. Within this framework, it is the policy of the Corporation to operate without discrimination with respect to race, color, national origin, sexual orientation, religion, age, gender, income, or cognitive or physical abilities.

1.5 Location.

The principal office of the Corporation is identified in the Articles of Incorporation. The mailing address of the Corporation is P.O. Box 67, Middlebury, VT 05753, until changed by the Board

ARTICLE II
Board of Directors

2.1 Powers and Duties.

The business affairs of the Corporation shall be directed and controlled by a Board of Directors (hereafter "Board"). The powers and duties of the Board shall include direction and oversight of the management of the Corporation, monitoring general financial policy and carrying out the purpose, objectives and policies of the Corporation. All Directors participate in the decision-making process of the Board.

2.2 Elections, Terms and Conditions.

The Board shall consist of no fewer than five (5) and no more than eight (8) Directors, elected by the Board's decision-making process. A quorum of the Board shall consist of a majority of its current members. The initial term of a Director shall be three (3) years and subsequent terms shall be one (1) year. Directors shall serve a maximum of eight (8) consecutive years.

Directors serve voluntarily, receiving no compensation from the Corporation. Directors must abide by the Conflict of Interest Policy of the Corporation.

2.3 Committees.

An Executive Committee shall exist, consisting of the officers of the Corporation, and may act for the Board in emergencies, or in other matters approved by the Board in advance. The Executive Committee shall require notice to all of its members and a quorum of not less than two (2) of its members to transact business. Such committee shall not operate to relieve the Board of its legal responsibilities. The Board may designate committees to perform other designated functions, a majority of the members of which shall be Directors.

2.4 Confidentiality.

Directors shall be bound by a signed pledge of confidentiality in all matters affecting the privacy of service users of the Corporation.

2.5 Leave of Absence.

Upon request to the Board, Directors shall be allowed one three-month leave of absence. Normally only one Director will be allowed to be on leave at a time. A Director on leave will not be counted in determining a quorum. A Director who is on the Executive Committee shall resign from being an officer when on leave; such office shall be immediately filled by election.

2.6 Removal of Board Member.

A motion to remove a Director may be made to the Chairperson by the Executive Director or any Director. Upon receiving notice of such motion, the Executive Committee shall be convened to determine whether cause for removal exists. If cause for removal is determined, removal of said Board member shall be placed on the agenda at a meeting duly warned for that purpose. Removal of said Board member shall be by the Board's decision-making process.

If the Executive Committee determines that cause for removal does not exist, it shall determine whether any intervention is necessary to ensure appropriate functioning of the Board and carry out any plan necessary to such intervention.

ARTICLE III
Meetings of the Board

3.1 Convening.

The Board shall hold no fewer than six (6) meetings annually. Meetings of the Board may be called by the Board or by the Chair.

3.2 Notice.

For all meetings of the Board actual and reasonable notice, either written or oral, of the time and place of the meeting shall be given to all Directors.

3.3 Quorum.

A majority of the Directors shall constitute a quorum for the transaction of business at any meeting of the Board.

3.4 Action Without a Meeting

Any action required or permitted to be taken at a meeting of the Board may be taken without a meeting if all Directors consent to the action via email or a signed, written consent. The email or signed consent shall be filed with the minutes of the next meeting.

3.5 Executive Session.

When the Board goes into Executive Session, the reason therefore must be noted, and any action taken in Executive Session must be reflected in the minutes.

ARTICLE IV
Officers

4.1 Designation.

The officers of the Corporation shall consist of Chair and Secretary. All officers shall be Directors.

4.2 Selection and Term.

All officers shall be selected by the Board to serve for a term of two (2) years, coinciding with the fiscal year, or until the selection of their successor. The Board may remove officers at any time. Any officer may resign by delivering a letter of resignation to the Board. If a vacancy occurs, the Board may elect one of its members to fill that vacancy for the duration of the unexpired term of office. Whenever possible, the term of the Chair shall be staggered with the term of the Secretary.

4.3 Duties.

Officers shall have the following duties and such additional duties as determined by the Board:

a) The Chair shall preside at all meetings of the Board and, as authorized by the Board, sign formal documents on behalf of the Corporation.
b) The Secretary shall oversee the maintenance of the records of the Corporation and the issuance of required notices and keep minutes of all meetings of the Board, and shall, as authorized by the Board, sign formal documents on behalf of the Corporation.

ARTICLE V
Indemnification

5.1 Rights.

Subject to limitations in this Article, the Corporation shall indemnify or reimburse its Directors for all claims and liabilities, including reasonable expenses and attorney's fees, to which they may become subject by reason of their positions with the Corporation or their actions on its behalf. The Corporation may directly pay or settle any such claims and liabilities as are determined by the Board. The foregoing shall not be exclusive of any other rights to which such persons may be lawfully entitled.

5.2 Limitations.

No indemnification or reimbursement shall be provided for any person who is determined not to have acted in good faith in the reasonable belief that the action was in the best interests of the Corporation. If this determination is not made in a legal proceeding related to the claim, it may be made by the Board. If it is not made or able to be made by either, the detemination shall be made by independent legal counsel acceptable to the parties. Payment of expenses incurred in defending a civil or criminal proceeding in advance of its final disposition may be made only by the receipt by the Corporation of an understanding to repay such amounts if the person shall be determined not entitled to indemnification under this Article.

ARTICLE VI
Fiscal Affairs

6.1 Fiscal Year.

The fiscal year of the Corporation shall commence July 1 of each year and shall end June 30 of the following year.

6.2 Fiscal Policies.

The Corporation shall be operated according to sound business practices insofar as they are consistent with its purposes and objectives.

6.3 Financial Statements.

The Corporation shall prepare financial statements for each fiscal year which fairly present its financial position, results of operations, changes in financial position and related disclosures in conformity with generally accepted accounting principles applied on a consistent basis.

ARTICLE VII
Dissolution of the Corporation

7.1 Dissolution.

Upon the dissolution of the Corporation, its assets shall be distributed in the following manner:

a) All liabilities and expenses of liquidation shall be paid.
b) If assets remain, they shall be disbursed, upon decision of the Directors present at the meeting called for that purpose, to an organization or organizations established exclusively for charitable, educational or scientific purposes as shall at the same time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, as the Directors shall determine.
c) Any assets not so disposed of shall be disposed of by any court of law in Addison County, exclusively for such purpose or to such organization or organizations as the court shall determine which are organized and operated for such purposes.

ARTICLE VIII
Amendment of By-laws

8.1 Amendment.

These by-laws may be amended or repealed, or new by-laws adopted by the Board's decision-making process at a meeting duly warned for that purpose. The by-laws shall be reviewed for accuracy by the Executive Committee on an annual basis.

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 PO 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)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] 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 02/15/11, 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 07/01/09, and ending 06/30/10

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