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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

Private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2010 calendar year, or tax year beginning and ending Check if applicable R C Name of organization D Employer identification number CITY FEDERATION OF WOMEN'S Address change ORGANIZATIONS, INC. 15-0547365 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite initial return 100 WEST SENECA STREET (607)272-1247Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return NY **ITHACA** 14850 Application pending Number > X Accrual Accounting Method: Cash Other (specify) H Check ▶ L _if the organization is **not** Website: ► WWW.LIGHTLINK.COM/WOMENS required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) 501(c) () **◄**(insert no.) L J 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). 🔟 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 186,471. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) XCheck if the organization used Schedule O to respond to any question in this Part I 19,914. Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 161,264. Membership dues and assessments 3 3 SEE SCHEDULE O 5,001. Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory Subtractile 5b from line 5a) 5c Gaming and fundraising events ပ္ပ Gross income from gaming (attach Schedule Gafgreater than 2011 \$15,000) 6a b Gross income from fundraising events (not include of contributions from fundraising events reported on line 1) (attack 292 gross income and contributions exceeds \$15,000) 6b 57. Less: direct expenses from gaming and fundraising events 6c 235. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 186,414. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 61,461. 13,998. 13 Professional fees and other payments to independent contractors 13 90,569. 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 SEE SCHEDULE O 16,247. 16 Other expenses (describe in Schedule 0) 16 182,275. 17 Total expenses. Add lines 10 through 16 17 4,139. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 420,497. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. 424,636. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Form 990-EZ (2010) LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2010)

orn	m 990-EZ (2010) ORGANIZATIONS, INC.		1	<u>.5-</u>	<u>05473</u>	65	Page 2
Pa	art II Balance Sheets. (see the instructions for Part II.)	<u> </u>					
	Check if the organization used Schedule O to respond to any question		<u> </u>				<u> </u>
		()	A) Beginning of year	<u>L</u>	(B) E	nd of yea	ır
22	Cash, savings, and investments		277,363.			288,	422.
23	Land and buildings .		211,501.	23		194,	323.
24	Other assets (describe in Schedule 0) SEE SCHEDULE C)	10,332.	24	-	10,	066.
25	Total assets		499,196.	25		492,	811.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE C)	78,699.	26		68,	175.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		420,497.	27		424,	636.
Pa	art III Statement of Program Service Accomplishmen	nts (see the instructions for	Part III.)			penses	
	Check if the organization used Schedule O to respond to any question	ı ın thıs Part III		X	(Required	for section	on Sol(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE C)	,,		501(c)(3) organization		
	cribe what was achieved in carrying out the organization's exempt pur		use manner, describe	е	4947(a)(1) trusts; (
	services provided, the number of persons benefited, and other relevan				for others.	.)	
	THE FEDERATION PROVIDES A SAFE CENT						
	COMMUNITY GATHERINGS, MEETINGS, CLA						
	AGENCY OFFICES.			_			
	(Grants \$) If this amount includes foreign of	arants, check here	▶ [_	28a	104.	540.
29	And all out to long to	Julius, Chicarettara				,	
				-			
				- 1			
	(Grants \$) If this amount includes foreign of	aranta ahaak hara	<u> </u>		29a		
	Grants \$ 7 in this amount includes foreign (grants, check here		_	29a		
30							
				-			
	/O						
	(Grants \$) If this amount includes foreign of	grants, check here			30a		
	Other program services (describe in Schedule O)			1			
	(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>	4	31a	104	
	Total program service expenses (add lines 28a through 31a)						<u>540.</u>
	art IV List of Officers, Directors, Trustees, and Key E		ven if not compensated (se	e the			540.
		ın this Part IV			nstructions f	or Part IV)	
	Check if the organization used Schedule 0 to respond to any question	in this Part IV (b) Title and average hours	(c) Compensation	(d) Co	nstructions for	or Part IV)	rpense
	art IV List of Officers, Directors, Trustees, and Key E	(b) Title and average hours per week devoted to	(c) Compensation (if not paid, enter	(d) Co to e	nstructions for the structions for the structions mployee fit plans &	(e) Exaccou	pense and
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Yes No. Yes No. Yes No. Yes No. The organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Were any significant changes made to the organization of powerning documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. If the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," has it filed a tax return on Form 990-T for this year? If the organization of the organization did not report the income on Form 990-T. If the organization hade income from 990-T for this year? If the organization ha	<u> </u>	Check if the organization used Schedule 0 to respond to any question in this Part V			X
33 Did the organization engage in any activity not previously reported to the IRS? If Yes, provide a detailed description of each activity in Schedule 0 and comments? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization is name. Otherwise, explain the change on Schedule 0 (see instructions) 3.33 X X in the organization had income from business activities, such as those reported on lines 2, 6a, and 2 (among others), but not reported on Form 990-1. But the organization have unrested business gross more of \$1,000 or more of was it as section \$015((4), 501((4)), or 501((6)), o		ondok is the organization about our capone to any quodition in this variety		Yes	No
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15 If the organization had mome from Business activities, such as those reported on lines 2, 63, and 7 a gramong others), but not reported from 990-1, explain in Schedule 0 why the organization of report the mome on Form 990-1. a Did the organization have unrelated business gross moorne of \$1,000 or more or was it a section \$01(p)(4), \$01(c)(5), or \$511(p)(5) organization have unrelated business gross moorne of \$1,000 or more or was it a section \$01(p)(4), \$01(c)(5), or \$511(p)(5) organization have unrelated business gross moorne of \$1,000 or more or was it a section \$01(p)(4), \$01(c)(5), or \$511(p)(5) organization have unrelated business gross moorne of \$1,000 or more or was it a section \$01(p)(4), \$01(c)(5), or \$511(p)(6) organization have unrelated business gross moorne of \$1,000 or more or was it a section \$01(p)(4), \$01(c)(5), organization control the section \$1,000 or more or was it a section \$10(p)(4), \$01(c)(5), organization organization, experimentally a section \$1,000 organization organization, experimentally associated and a section \$1,000 organization organization, experimentally associated and a section \$1,000 organizations and of the tax year covered by this return? b Gross receipts, included on line 9, for public use of club facelities c Section \$10(p)(3) organizations. Enter: amount of tax imposed on the organization during the year under: section \$101(p)(3) organizations. Enter amount of tax imposed on organization during the year under: section \$101(p)(3) and \$501(c)(4) organizations. Enter amount of tax organization and possible schedule. L, Part I Lest the states with which a copy of this return is letd. ▶ NY Section \$101(p)(3) and \$501(c)(4) organizations. Enter amount of tax organization appropriate on any of its prior forms 990 or 990-E20 if if yes, complete Schedule. L, Part I Lest the states with which a copy of this return is letd. ▶ NY Take should a section \$101(p)(3) and \$501(c)(4) organizations. Enter amount of tax organization appropriate organization and partition of tax	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			i
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b of the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? 50 1(c)(6) organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 73 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 at 0 0 . 937 b	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
501 (I) (S) organization subject to section 6/33(e) notice, reporting, and proxy tax requirements? 51 (I) 11 (Yes, has it filled a tax return on Form 990-7 for this year? 52 (D) of the organization undergo a lequidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, as 8 (b) N/A 52 (Enter amount of political expenditures, direct or indirect, as described in the instructions. 53 (a) (b) 17 (a) (b) 17 (a) (b) 18 (a) (b) 18 (a) (b) 18 (a) (a) (b) 18 (a)		reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			1
b If Yes,* has it filled a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a. 37 b. X 38 Did the organization file Form 1120-PCL for this year? 18 Did the organization file Form 1120-PCL for this year? 18 Did the organization file Form 1120-PCL for this year? 18 Diff were complete Schedule L. Part II and enter the total amount involved 19 Section 501(c)(7) organizations. Enter: 10 Interval 1120-PCL for this year? 10 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under sections 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. 10 Section 501(c)(3) organizations. Enter amount of 120 PCL for the organization during the year under sections 4912 ▶ 0.; section 4955 ▶ 0. 10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 19 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete form 8886-T 10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization? If Yes,* complete form 8886-T 10 Section 501(c)(3) and 501(c)(4) organizations.	a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			l
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 774 E fater amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
complete applicable parts of Schedule N 7a	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
376 Enter arrount of political expenditures, direct or indirect, as described in the instructions. ▶ 378	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			l
Dot the organization file Form 1120-POL for this year? 376					X
38a Dit the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>.</u>		l
If Yes, 'complete Schedule L, Part II and enter the total amount involved 38b N/A 38a N/A 38b N/A	þ	Did the organization file Form 1120-POL for this year?	37b		X
10 Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 39s Section 501(c)(7) organizations. Enter: 3 Initiation fees and capital contributions included on line 9 39a N/A 39b	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			l
Section 501(c)(7) organizations. Enter: a Inhabiton fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 901(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 901(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization in a 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-T List the states with which a copy of this return is filed. ► NY List the states with which a copy of this return is filed. ► NY 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; Euch as a bank account, securities account, or other financial account in a foreign country; Euch as a bank account, securities account, or other financial accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country; Euch as a bank account, or other financial accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country; Euch as a bank account,			38a		X
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	а	· · · · · · · · · · · · · · · · · · ·	↓		i
Section 4911 ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ▶ NY 1212 The organization is books are in care of ▶ DONNA BROCK Located at ▶ LAP INC., 3.09 THIRD STREET, ITHACA, NY 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 in a foreign country; See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of the foreign country: ▶ Yes No 1440 Did the organization maintain any donor advised funds during the yea		.,	-		i
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-T 1 List the states with which a copy of this return is filed. ▶ NY 1212 The organization's books are in care of ▶ DONNA BROCK 1 Telephone no. ▶ (607) 272-4792 1 Located at ▶ LAP INC., 309 THIRD STREET, ITHACA, NY 1 Located at ▶ LAP INC., 309 THIRD STREET, ITHACA, NY 2 IP+4 ▶ 14850 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 14 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If Yes, Form 99	40 a				ĺ
year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 D . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NY Ta The organization's books are in care of b DONNA BROCK Located at LiAP INC., 309 THIRD STREET, ITHACA, NY Tier prantation's books are in care of b DONNA BROCK Located at LiAP INC., 309 THIRD STREET, ITHACA, NY Tier and 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?) If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during					ĺ
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	-		444		
				90-EZ ((2010)

Form (990-EZ (2	CITY FEDERATION OF WOMER	N S		15-0547	265	: 1	Page 4
	200 12 (2	O10) ORGANIZATIONS, INC.	·		13-0347	<u> </u>	Yes	_
45	s any rela	ted organization a controlled entity of the organization within the	he meaning of section 512(b)	(13)?		45	1.00	X
		ganization receive any payment from or engage in any transaction			512(b)(13)?			
		orm 990 and Schedule R may need to be completed instead of For				45a		X
		ganization engage, directly or indirectly, in political campaign activ		to candidates for pu	blic office?			
1	f "Yes," c	omplete Schedule C, Part I				46		X
Par	t VI	Section 501(c)(3) organizations and section	4947(a)(1) nonexempt	charitable trus	sts only. All	sectio	n 501(d	:)(3)
		organizations and section 4947(a)(1) nonexempt charitable trusts		and 52, and complete	the tables for li	nes 50	and 51	١
		theck if the organization used Schedule 0 to respond to any quest	tion in this Part VI		·		1	븏
							Yes	
		ganization engage in lobbying activities? If "Yes," complete Scl				47		X
		anization a school as described in section 170(b)(1)(A)(ii)? If "Ye	·			48		X
		ganization make any transfers to an exempt non-charitable related	i organization /	•		49a 49b		
		as the related organization a section 527 organization? this table for the organization's five highest compensated employi	 age (other than officers, directors	tructoes and key en	anlovees) who e		cented	more.
		,000 of compensation from the organization. If there is none, ente	·	i, Busices and Key en	ipioyees) wile e	acii i c	CEIVEU	111016
	nan w roc	, soo of compensation from the organization. If there is none, enter	(b) Title and average hours	(c) Compensation	(d) Contribution	s (e) Expe	 ense
		(a) Name and address of each employee paid more	per week devoted to	(c) componedation	to employee benefit plans &	,	ccount	
		than \$100,000 NONE	position		deferred compensation	oth	er allow	/ances
					COMPENSATION			
				_				
						<u> </u>		
	Total aver	har of other arralayers and even \$100,000						
		ber of other employees paid over \$100,000 this table for the organization's five highest compensated indepen	udant contractors who each recov	ved more than \$100	NNN of compand	ation t	rom the	۵
		on. If there is none, enter "None." NONE	ident contractors who each recen	ved more man wroo,	ooo or compens	auon	10111 1111	•
	n guinzun	(a) Name and address of each independent contractor paid more	e than \$100.000	(b) Type of ser	vice (c) Con	npensat	 tion
				(=) -)	,	-1		
		· ·						
								
		ber of other independent contractors each receiving over \$100,00						
		ganization complete Schedule A? Note: All section 501(c)(3) orga	mizations and 4947(a)(1) nonexe	mpt		ΧY	. <u>.</u> _	□ No
	Ui	trusts must attach a completed Schedule A der penalties of perjury, I declare that I have examined this return, including a rect, and complete (Declaration of preparer (other than officer) is based on all	ccompanying schedules and statemen	ts, and to the best of my				
		Tect, and complete obeclaration of preparer (other than officer) is based on all	mormation of which preparer has any	knowledge_		3. 2		
Sign		Signature of officer			Date			
Here		President BOD Jans 61	rabam					
		Type or print name and title	1	<u> </u>				
		Print/Type preparer's name Preparer's spnatu	re // Date	Check] If PTIN			
Paid		V.t./	1/ 5/10	self- employ	yed			
•		PATRICK JORDAN	1/1	<u>' </u>				<u> </u>
Use	Only	Firm's name ► CDLM & COMPANY CPA'S,	LLP	Firm's EIN				
		•	JITE 500	Phone no.	607-2	72-	444	4
		ITHACA, NY 14850						
032174		cuss this return with the preparer shown above? See instructions	 ·			<u>X Y</u>		<u>No</u>
03-04-1	1					Form 9	990-EZ	(2010)

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.

2010

Open to Public Inspection

Nan	ne of t	the organizat	ion CITY FI	EDERATION OF	WOMEN	I'S			E	Employer id	lentificati	ion nu	mber
			ORGANIZ	ZATIONS, INC.						15	-0547	365	,
Pa	ırt T	Reason	for Public Cha	rity Status (All organia	zations mu	st comple	te this pai	rt.) See ins	tructions		-		
The	organ	zation is not	a private foundation	because it is: (For lines es, or association of chur	1 through	11, check	only one l	box)					
2				70(b)(1)(A)(ii). (Attach Sc					_				
3		A hospital or	a cooperative hosp	ortal service organization	described	in section	170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(i	iii). Enter the	e hospital	's nam	ne,
		city, and stat								•	·		
5		An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	v a governi	mental un	nt described	d in		
			(b)(1)(A)(iv). (Comp		-		•	, ,					
6				nent or governmental uni	t describe	d in sectio	on 170(b)(1)(A)(v).					
7				ceives a substantial part					or from the	e general ou	ıblıc desc	nbed i	in
			(b)(1)(A)(vi). (Comple				3			- g p-			
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X			ceives (1) more than 33			rom contr	ibutions. m	nembersh	ip fees, and	l aross red	ceipts	from
				inctions - subject to certa									
				taxable income (less sect							-		
			509(a)(2). (Complet			·		•	, ,			•	
10		An organizat	ion organized and o	perated exclusively to te	st for publ	ic safety.	See secti o	on 50 9(a)(4	1).				
11				perated exclusively for th						ry out the p	urposes c	f one	or
		more publicly	supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(a	2) See se o	ction 509	(a)(3). Chec	k the box	that	
		describes the	e type of supporti <u>ng</u>	organization and compl	ete lines 1	1e througl	h 11h.						
		a Type	I Ь□	☐ Type II 💢	с 🗀 Тур	e III - Fund	ctionally in	tegrated		d 🔲 🤈	Type III - 0	Other	
e	Ш	By checking	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	y by one oi	r more dis	qualified pe	ersons oth	er tha	ก
		foundation m	nanagers and other	than one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or se	ction 509	(a)(2)	
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganızatıon, check t										
g				organization accepted ar									
		(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons of	described i	ın (ıi) and ı	(ııi) below,		Yes	No
		the gove	eming body of the s	supported organization?							11g(i)		
			·	n described in (i) above?			•				11g(ii)		
			-	a person described in (i) o	. ,						11g(iii)	L	
h		Provide the f	ollowing information	about the supported or	ganızatıonı	(s).							
				(iii) Tupo of	1		· · · · · · · · · · · · · · · · · · ·						
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) is the c in col. (i) is		(v) Did yo		(vi) li organizati	s the on in col.	(vii) Am	ount o	f
	orga	nızatıon		(described on lines 1-9	governing	document?	(i) of you	r sunnort?	(i) organiz U.S	zed in the l	sup	port	
				(see instructions)									
				(See instructions))	Yes	No	Yes	No	Yes	No			
			11							 			
				-						 			
								 					
				 			<u> </u>			 			
								 		 			
				1	I	1	!	1		1 1			

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part I	or if the organizati			•
<u>~</u>	fails to qualify under the test	s listed below, ple	ease complete Parl	:)			
_	ction A. Public Support	T (-) 2000	1 41 0007	(1) 0000	(D 0000	() 0040	
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
•	membership fees received (Do not						
	include any "unusual grants ")						
2	,						
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
•	·			ļ			
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge			İ			İ
4				 			
4					-	/	-
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	İ			1		
	amount shown on line 11,						
	column (f)						
_	***		+		-	-	
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u></u>	<u> </u>	1 .	i		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(a) 2008	(4) 2000	(=) 2010	(6) Total
	Amounts from line 4	(a) 2000	(0) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
8	Gross income from interest.					 	
٠	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9			<u> </u>				····
•	activities, whether or not the						
	business is regularly carried on		1				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			1			
	Gross receipts from related activities,	etc (see instruct	tions)		-L	12	
	First five years. If the Form 990 is for	•	•	rd fourth or fifth t	av vear as a sectio		
	organization, check this box and stor	_	5 mst, scoona, trii	ra, roarar, or mare	ax year as a seem	71 00 1(0)(0)	▶□
Se	ction C. Computation of Publ		ercentage				
14	Public support percentage for 2010 (I	line 6, column (f)	divided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Par	t II, line 14			15	%
	33 1/3% support test - 2010.If the o			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2009. If the o	rganization did no	ot check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes				-	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						

032022 12-21-10

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 ORGANIZATIONS, INC.

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

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

Se	ction A. Public Support	elow, please comp	Diete Part II.)				-
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and			• •	• •		
	membership fees received (Do not						
	include any "unusual grants ")	35,769.	46,022.	18,016.	29,076.	19,914.	148,797.
	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		140,879.	•			753,453.
	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	174,184.	186,901.	158,622.	201,073.	181,470.	902,250.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1,310.	1,000.	2,310.
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						0.
c	Add lines 7a and 7b				1,310.	1,000.	2,310.
8	Public support (Subtract line 7c from line 6.)				•		899,940.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	174,184.	186,901.	158,622.	201,073.	181,470.	902,250.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,591.	11,197.	7,857.	8,048.	5,001.	42,694.
b	Unrelated business taxable income (less section 511 taxes) from businesses			,,,,,,,,		,,,,,,	
	acquired after June 30, 1975					L	
_	: Add lines 10a and 10b	10,591.	11,197.	7,857.	8,048.	5,001.	42,694.
- 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)				· <u>-</u>		
	Total support (Add lines 9, 10c, 11, and 12)		198,098.				944,944.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organız	ation,
	check this box and stop here				·		_
	tion C. Computation of Publi						
	Public support percentage for 2010 (li		•	olumn (f))		15	95.24 %
	Public support percentage from 2009					16	93.63 %
	ction D. Computation of Inves						4.50
	Investment income percentage for 20	•	•	e 13, column (f))		17	4.52 %
	Investment income percentage from 2	· · · · · · · · · · · · · · · · · · ·	=			18	4.63 %
19a	33 1/3% support tests - 2010. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2009. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	▶ X
00	line 18 is not more than 33 1/3%, che		_			_	> -
20	Private foundation. If the organization	n ala not check a l	<u>oox on</u> line 14, 19a	ı, or 196, check th	is box and see ins	tructions	▶∟

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Debiec	Jacon and A	IIIOI LIZA	tion be	ran F.	ORM 990-EZ PAG	E I		99U-EZ
Asset								
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDING	is		<u> </u>	<u> </u>			
	1 1							
2	BUILDING	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
	01,01,59	SL	30.00	16	254,127.		254,127.	0.
3	ROOF						· · · · · · · · · · · · · · · · · · ·	
	01,01,86		20.00		13,174.		13,174.	0.
4	VARIOUS				0.633.		0 (22	
	01,01,87	•	20.00	Τ6	2,633.		2,633.	0.
6	ELEVATOR 01/01/88		20.00	11 6	39,351.		38,725.	0.
7	FURNACE,				37,331.		30,723.	<u> </u>
,	010189		20.00		5,094.		4,969.	0.
8	WINDOWS	ــــــــــــــــــــــــــــــــــــــ	10000	<u></u>	370320		2/3030	
	041790	SL	20.00	16	24,443.		23,830.	407.
9	THERMOST							
	041890	SL	20.00	16	1,137.		1,110.	19.
10	<u>FURNACE</u>					,		
	052990		20.00	16	760.		741.	16.
11	LIGHT FI			ام د	522	1	F04	
	053190		20.00	ΙΤ6	533.		524.	9.
12	COMPRESS 062590		20.00	11 6	5,500.		5,363.	137.
13	MOTOR-KI			IT O	3,300.		<u> </u>	137,•
13	071890		10.00	16	383.		383.	0.
14	BOILER I				3334			
	100490		20.00		3,060.		2,983.	77.
15	IMPROVEM	ENTS						
	06 30 92		20.00	16	2,142.		1,875.	107.
16	DRAPERIE		Т					
	110492		10.00	16	2,720.		2,720.	0.
17	CEILING		10 00	la <i>c</i>	60			0.
1.0	063093 CARPET I		10.00		69.		69.	<u> </u>
13	063093		20.00		905.		748.	45.
20	HANDICAP						7 20 6	45.
	05 03 95		20.00		7,105.		5,233.	355.
21	RENOVATI							
	121198	SL	20.00	16	96,734.		55,998.	4,837.
41	RENOVATI			ı			<u> </u>	
	09 30 99		20.00	16	93,662.		49,395.	4,683.
47	LIGHTING			ام د	5 000		0.255	250
4.0	07,07,00		20.00	16	5,009.		2,375.	250.
48	DOOR OPE 103000		20.00	1 6	4,082.		1,870.	204.
63	KITCHEN						1,0/0.	204.
0.5	090101		20.00		53,840.		22,433.	2,692.
66	BUILDING							
	06 30 04		20.00		5,200.		1,430.	260.
67	KITCHEN							
	111605	SL	20.00	16	647.		131.	32.
68	ROOF		T=	1				
	08 23 05		20.00	16	22,700.		4,918.	1,135.
69	AIR COND		IER	1 6	0.600		F 410	1 040
016261	08 11 05	باظ	7.00	16	8,680.	(D) · Asset dispos	5,410.	1,240.
05 01 10				17	Janon Jour Journal 173	(D) / WOOL GISPOS		

Asset					Description of			990-62
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
70	AIR COND			1- 2				
	041206	SL_	7.00	16	416.		221.	59.
71	FURNACE 071706	cr	20.00	11 6	3,100.	··· [530.	155.
72	FURNACE	הסה	20.00	<u>ит о</u>	3,100.		330 •	133.
, 2	071706	ST.	20.00	16	3,100.	<u>.</u>	530.	155.
73	GUTTERS					<u> </u>		
	07,10,07		20.00		1,200.		150.	60.
75	BUILDING							
	101708		20.00		4,872.		288.	244.
	* 990-EZ	PG 1	TOTA	L B	UILDINGS	0	F04 006	17 170
	MACHINER	37 C E	OUTD		666,378.	0.	504,886.	17,178.
	MACHINER	LI & E	OOTPM	TEW T		The state of the s		
2.2	FULLY DE	PRECT	ATED	EOH	TPMENT			
	VARIES		10.00		35,637.		35,637.	0.
24	FIRE DET				, , , , , , , , , , , , , , , , , , , ,	<u> </u>		<u>_</u>
	10 31 92		10.00	16	450.		450.	_0.
25	CHAIRS		· -·	.,				
	03 31 93		10.00	16	1,700.		1,700.	0.
27	FLATWARE						54.0	
	063093		10.00		619.		619.	0.
29	BURIS WA		10.00		1,276.		1,276.	0.
3.0	WILSON B	· · · · · · · · · · · · · · · · · · ·			1,2/0.		1,2/0.	<u> </u>
30	123194			16	339.		339.	0.
31	MAC COMP			120	3351		3374	<u> </u>
	031095			16	13,390.		13,390.	0.
32	FAX MACH							
	08,11,95		5.00		249.		249.	0.
34	SOUND EQ)	· · · · · · -	4 404	
	07,25,97		5.00	16	1,401.	<u> </u>	1,401.	0.
35	PAY PHON 07,28,97		5.00	16	608.		608.	0.
3.6	LIBRARY				000.	l	000	
30	121198		5.00		1,501.	<u> </u>	1,501.	0.
38	COMPUTER			<u> </u>	1,5011	<u></u> '	273024	
	123098		5.00	16	17,653.		17,653.	0.
39	TYPEWRIT	ER						
	11,25,98		5.00	16	255.		255.	0.
40	COMPUTER					· · · · · · · · · · · · · · · · · · ·		
	040198		5.00		325.		325.	0.
42	AUDIO VI					· · · · · · · · · · · · · · · · · · ·	0.462	
	093099 FURNISHI		5.00		8,462.		8,462.	0.
44	07,31,99		5.00		1,064.		1,064.	0.
45	COMPUTER		•	11.0	1,0044		270021	
	07,31,99		5.00	16	540.		540.	0.
46	AIR COND	ITION	ER					
	01,31,00	SL	7.00	16	2,090.		2,090.	0.
50	2 REFRIG							
	091001	SL	5.00	16	3,908.		3,908.	0.
51	FREEZER	la r	r 00	1 0	1 000		1 020	
016261	091001	ΣĻ	5.00	16	1,838. Current year section 179	(D) - Asset dispos	1,838.	0.

	7			<u> </u>	ORM 990-EZ PA	3B I		990-EZ
Asset					Description of	of property		
Number	Date	Method/	Life	Line	Contac	People	Accumulated	Current
Manibol	placed in service	IRC sec.		No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
5	US RANGE	 ?.	J	۰				
٠.	091001		5.00	16	3,121.		3,121.	0.
5.3	SUS RANGE							
_	091001			16	3,588.	-	3,588.	0.
54	CLEVELAN	1D 60	GAL G	AS				<u> </u>
	091001			16	13,150.		13,150.	0.
5	EAGLE 3-							
	091001		5.00	16	923.		923.	<u> </u>
56	DISH TAE		1	T	T			
	091001			16	538.		538.	0.
57	L-SHAPEI						1 242	
	091001			16	1,343.		1,343.	0.
36	BHOOD WIT			16	14,330.		14,330.	
5.0	DISHWASH			110	14,330.		14,330.	0.
J.	091001			16	2,457.		2,457.	0.
	UNIVERA			110	4,4310		<u> </u>	<u> </u>
•	091701			16	2,194.		2,194.	0.
61	LWORK TAE		10 1 0 0	<u>, o</u>		· · · · · · · · · · · · · · · · · · ·	2/2224	
	091701		5.00	16	1,925.		1,925.	0.
62	HEATED F			INE			· · · · · · · · · · · · · · · · · · ·	
	091701	.SL	5.00	16	1,592.		1,592.	0.
64	AIR COND							
	01,25,01		7.00	16	641.		641.	0.
65	COMPUT							
	08 01 04			16	2,192.		2,192.	0.
./4	7 AIR CC						2 512	
	101907		7.00	16	7,935.		2,619.	1,134.
/ 6	FIRE ALA 062508		10.00	11 6	2,990.	· · · · · · · · · · · · · · · · · · ·	428.	299.
77	MICROPHO		<u> </u>	ПΩ	2,990.		420.	
, ,	07/23/08		7.00	16	549.		111.	78.
7.8	COPIER	ם מי	17 . 0.0	<u> </u>	J + J •]		<u> </u>	70.
, ,	031710	ST	5.00	16	1,064.			160.
	* 990-EZ				ACHINERY & EQU	JIPMENT	<u></u>	1001
					153,837.	0.	144,457.	1,671.
	LAND	'		·				
1	LAND							
	01,01,59		<u> </u>	<u> </u>	50,000.			0.
	* 990-EZ	PG 1	L TOTA	LL			,	
		L	<u> </u>		50,000.	<u>0</u> .	0.	0.
	* 990-EZ	PG 1	L TOTA	<u>L -</u>				
		<u> </u>		<u> </u>	870,215.	0.	649,343.	18,849.
	* GRAND	TOTAL	<u> 990-</u>	EZ			C40 242	10 040
		Щ.	<u> </u>	<u> </u>	870,215.	0.	649,343.	18,849.
-		<u> </u>	1	<u> </u>	l			
		Γ.		T	T		T	
		<u> </u>	1		<u> </u>		<u> </u>	
	1 1		Ţ · · · ·					
		•	•		<u></u>	 	<u> </u>	
016261				#	- Current year section 179	(D) - Asset dispo	osed	

SCHEDULE O'

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

CITY FEDERATION OF WOMEN'S ORGANIZATIONS, INC.

Employer identification number 15-0547365

ORGANIZATIONS, INC.	15-0	<u> </u>
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN	ICOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST		197.
DIVIDEND		4,804.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4		5,001.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, U	TILITIES, AND 1	MAINTENANCE:
DESCRIPTION OF EXPENSES:		AMOUNT:
DEPRECIATION		18,849.
OTHER EXPENSES		71,720.
TOTAL TO FORM 990-EZ, LINE 14		90,569.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
SUPPLIES AND POSTAGE		6,006.
EQUIPMENT RENTAL		1,106.
TELEPHONE		2,052.
MEMBERSHIP EXPENSE		409.
INTEREST		5,417.
MISCELLANEOUS		1,257.
TOTAL TO FORM 990-EZ, LINE 16		16,247.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	2,025.	2,366.
OTHER DEPRECIABLE ASSETS	8,307.	7,700.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	m 990 or 990-EZ) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service Name of the organization CITY FEDERATION OF WOMEN'S **Employer identification number** ORGANIZATIONS, INC. 15-0547365 10,332. TOTAL TO FORM 990-EZ, LINE 24 10,066. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR DESCRIPTION END OF YEAR ACCOUNTS PAYABLE AND ACCRUED EXPENSES 3,529. 4,324. SECURITY DEPOSITS 2,083. 1,138. MORTGAGE PAYABLE 64,587. 62,713. 8,500. 0. LOAN PAYABLE TOTAL TO FORM 990-EZ, LINE 26 78,699. 68,175. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE OPPORTUNITIES FOR WOMEN TO DEVELOP SELF-RELIANCE AND JOY IN LIVING THROUGH EDUCATIONAL ACTIVITIES & COMMUNITY GATHERINGS; TO PROVIDE A SAFE, CENTRALLY LOCATED MEETING SPACE FOR WOMEN'S ORGANIZATIONS AND HUMAN SERVICE AGENCIES THAT SERVE WOMEN & CHILDREN IN THE COMMUNITY. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.