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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WOMEN HELPING BATTERED WOMEN INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 1535

City or town, state or country, and ZIP + 4
BURLINGTON, VT 05402

D Employer identification number
03-0283657

E Telephone number
(802) 658-3131

G Gross receipts $ 1,151,028

F Name and address of principal officer
WANDA BEZIO
PO BOX 1535
BURLINGTON, VT 05402

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW WHBW ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1974 | M State of legal domicile VT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
WHBW PROVIDES COMPREHENSIVE SUPPORT SERVICES TO VICTIMS AND SURVIVORS OF DOMESTIC VIOLENCE, INCLUDING ADVOCACY, HOUSING, CHILDREN'S AND LEGAL SERVICES IN ADDITION TO OUTREACH AND EDUCATION PROGRAMS

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	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	41
6	Total number of volunteers (estimate if necessary)	6	240
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,253,284	1,084,032
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,651	393
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,578	66,603
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,290,513	1,151,028
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	253,840	67,991
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	932,390	773,575
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶92,112		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	318,389	256,159
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,504,619	1,097,725
	19	Revenue less expenses Subtract line 18 from line 12	-214,106	53,303
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	626,501	657,085
	21	Total liabilities (Part X, line 26)	180,998	158,279
	22	Net assets or fund balances Subtract line 21 from line 20	445,503	498,806

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

****** | 2014-01-02
Signature of officer | Date

GAIL MESSIER TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RANDALL L SARGENT CPA		2014-01-23		

Firm's name ▶ JMM & ASSOCIATES INC | Firm's EIN ▶

Firm's address ▶ 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446 | Phone no (802) 655-5665

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

WHBW PROVIDES COMPREHENSIVE SUPPORT SERVICES TO VICTIMS AND SURVIVORS OF DOMESTIC VIOLENCE, INCLUDING ADVOCACY, HOUSING, CHILDREN'S AND LEGAL SERVICES IN ADDITION TO OUTREACH AND EDUCATION PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **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** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 256,751 including grants of $ 6,727) (Revenue $)

WHBW'S SHELTER SERVICES PROGRAM (SSP) MEETS THE IMMEDIATE NEED FOR SAFE HOUSING AS WELL AS ADVOCACY AND SUPPORT FOR SURVIVORS FLEEING DOMESTIC VIOLENCE THE SSP STAFF PROVIDES SAFETY PLANNING AND ADVOCACY ON OPTIONS FOR SAFE HOUSING IF SHELTER IS NOT AVAILABLE OR APPROPRIATE THE SSP STAFF PROVIDES SURVIVORS WITH REFERRALS TO, AND ADVOCACY WITH, SOCIAL SERVICE PROVIDERS STAFF ALSO ASSISTS IN THE SEARCH FOR SAFE AND AFFORDABLE HOUSING USING INDIVIDUALIZED HOUSING SEARCH PLANS STAFF ADVOCATES PROVIDE REFERRALS FOR BASIC NEEDS SUCH AS FOOD, CLOTHING AND FINANCIAL ASSISTANCE, PARENTING SUPPORT, FOLLOW-UP SERVICES AND ONGOING SUPPORT INCLUDING EDUCATION ON THE CAUSES AND EFFECTS OF DOMESTIC VIOLENCE IN ADDITION TO THESE SERVICES, THE SSP OFFERS A WEEKLY SUPPORT GROUP OPEN TO ALL SURVIVORS THE SSP IS CURRENTLY COMPRISED OF 4 53 FTES AND 32 VOLUNTEERS WHO PROVIDE 24-HOUR COVERAGE TO THE SHELTER IN FISCAL YEAR 2013, 284 INDIVIDUALS (ADULTS AND CHILDREN) WERE ASSISTED BY SHELTER SERVICES PROGRAM STAFF, TOTALING 12,076 BEDNIGHTS IN FISCAL YEAR 2013, WHBW CONDUCTED WEEKLY SUPPORT GROUPS WITH CHILDCARE WERE ATTENDED BY 56 WOMEN

4b (Code) (Expenses $ 186,827 including grants of $ 20,137) (Revenue $)

THE ECONOMIC JUSTICE PROGRAM (EJP), WHICH WAS CREATED FROM THE HOUSING COMPONENT OF WHAT WAS ONCE THE SHELTER AND HOUSING SERVICES PROGRAM AT WHBW, THE ECONOMIC JUSTICE PROGRAM (EJP) IS A PROGRAMMATIC RESPONSE TO THE GROWING REALIZATION THAT THE PATH TO SAFETY AND VIOLENCE-FREE LIVES FOR SURVIVORS OF DOMESTIC VIOLENCE MUST INCLUDE ACCESS TO ECONOMIC RESOURCES TOO OFTEN SURVIVORS HAVE TO MAKE THE CHOICE BETWEEN STAYING IN A VIOLENT HOME OR HOMELESSNESS AND FINANCIAL UNCERTAINTY LACK OF ACCESS TO AFFORDABLE SAFE HOUSING, STABLE INCOME OR EMPLOYMENT, HEALTH INSURANCE, TRANSPORTATION, AND OTHER BASIC ECONOMIC NEEDS NARROWS THE OPTIONS FOR MANY VICTIMS OUR MISSION IN THE ECONOMIC JUSTICE PROGRAM IS TO WORK WITH INDIVIDUALS AND SYSTEMS TO BREAK DOWN THE BARRIERS THAT PREVENT SURVIVORS FROM ACCESSING CRUCIAL ECONOMIC RESOURCES OUR WORK INCLUDES DIRECT ADVOCACY, SUPPORT, OPTIONS COUNSELING AND REFERRALS FOR SURVIVORS, AS WELL AS A FOCUS ON SYSTEMS ADVOCACY AT THE LOCAL AND STATEWIDE LEVEL OUR CONTACT AND ADVOCACY WITH SURVIVORS ACCESSING THE EJP COMES PRIMARILY THROUGH THE FOLLOWING REFERRALS VIA THE HOTLINE FROM SURVIVORS IN THE COMMUNITY PARTICIPANTS OF THE TRANSITIONAL HOUSING PROGRAM (WHICH IS NOW A PART OF EJP) REFERRALS FROM RESIDENTS IN SHELTER AND SAFE HOMES AS THEY TRANSITION OUT OF EMERGENCY HOUSING AS STATED, THE TRANSITIONAL HOUSING PROGRAM (THP) OF WHBW IS HOUSED WITHIN THE EJP WHBW AND BURLINGTON HOUSING AUTHORITY (BHA) ENTERED INTO A MEMORANDUM OF UNDERSTANDING (MOU) WHICH OUTLINES EACH ORGANIZATIONS RESPONSIBILITIES TO THE 11-UNIT APARTMENT COMPLEX, NAMED SOPHIES PLACE IN THE SERVICE PROVISION ROLE, WHBW IS COMMITTED TO PROVIDING SURVIVOR- BASED ADVOCACY FOR RESIDENTS LIVING IN THP, INCLUDING THE SERVICES OF THE EJP ADVOCATES WORK WITH SURVIVORS ON-SITE WHILE THEY RE-STABILIZE THEIR HOMES AND LIVES WHBW ALSO PROVIDES TRANSITIONAL HOUSING IN A SCATTERED SITE MODEL IN WHICH SERVICE USERS LIVE IN HOUSING UNITS THROUGHOUT THE COMMUNITY IN FISCAL YEAR 2013, WHBW PROVIDED RESIDENTS WITH RENTAL ASSISTANCE FOR UP TO ONE YEAR AS WELL AS ANY ADVOCACY AND SUPPORT THEY MAY NEED TO STABILIZE THEIR LIVES DURING A TRANSITIONAL PHASE THE EJP INITIATED AN EMPLOYMENT ADVOCACY PROGRAM IN 2010 THAT WORKS TO EXPAND EMPLOYMENT OPPORTUNITIES FOR OUR SERVICE USERS, AS WELL AS INCREASE UNDERSTANDING OF HOW DOMESTIC VIOLENCE AFFECTS THE WORKPLACE IN OUR COMMUNITY THE EJP CURRENTLY IS COMPRISED OF 2 38 FTES AND FIVE VOLUNTEERS IN FISCAL YEAR 2013, 19 ADULTS AND 20 CHILDREN WERE HOUSED IN SOPHIES PLACE FOR A TOTAL OF 9,349 BEDNIGHTS IN FISCAL YEAR 2013, 3,455 HOURS OF ECONOMIC JUSTICE ADVOCACY AND HOLISTIC SUPPORT WERE PROVIDED TO SURVIVORS IN THE COMMUNITY WHBW PROVIDED TRANSITIONAL RENTAL ASSISTANCE TO FOUR ADULTS AND FOUR CHILDREN FOR A TOTAL OF 1,644 BEDNIGHTS THE SAFE AT WORK NETWORK IS A PROGRAM WITHIN WHBW'S ECONOMIC JUSTICE PROGRAM THAT REACHES OUT TO EMPLOYERS IN CHITTENDEN COUNTY TO START THE CONVERSATION ABOUT THE IMPACT OF DOMESTIC VIOLENCE ON THE WORKPLACE BY PROVIDING SUPPORT AND SERVICES, BUSINESSES ARE ABLE TO CREATE NEW OR UPDATED PERSONNEL POLICIES SPECIFICALLY ADDRESSING DOMESTIC VIOLENCE IN THE WORKPLACE AND SUPPORTS THAT THE EMPLOYER WILL PROVIDE THEIR IMPACTED EMPLOYEES WE ALSO PROVIDE TRAININGS AND SUPPORTS TO MANAGEMENT AND ALL LEVELS OF STAFF IN ACCORDANCE WITH THE NEEDS OF WISHES OF THE BUSINESSES

4c (Code) (Expenses $ 137,670 including grants of $ 41,127) (Revenue $)

THE LEGAL ADVOCACY PROGRAM PROVIDES SUPPORT TO VICTIMS OF DOMESTIC VIOLENCE IN NAVIGATING LEGAL SYSTEMS SUCH AS THE FAMILY AND DISTRICT COURTS, LAW ENFORCEMENT AND THE DEPARTMENT OF CORRECTIONS LEGAL ADVOCATES PROVIDE INFORMATION ABOUT LAWS RELATED TO DOMESTIC VIOLENCE, THE COURT PROCESS AND LEGAL OPTIONS IN ADDITION, INDIVIDUALS WHOSE LIVES HAVE BEEN AFFECTED BY INTIMATE PARTNER VIOLENCE RECEIVE SUPPORT AND ASSISTANCE WITH COURT FORMS AND PREPARATION FOR COURT HEARINGS, ACCOMPANIMENT TO HEARINGS AND ASSISTANCE IN THE PROCESS OF OBTAINING PROTECTION ORDERS THE LEGAL ADVOCACY PROGRAM CONTINUES TO OFFER A FREE WEEKLY LEGAL CLINIC TO VICTIM/SURVIVORS OF DOMESTIC VIOLENCE LEGAL CLINIC IS COMPRISED OF A WHBW LEGAL STAFF MEMBER, VOLUNTEER PARALEGALS AND VOLUNTEER ATTORNEYS AT CLINIC, A VOLUNTEER ATTORNEY PROVIDES LEGAL ADVICE TO INDIVIDUALS WHO ARE UNABLE TO AFFORD AN ATTORNEY THE LEGAL PROGRAM CURRENTLY IS COMPRISED OF 1 38 FTE'S AND 11 VOLUNTEERS IN FISCAL YEAR 2013, 187 ADULTS WERE ASSISTED IN OBTAINING RELIEF FROM ABUSE ORDERS THESE ADULTS HAD 146 CHILDREN KNOWN TO WHBW WHO ALSO BENEFITTED FROM THE ASSISTANCE GIVEN TO THEIR PARENTS ADDITIONALLY, 903 HOURS OF LEGAL ADVOCACY FOR INDIVIDUALS SEEKING SUPPORT WITH DIVORCE, CUSTODY/PARENTAGE, IMMIGRATION, CRIMINAL JUSTICE, AND FILING FOR RELIEF FROM ABUSE ORDERS WERE PROVIDED IN FISCAL YEAR 2013

(Code) (Expenses $ 266,137 including grants of $) (Revenue $)

WHBWS 24/7 HOTLINE PROGRAM FUNCTIONS AS THE FIRST TIER OF RESPONSE TO SURVIVORS IN NEED THE HOTLINE STAFF AND TRAINED VOLUNTEERS PROVIDE CRISIS INTERVENTION, SAFETY PLANNING, EMOTIONAL SUPPORT, OPTIONS COUNSELING, REFERRALS TO AGENCY PROGRAMS, AND PROACTIVE ADVOCACY TO SURVIVORS, AS WELL AS THEIR FAMILIES, FRIENDS, AND THE COMMUNITY IN GENERAL MEMBERS OF THE DEAF COMMUNITY ACCESS THE HOTLINE BY TTY AND NON-ENGLISH SPEAKING INDIVIDUALS HAVE IMMEDIATE ACCESS TO AN INTERPRETER UPON CALLING THE HOTLINE THE HOTLINE PROGRAM IS CURRENTLY COMPRISED OF 2 43 FTES AND 24 VOLUNTEERS WHO PROVIDE COMPREHENSIVE 24-HOUR HOTLINE COVERAGE IN FISCAL YEAR 2013, THE HOTLINE FIELDED 3,658 CALLS FOR SUPPORT AND REFERRALS AND AN AVERAGE OF 51 NEW INDIVIDUALS CALLED THE HOTLINE EACH MONTH THE CHILDRENS SERVICES PROGRAM OFFERS CRISIS INTERVENTION, ADVOCACY FOR THE RIGHTS AND NEEDS OF CHILDREN IN THE SHELTER AND IN THE COMMUNITY OTHER SERVICES INCLUDE CHILDCARE, RECREATIONAL ACTIVITIES, AND EDUCATIONAL/THERAPEUTIC PLAYGROUPS FOR PRE AND SCHOOL-AGED CHILDREN ALL GROUPS ARE OPEN TO CHILDREN REFERRED THROUGH WHBWS HOTLINE, SCHOOL SOCIAL WORKERS AND OTHER SERVICE PROVIDERS NONVIOLENT DISCIPLINE AND BEHAVIOR ARE MODELED FOR CHILDREN AND THEIR MOTHERS MOTHERS ARE ALSO OFFERED PARENTING EDUCATION AND SUPPORT THE CHILDRENS PROGRAM IS CURRENTLY COMPRISED OF 1 38 FTES AND 13 VOLUNTEERS IN FISCAL YEAR 2013, 313 CHILDREN RECEIVED SERVICES AT THE AGENCY IN THE FORM OF PLAYGROUPS, SUPPORT GROUPS AND OTHER SUPPORTIVE SERVICES, AND 3,698 HOURS OF SERVICE WERE PROVIDED TO MOTHERS AND CHILDREN THE EDUCATION AND OUTREACH PROGRAM PROVIDES INFORMATION AND AWARENESS ABOUT INTIMATE PARTNER VIOLENCE (IPV) AND WHBWS PROGRAMS AND SERVICES TO A WIDE VARIETY OF SETTINGS IN THE COMMUNITY SUCH AS PUBLIC/PRIVATE EVENTS, HIGH SCHOOLS AND COLLEGES, COMMUNITY ORGANIZATIONS, AND BUSINESSES THE EDUCATION AND OUTREACH PROGRAM ALSO WORKS TO DEVELOP ONGOING INTERNAL RESOURCES ON TOPICS INCLUDING IPV IN UNDERSERVED POPULATIONS, CURRENT TRENDS IN IPV AND ONGOING EDUCATIONAL OPPORTUNITIES IN THE COMMUNITY WHBW IS DEVELOPING PROGRAMMING FOR YOUTH FOR BOTH PREVENTION AND INTERVENTION PURPOSES THROUGH INTERACTIVE WORKSHOPS, YOUTH ARE ABLE TO RECOGNIZE SAFE AND SUPPORTIVE RELATIONSHIPS AS WELL AS UNHEALTHY ONES, AND IDENTIFY VARIOUS FORMS OF ABUSE INFORMATION PROVIDED INCLUDES WARNING SIGNS, RESOURCES, HOW TO HELP A FRIEND, AND SAFETY PLANNING WHBW'S EDUCATION AND OUTREACH PROGRAM HAS TRAINED A SELECT FEW HIGH SCHOOL STUDENTS TO BECOME PEER ADVOCATES, PROVIDING INFORMATION AND SUPPORT TO TEENS IN ABUSIVE RELATIONSHIPS THE EDUCATION AND OUTREACH PROGRAM IS CURRENTLY COMPRISED OF 1 23 FTES AND HAS 75 VOLUNTEERS IN FISCAL YEAR 2013, THE AGENCY PROVIDED DOMESTIC VIOLENCE EDUCATION, OUTREACH AND TRAINING ON DOMESTIC VIOLENCE TO OVER 13,502 INDIVIDUALS THROUGH MORE THAN 64 PRESENTATIONS AND OUTREACH EVENTS IN CHITTENDEN COUNTY IN FISCAL YEAR 2013, WHBW WAS FEATURED 36 TIMES IN PRINT MEDIA, NINE TIMES ON TELEVISION AND IN TWO RADIO INTERVIEWS, IN ADDITION, THERE ARE 3,535 ACTIVE EMAIL NEWSLETTER RECIPIENTS IN FISCAL YEAR 2013, WHBW HAD 1,670 FACEBOOK FOLLOWERS AND POSTED AN AVERAGE OF FIVE TIMES A WEEK WITH INFORMATION ABOUT UPCOMING EVENTS AND WHBW PROMOTIONS, DOMESTIC VIOLENCE-RELATED ARTICLES, COMMENTARY RELATING TO NEWS ARTICLES, EDUCATIONAL INFORMATION AND MUCH MORE

4d Other program services (Describe in Schedule O)

(Expenses $ 266,137 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 847,385

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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, Parts II and IV*	15		No
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, Parts III and IV*	16		No
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 (see instructions)*	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
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	Yes	
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		No
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		No
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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	22			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
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**	41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**		No
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**		No
b	If "Yes," enter the name of the foreign country ▶ ____ See instructions for 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**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 as charitable contributions? . . .			**6a**		No
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**		No
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**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		No
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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
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			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶WANDA BEZIO PO BOX 1535 BURLINGTON, VT (802)658-3131

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

Check if Schedule O contains a response to any question in this Part VII . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) AGNES COOK DIRECTOR	2 00	X						0	0	0
(2) ROBIN GRACE SECRETARY	2 00	X		X				0	0	0
(3) KELLY MCCANN CHAIR	2 00	X		X				0	0	0
(4) ANNA NIEMIEC DIRECTOR	2 00	X						0	0	0
(5) JOE MILLER VICE CHAIR	2 00	X		X				0	0	0
(6) ERICA DEAN DIRECTOR	2 00	X						0	0	0
(7) LAURA BERNARD DIRECTOR	2 00	X						0	0	0
(8) GAIL MESSIER TREASURER	2 00	X		X				0	0	0
(9) JANE VAN BUREN EXECUTIVE DI	40 00			X				66,871	0	5,529

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ►			
c	**Total from continuation sheets to Part VII, Section A** . . . . ►			
d	**Total (add lines 1b and 1c)** . . . . ►	66,871		5,529

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

			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*	**3**		No
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*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ►

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . ☐

				(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** 130,071				
	b	Membership dues	**1b**				
	c	Fundraising events	**1c** 13,470				
	d	Related organizations . . .	**1d**				
	e	Government grants (contributions)	**1e** 641,247				
	f	All other contributions, gifts, grants, and similar amounts not included above	**1f** 299,244				
	g	Noncash contributions included in lines 1a-1f $	37,964				
	h	**Total.** Add lines 1a-1f . . . . ▶		1,084,032			
Program Service Revenue			Business 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) . . . . ▶		393			393
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . ▶					
	8a	Gross income from fundraising events (not including $ 13,470 of contributions reported on line 1c) See Part IV, line 18 . .	**a** 66,603				
	b	Less direct expenses . . .	**b**				
	c	Net income or (loss) from fundraising events . . ▶		66,603			66,603
	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	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		1,151,028			66,996

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX . . . . ☐

	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 United States See Part IV, line 21	43,081	43,081		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	24,910	24,910		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	62,753	45,104	9,805	7,844
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	582,983	449,104	103,635	30,244
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	62,177	50,452	11,387	338
10	Payroll taxes	65,662	50,258	11,580	3,824
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	14,233	9,107	4,349	777
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	196	196		
12	Advertising and promotion	2,905	2,563		342
13	Office expenses	80,833	63,386	6,151	11,296
14	Information technology				
15	Royalties . .				
16	Occupancy	54,813	42,202	6,939	5,672
17	Travel	10,560	9,664	422	474
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,821	10,256		565
20	Interest	883	674	144	65
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,432	24,701	1,421	1,310
23	Insurance	15,697	14,117	995	585
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MISCELLANEOUS	28,469	662	435	27,372
b	MEMBERSHIP DUES - SUPPORT	2,369		965	1,404
c	MISCELLANEOUS - CHILDR SV	1,979	1,979		
d	MEMBERSHIP DUES - SHELTER	1,092	1,092		
e	All other expenses	3,877	3,877		
25	**Total functional expenses.** Add lines 1 through 24e	1,097,725	847,385	158,228	92,112
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			63,435	1	90,008
	2	Savings and temporary cash investments			25,549	2	89,445
	3	Pledges and grants receivable, net			127,519	3	95,238
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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			5,508	9	5,291
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	559,551			
	b	Less accumulated depreciation	10b	351,601	235,491	10c	207,950
	11	Investments—publicly traded securities			167,884	11	168,038
	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			1,115	15	1,115
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			626,501	16	657,085
Liabilities	17	Accounts payable and accrued expenses			64,700	17	46,036
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other 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			105,000	23	105,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			11,298	25	7,243
	26	**Total liabilities.** Add lines 17 through 25			180,998	26	158,279
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			437,741	27	439,902
	28	Temporarily restricted net assets			7,762	28	58,904
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), 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			445,503	33	498,806
	34	Total liabilities and net assets/fund balances			626,501	34	657,085

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,151,028
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,097,725
3	Revenue less expenses Subtract line 2 from line 1	3	53,303
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	445,503
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	498,806

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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 990EZ)

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

2012

Open to Public Inspection

Name of the organization
WOMEN HELPING BATTERED WOMEN INC

Employer identification number
03-0283657

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 - Non-functionally integrated

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

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

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

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

h Provide the following information about the 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 monetary 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,427,561	1,129,614	1,226,895	1,253,284	1,084,032	6,121,386
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	1,427,561	1,129,614	1,226,895	1,253,284	1,084,032	6,121,386
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						6,121,386

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,427,561	1,129,614	1,226,895	1,253,284	1,084,032	6,121,386
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,856	8,467	6,111	5,498	393	35,325
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		24,090	35,137	25,578	66,603	151,408
11	**Total support** (Add lines 7 through 10)						6,308,119

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 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97 040 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	99 130 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
WOMEN HELPING BATTERED WOMEN INC

Employer identification number
03-0283657

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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the 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, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	(b) Prior year	b (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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,046		32,046
b Buildings		367,404	225,934	141,470
c Leasehold improvements				
d Equipment		160,101	125,667	34,434
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ▶				207,950

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
(1)Financial derivatives		
(2)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) Book value
Federal income taxes	
CAPITAL LEASE	7,243
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ►	7,243

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	1,193,387
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	42,359		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	42,359
3	Subtract line **2e** from line **1**			3	1,151,028
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 XIII)	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	1,151,028

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

1	Total expenses and losses per audited financial statements			1	1,140,084
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	42,359		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	42,359
3	Subtract line **2e** from line **1**			3	1,097,725
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 XIII)	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	1,097,725

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	WHBW BELIEVES IT HAS APPROPRIATE SUPPORT FOR AN TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WOMEN HELPING BATTERED WOMEN INC

Employer identification number
03-0283657

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

			(a) Event #1 ZUMBATHON (event type)	(b) Event #2 RUN FOR EMPOWER (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	55,764	24,309		80,073
	2	Less Contributions	4,645	8,825		13,470
	3	Gross income (line 1 minus line 2)	51,119	15,484		66,603
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11	Net income summary Combine line 3, column (d), and line 10 ▶				66,603

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain

Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WOMEN HELPING BATTERED WOMEN INC

Employer identification number
03-0283657

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
(1) HOPE WORKS PO BOX 92 BURLINGTON, VT 05402	03-0284577	3	25,672				LEGAL ADVOCACY
(2) CHITT CTY DOMESTIC VIOLENCE TASK FORCE			5,025				LEGAL ADVOCACY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) RENTAL ASSISTANCE	8	6,727			
(2) RENTAL ASSISTANCE	39	18,183			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GRANTEES ARE REQUIRED TO SUBMIT GRANT APPLICATION AND PROOF OF TAX-EXEMPT STATUS SUBGRANTEES ARE REQUIRED TO SUBMIT GRANT FINANCIAL REPORTS AND WHBW STAFF CONDUCTS MONITORING VISITS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WOMEN HELPING BATTERED WOMEN INC

Employer identification number
03-0283657

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ▶ (PROGRAM SUPPLIE)	X	1	37,964	MARKET VALUE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . .	29	

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WOMEN HELPING BATTERED WOMEN INC

Employer identification number
03-0283657

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	WHBW'S 240 ACTIVE VOLUNTEERS PROVIDE SUPPORT ACROSS ALL PROGRAMS IN THE ORGANIZATION THIS INCLUDES STAFFING THE 24-HOUR HOTLINE, ASSISTING IN CHILDREN'S PLAYGROUPS, CO-FACILITATING EDUCATIONAL TRAININGS AND STAFFING SPECIAL EVENTS

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	SURVIVORS THE SSP IS CURRENTLY COMPRISED OF 4 53 FTES AND 32 VOLUNTEERS WHO PROVIDE 24-HOUR COVERAGE TO THE SHELTER IN FISCAL YEAR 2013, 284 INDIVIDUALS (ADULTS AND CHILDREN) WERE ASSISTED BY SHELTER SERVICES PROGRAM STAFF, TOTALING 12,076 BEDNIGHTS IN FISCAL YEAR 2013, WHBW CONDUCTED WEEKLY SUPPORT GROUPS WITH CHILDCARE WERE ATTENDED BY 56 WOMEN

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	FROM ACCESSING CRUCIAL ECONOMIC RESOURCES OUR WORK INCLUDES DIRECT ADVOCACY, SUPPORT, OPTIONS COUNSELING AND REFERRALS FOR SURVIVORS, AS WELL AS A FOCUS ON SYSTEMS ADVOCACY AT THE LOCAL AND STATEWIDE LEVEL OUR CONTACT AND ADVOCACY WITH SURVIVORS ACCESSING THE EJP COMES PRIMARILY THROUGH THE FOLLOWING REFERRALS VIA THE HOTLINE FROM SURVIVORS IN THE COMMUNITY PARTICIPANTS OF THE TRANSITIONAL HOUSING PROGRAM (WHICH IS NOW A PART OF EJP) REFERRALS FROM RESIDENTS IN SHELTER AND SAFE HOMES AS THEY TRANSITION OUT OF EMERGENCY HOUSING AS STATED, THE TRANSITIONAL HOUSING PROGRAM (THP) OF WHBW IS HOUSED WITHIN THE EJP WHBW AND BURLINGTON HOUSING AUTHORITY (BHA) ENTERED INTO A MEMORANDUM OF UNDERSTANDING (MOU) WHICH OUTLINES EACH ORGANIZATIONS RESPONSIBILITIES TO THE 11-UNIT APARTMENT COMPLEX, NAMED SOPHIES PLACE IN THE SERVICE PROVISION ROLE, WHBW IS COMMITTED TO PROVIDING SURVIVOR- BASED ADVOCACY FOR RESIDENTS LIVING IN THP, INCLUDING THE SERVICES OF THE EJP ADVOCATES WORK WITH SURVIVORS ON-SITE WHILE THEY RE-STABILIZE THEIR HOMES AND LIVES WHBW ALSO PROVIDES TRANSITIONAL HOUSING IN A SCATTERED SITE MODEL IN WHICH SERVICE USERS LIVE IN HOUSING UNITS THROUGHOUT THE COMMUNITY IN FISCAL YEAR 2013, WHBW PROVIDED RESIDENTS WITH RENTAL ASSISTANCE FOR UP TO ONE YEAR AS WELL AS ANY ADVOCACY AND SUPPORT THEY MAY NEED TO STABILIZE THEIR LIVES DURING A TRANSITIONAL PHASE THE EJP INITIATED AN EMPLOYMENT ADVOCACY PROGRAM IN 2010 THAT WORKS TO EXPAND EMPLOYMENT OPPORTUNITIES FOR OUR SERVICE USERS, AS WELL AS INCREASE UNDERSTANDING OF HOW DOMESTIC VIOLENCE AFFECTS THE WORKPLACE IN OUR COMMUNITY THE EJP CURRENTLY IS COMPRISED OF 2 38 FTES AND FIVE VOLUNTEERS IN FISCAL YEAR 2013, 19 ADULTS AND 20 CHILDREN WERE HOUSED IN SOPHIES PLACE FOR A TOTAL OF 9,349 BEDNIGHTS IN FISCAL YEAR 2013, 3,455 HOURS OF ECONOMIC JUSTICE ADVOCACY AND HOLISTIC SUPPORT WERE PROVIDED TO SURVIVORS IN THE COMMUNITY WHBW PROVIDED TRANSITIONAL RENTAL ASSISTANCE TO FOUR ADULTS AND FOUR CHILDREN FOR A TOTAL OF 1,644 BEDNIGHTS THE SAFE AT WORK NETWORK IS A PROGRAM WITHIN WHBW'S ECONOMIC JUSTICE PROGRAM THAT REACHES OUT TO EMPLOYERS IN CHITTENDEN COUNTY TO START THE CONVERSATION ABOUT THE IMPACT OF DOMESTIC VIOLENCE ON THE WORKPLACE BY PROVIDING SUPPORT AND SERVICES, BUSINESSES ARE ABLE TO CREATE NEW OR UPDATED PERSONNEL POLICIES SPECIFICALLY ADDRESSING DOMESTIC VIOLENCE IN THE WORKPLACE AND SUPPORTS THAT THE EMPLOYER WILL PROVIDE THEIR IMPACTED EMPLOYEES WE ALSO PROVIDE TRAININGS AND SUPPORTS TO MANAGEMENT AND ALL LEVELS OF STAFF IN ACCORDANCE WITH THE NEEDS OF WISHES OF THE BUSINESSES

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	CLINIC, A VOLUNTEER ATTORNEY PROVIDES LEGAL ADVICE TO INDIVIDUALS WHO ARE UNABLE TO AFFORD AN ATTORNEY THE LEGAL PROGRAM CURRENTLY IS COMPRISED OF 1 38 FTE'S AND 11 VOLUNTEERS IN FISCAL YEAR 2013, 187 ADULTS WERE ASSISTED IN OBTAINING RELIEF FROM ABUSE ORDERS THESE ADULTS HAD 146 CHILDREN KNOWN TO WHBW WHO ALSO BENEFITTED FROM THE ASSISTANCE GIVEN TO THEIR PARENTS ADDITIONALLY, 903 HOURS OF LEGAL ADVOCACY FOR INDIVIDUALS SEEKING SUPPORT WITH DIVORCE, CUSTODY/PARENTAGE, IMMIGRATION, CRIMINAL JUSTICE, AND FILING FOR RELIEF FROM ABUSE ORDERS WERE PROVIDED IN FISCAL YEAR 2013

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	WHBWS 24/7 HOTLINE PROGRAM FUNCTIONS AS THE FIRST TIER OF RESPONSE TO SURVIVORS IN NEED THE HOTLINE STAFF AND TRAINED VOLUNTEERS PROVIDE CRISIS INTERVENTION, SAFETY PLANNING, EMOTIONAL SUPPORT, OPTIONS COUNSELING, REFERRALS TO AGENCY PROGRAMS, AND PROACTIVE ADVOCACY TO SURVIVORS, AS WELL AS THEIR FAMILIES, FRIENDS, AND THE COMMUNITY IN GENERAL MEMBERS OF THE DEAF COMMUNITY ACCESS THE HOTLINE BY TTY AND NON-ENGLISH SPEAKING INDIVIDUALS HAVE IMMEDIATE ACCESS TO AN INTERPRETER UPON CALLING THE HOTLINE THE HOTLINE PROGRAM IS CURRENTLY COMPRISED OF 2 43 FTES AND 24 VOLUNTEERS WHO PROVIDE COMPREHENSIVE 24-HOUR HOTLINE COVERAGE IN FISCAL YEAR 2013, THE HOTLINE FIELDED 3,658 CALLS FOR SUPPORT AND REFERRALS AND AN AVERAGE OF 51 NEW INDIVIDUALS CALLED THE HOTLINE EACH MONTH THE CHILDRENS SERVICES PROGRAM OFFERS CRISIS INTERVENTION, ADVOCACY FOR THE RIGHTS AND NEEDS OF CHILDREN IN THE SHELTER AND IN THE COMMUNITY OTHER SERVICES INCLUDE CHILDCARE, RECREATIONAL ACTIVITIES, AND EDUCATIONAL/THERAPEUTIC PLAYGROUPS FOR PRE AND SCHOOL-AGED CHILDREN ALL GROUPS ARE OPEN TO CHILDREN REFERRED THROUGH WHBWS HOTLINE, SCHOOL SOCIAL WORKERS AND OTHER SERVICE PROVIDERS NONVIOLENT DISCIPLINE AND BEHAVIOR ARE MODELED FOR CHILDREN AND THEIR MOTHERS MOTHERS ARE ALSO OFFERED PARENTING EDUCATION AND SUPPORT THE CHILDRENS PROGRAM IS CURRENTLY COMPRISED OF 1 38 FTES AND 13 VOLUNTEERS IN FISCAL YEAR 2013, 313 CHILDREN RECEIVED SERVICES AT THE AGENCY IN THE FORM OF PLAYGROUPS, SUPPORT GROUPS AND OTHER SUPPORTIVE SERVICES, AND 3,698 HOURS OF SERVICE WERE PROVIDED TO MOTHERS AND CHILDREN THE EDUCATION AND OUTREACH PROGRAM PROVIDES INFORMATION AND AWARENESS ABOUT INTIMATE PARTNER VIOLENCE (IPV) AND WHBWS PROGRAMS AND SERVICES TO A WIDE VARIETY OF SETTINGS IN THE COMMUNITY SUCH AS PUBLIC/PRIVATE EVENTS, HIGH SCHOOLS AND COLLEGES, COMMUNITY ORGANIZATIONS, AND BUSINESSES THE EDUCATION AND OUTREACH PROGRAM ALSO WORKS TO DEVELOP ONGOING INTERNAL RESOURCES ON TOPICS INCLUDING IPV IN UNDERSERVED POPULATIONS, CURRENT TRENDS IN IPV AND ONGOING EDUCATIONAL OPPORTUNITIES IN THE COMMUNITY WHBW IS DEVELOPING PROGRAMMING FOR YOUTH FOR BOTH PREVENTION AND INTERVENTION PURPOSES THROUGH INTERACTIVE WORKSHOPS, YOUTH ARE ABLE TO RECOGNIZE SAFE AND SUPPORTIVE RELATIONSHIPS AS WELL AS UNHEALTHY ONES, AND IDENTIFY VARIOUS FORMS OF ABUSE INFORMATION PROVIDED INCLUDES WARNING SIGNS, RESOURCES, HOW TO HELP A FRIEND, AND SAFETY PLANNING WHBW'S EDUCATION AND OUTREACH PROGRAM HAS TRAINED A SELECT FEW HIGH SCHOOL STUDENTS TO BECOME PEER ADVOCATES, PROVIDING INFORMATION AND SUPPORT TO TEENS IN ABUSIVE RELATIONSHIPS THE EDUCATION AND OUTREACH PROGRAM IS CURRENTLY COMPRISED OF 1 23 FTES AND HAS 75 VOLUNTEERS IN FISCAL YEAR 2013, THE AGENCY PROVIDED DOMESTIC VIOLENCE EDUCATION, OUTREACH AND TRAINING ON DOMESTIC VIOLENCE TO OVER 13,502 INDIVIDUALS THROUGH MORE THAN 64 PRESENTATIONS AND OUTREACH EVENTS IN CHITTENDEN COUNTY IN FISCAL YEAR 2013, WHBW WAS FEATURED 36 TIMES IN PRINT MEDIA, NINE TIMES ON TELEVISION AND IN TWO RADIO INTERVIEWS, IN ADDITION, THERE ARE 3,535 ACTIVE EMAIL NEWSLETTER RECIPIENTS IN FISCAL YEAR 2013, WHBW HAD 1,670 FACEBOOK FOLLOWERS AND POSTED AN AVERAGE OF FIVE TIMES A WEEK WITH INFORMATION ABOUT UPCOMING EVENTS AND WHBW PROMOTIONS, DOMESTIC VIOLENCE-RELATED ARTICLES, COMMENTARY RELATING TO NEWS ARTICLES, EDUCATIONAL INFORMATION AND MUCH MORE

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 DISTRIBUTED TO MEMBERS OF AUDIT AND FINANCE COMMITTEE PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS NEGOTIATES THE EXECUTIVE DIRECTOR'S SALARY ANNUALLY ADDITIONALLY, THERE IS A WRITTEN EMPLOYMENT CONTRACT

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST