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

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning July 1 , 2013, and ending June 30 , 2014

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

C Name of organization: Women's Informal Network

Number and street (or P.O. box, if mail is not delivered to street address): PO Box 32790 — Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Detroit, MI 48232

D Employer identification number: 38-3087736

E Telephone number: 313-963-4946

F Group Exemption Number ▶

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www.womensinformalnetwork.org

J Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other Non-Profit

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	15,802.00
	2	Program service revenue including government fees and contracts		2	.00
	3	Membership dues and assessments		3	500.00
	4	Investment income		4	0.00
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0.00
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0.00
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0.00
	8	Other revenue (describe in Schedule O)		8	0.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	$16,302.00
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	$9,006.43
	11	Benefits paid to or for members		11	0.00
	12	Salaries, other compensation, and employee benefits		12	0.00
	13	Professional fees and other payments to independent contractors		13	4,343.94
	14	Occupancy, rent, utilities, and maintenance		14	6,420.60
	15	Printing, publications, postage, and shipping		15	1,123.00
	16	Other expenses (describe in Schedule O) Bank fees, Misc		16	195.49
	17	**Total expenses.** Add lines 10 through 16		17	$21,089.46
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	($4,787.46)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	27,763.04
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	$22,975.58

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Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	27,763.04	22	22,975.58
23	Land and buildings	00	23	00
24	Other assets (describe in Schedule O)	00	24	00
25	**Total assets**	27,763.04	25	22,975.58
26	**Total liabilities** (describe in Schedule O)	00	26	00
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	27,763.04	27	22,975 58

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? To develop and promote the awarenes of issues and concerns as they relate to African American women in today's society

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 Heads Up Exposing adolescent girls to information, experiences and people that will help them make smart and and healthy life choices Focused was education, financial workshop, leadership, and community services Girls participated and role played in the various workshop (8 served)
(Grants $ 0 00) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** $1,500.00

29 Women's History Month Luncheon Annual women's history month luncheon and honorees' recognition Annual luncheon celebrates the accomplishments of African American women for their contribution to the to the metropolitan Detroit community which they served
(Grants $0 00) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a** $3,172.48

30 Founder's Day Organized in 1992 to promote the highest standard of achievement, education, social and economic awareness of African American women WIN collaborate and supports other charitable organizations through volunteerism and charitable donations
(Grants $0 00) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a** $4,333.95

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a** 00

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** $9,006.43

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Beverly Smith, President 20222 Dequindre, Detroit, MI 48223	8 hours	00	00	00
Patricia Cole, Vice President 1321 Joliet, Detroit, MI 48226	3 hours	00	00	00
Mary Nicholson, Secretary 250 Harbor Drive, East, Ste. 312, Detroit 48226	2 hours	00	00	00
Hazel Rivers, Treasurer 7451 Braile, Detroit, MI 48228	6 hours	00	00	00
Bobbie Smith, Program Chair 27990 E. Larkmoor Dr., Southfield, MI 48076	4 hours	00	00	00

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S ? If "Yes," enter the name of the foreign country ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over $100,000 . ▶

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over $100,000 . ▶ N/A

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☒ **Yes** ☐ **No**

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

▶ Beverly Smith
Signature of officer

October 10, 2014
Date

▶ Beverly Smith, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: Women's Informal Network

Employer identification number: 38-3087736

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 33⅓% 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 33⅓% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
N/A						
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
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 .						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	23,260 25	35,030.67	25,955.00	27,763 04	22,975.58	134,984 54
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	0 00	0 00	0 00	0 00	0 00	0.00
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0.00	0.00	0.00	0.00	0 00	0.00
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0 00	0 00	0 00	0.00	0 00	0.00
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0.00	0.00	0 00	0 00	0 00	0 00
6 **Total.** Add lines 1 through 5	23,260 25	35,030 67	25,955 00	27,763.04	22,975.58	134,984 54
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	23,260 25	35,030 67	25,955.00	27,763 04	22,975.58	134,984.54
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0 00	0.00	0 00	0 00	0 00	0 00
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.00	0 00	0 00	0.00	0 00	0 00
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	0 00	0 00	0 00	0 00	0 00	0 00
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0 00	0 00	0 00	0 00	0 00	0 00
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	23,260 25	35,030.67	25,955.00	27,763 04	22,975 58	134,984 54

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations N/A

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions)***:

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions N/A		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2014**	**(iii) Distributable Amount for 2014**
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014.			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . .			

Part VI **Supplemental Information.** 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.)

WOMEN'S INFORMAL NETWORK
INCOME AND EXPENSES
JULY 1, 2013 - JUNE 30, 2014

Beginning Check #3164

INCOME:

7/1/2013	Balance Brought Forward:		$27,763.04
	General Operating	18,695.59	
	Project REaL	4,567.45	
	Restricted Funds (WHML)	500.00	
	Restricted Funds (FOUNDER'S DAY)	1,000.00	
	Restricted Funds (LEADERSHIP ACADEMY)	2,000.00	
	Restricted Funds (JOHN WICKEY)	1,000.00	
07/09/13	Deposit		150.00
09/06/13	Deposit (FD)		225.00
09/18/13	Deposit (FD)		300.00
10/04/13	Deposit Mbership		75.00
10/18/13	Deposit (FD)		1,275.00
10/23/13	Corporate ACH		0.49
10/31/13	Deposit (FD)		2,821.51
11/05/13	Deposit (FD)		1,225.00
11/14/13	Deposit (FD)		275.00
11/14/13	Deposit (FD)		925.00
01/15/14	Membership -Malinda		75.00
01/15/14	Deposit (FD)		1337.00
02/12/14	Deposit (WHML)		110.00
02/14/14	Deposit		75.00
02/28/14	Deposit		107.00
03/03/14	Deposit(WHML)		220.00
03/06/14	Deposit(WHML)		610.00
03/14/14	Membership -Mable		75.00
03/14/14	Membership - Samirian		50.00
03/14/14	Regina Mack 2013 Founder's Day		125.00
03/14/14	Deposit (WHML)		1620.00
03/19/14	Deposit (WHML)		110.00
03/21/14	Deposit (WHML)		330.00
03/25/14	Deposit (WHML)		1055.00
03/31/14	Membership -Calloway		75.00
03/31/14	Deposit (WHML)		2,471.00
04/03/14	Deposit (WHML)		165.00
05/22/14	Membersjip (Waller & Pouncy)		150.00
05/22/14	Deposit WHML (Cloth Closet)		65.00
06/16/14	Deposit (WHML)		205.00
Total Income			$44,065.04

EXPENSES:		Check No.		
07/11/13	Earthlink	3164		$21.95
07/11/13	AT&T	3165		$30.41
07/03/13	Ramscale Management Property (VOID)	3190		350.00
07/11/13	AT&T Messaging	3191		15.85
07/25/13	Northend Youth Improvement	3192		500.00
07/31/13	State of Michigan	3193		40.00
07/31/13	Service Fee	0		3.00
08/01/13	Nonpoly Property Mgmt	3194		350.00
08/05/13	Roberts River Walk Hotel	3195		500.00
08/04/13	Roberts River Walk Hotel	3196	VOID	
08/08/13	Postmaster, Detroit (Box Renewal)	3197		72.00
08/08/13	Postmaster, Postage	3198		46.00
08/08/13	Harbortown Market (WIN TEA FUNDR)	3199		12.98
08/19/13	Earthlink	3200		23.95
08/19/13	AT&T	3201		30.40
08/19/13	AT&T Messaging	3202		15.85
08/30/13	Service Fee	0		3.00
09/04/13	Nonopoly Property Mgmt	3203		350.00
09/13/13	Fresh Corner Café L3C	3204		72.20
09/17/13	AT&T	3205		28.10
09/17/13	Earthlink	3206		23.95
09/17/13	AT&T Messaging	3207		15.85

09/17/13	The Detroit Impression Company	3208	131.00
09/30/13	Service Fee	0	3.00
10/04/13	Nonopoly Property Mgmt	3209	350.00
10/18/13	Earthlink	3210	23.95
10/18/13	AT&T	3211	30.40
10/18/13	AT&T Messaging	3212	15.85
10/21/13	Bobbie Smith (Parking Vetran)	3213	10.00
10/21/13	St Patricks Center (H. Rivers)	3214	42.70
10/23/13	Harbortown Market (WOW)	3215	239.89
10/23/13	Lyndon Linen & Chair Covers (FD)	3216	68.00
10/23/13	Founders Day (Robert Walk Hotel)	3217	105.00
10/24/13	Roberts Riverwalk Hotel	3218	3,502.95
10/25/13	Nonopoly Property Mgmt	3219	350.00
10/25/13	Larry Phillips (Music FD)	3220	200.00
10/30/13	Service Fee	0	3.00
11/11/13	Stills by Stinson Photos (FD) Void	3221	0.00
11/11/13	Magician (FD)	3222	200.00
11/09/13	Beverly Smith (WIN Reimb)	3223	168.89
11/13/13	Earthlink	3224	23.95
11/13/13	AT&T	3225	31.55
11/13/13	AT&T Messaging	3226	15.85
11/13/13	The Detroit Impression Company	3227	210.00
11/30/13	Service Fee	0	3.00
12/01/13	Nonopoly Property Mgmt	3232	350.00
12/16/13	Christmas Gathering (Angie - HR)	3233	200.00
12/16/13	Christmas Gathering (Angie - HR)	3234	100.00
12/20/13	Christmas Donations	3235	1,800.00
12/23/13	Christmas Donations (PC)	3236	150.00
12/26/13	Christmas Donations	3237	300.00
12/30/13	Service Fee	0	3.00
01/03/14	Nonopoly Property Mgmt	3228	350.00
01/11/14	Beverly Smith (WIN Reimb)	3229	151.91
01/15/14	Earthlink	3230	23.95
01/15/14	AT&T Messaging	3231	31.70
01/15/14	AT&T	3238	39.66
01/22/14	Earthlink	3239	27.95
01/22/14	AT&T	3240	38.05
01/22/14	The Alchemists Collective, LLC	3241	350.00
01/30/14	Stills by Stinson Photos (FD) Replacement Check	3242	250.00
01/30/14	Service Fee	0	3.00
02/02/14	Alchemists Collective, LLC	3243	350.00
02/07/14	H. Rivers (bearvement) VOID	3244	0.00
02/07/14	Beverly Smith (WIN Reimb)	3245	32.45
02/07/14	The Detroit Impression Company	3246	50.00
02/11/14	International Center (WHML)	3247	1,000.00
02/14/14	H. Rivers (bearvement)	3248	54.00
02/17/14	Bobbie Smith (B Cards)	3249	5.49
02/17/14	AT&T Messaging	3250	15.85
02/17/14	Malinda Christian (Bearvement)	3251	50.00
02/25/14	Jillian Blackwell Agency WHML	Cashier	150.00
02/26/14	United State Treasury	3252	920.00
02/28/14	Service Fee	0	3.00
03/08/14	A&H Contractors (Charlene)	3253	10.00
03/08/14	Detroit Assocs of Women Club House (Vetran)	3254	40.00
03/11/14	Beverly Smith (WHML WIN TABLE)	3255	171.74
03/11/14	Beverly Smith (WIN Refresments)	3256	57.21
03/14/14	Earthlink	3257	43.90
03/14/14	AT&T	3258	104.02
03/14/14	AT&T Messaging	3259	15.85
03/14/14	The Detroit Impression Company (WHML)	3260	125.00
03/14/14	The Alchemists Collective, LLC	3261	350.00
03/14/14	U.S. Postmaster (Postage)	3262	49.00
03/28/14	Musician (WHML)	3263	300.00
03/29/14	Beverly Smith (WHML)	3264	98.52
03/29/14	Beverly Smith (Cash-WHML)	0000	85.00
03/29/14	Inernational Banquet Center	3265	2,721.94
03/30/14	Service Fee	0	3.00
04/04/14	The Alchemists Collective, LLC	3266	350.00
04/08/14	AT&T	3267	32.96
04/08/14	AT&T Messaging	3268	15.85
04/12/14	Beverly Smith (Refres. WIN Mtg)	3269	38.28
04/14/14	Earthlink	3270	23.95

04/22/14	Domeda McCauley (Bment)	3271	50.00
04/30/14	Service Fee	0	3.00
05/02/14	The Alchemists Collective, LLC	3272	350.00
05/07/14	The Detroit Impression Co. (WHML)	3273	240.00
05/16/14	AT&T Messaging	3274	15.85
05/16/14	AT&T	3275	36.34
05/16/14	Earthlink	3276	26.95
05/30/14	Service Fee	0	3.00
06/09/14	Stills by Stinson (WHML)	3277	200.00
06/14/14	Brandon Hutcherson (June Qtr Mtg)	3278	50.00
06/14/14	The Alchemists Collective, LLC	3279	350.00
05/17/14	Beverly Smith (Refres. WIN Mtg)	3280	30.71
06/14/14	AT&T	3281	32.96
06/14/14	Earthlink	3282	26.95
06/30/14	Service Fee	0	3.00
Total Expenses			$21,089.46
TOTAL INCOME OVER EXPENSES:			$22,975.58

CTS - 02
AUTHORITY 1975 PA 169
PENALTY civil criminal

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL
CHARITABLE TRUST SECTION

RENEWAL SOLICITATION REGISTRATION FORM

Report for the Fiscal Period

July 1, 2013 to June 30, 2014

PLEASE TYPE OR PRINT IN INK

Full legal name of organization	Atty Gen File Number
Women's Informal Network	MICS 20386
All other names under which you intend to solicit	Employer Identification Number (EIN)
N/A	38-3087736
Telephone number	Fax number
313-963-4946	313-223-2801
Organization email address	Organization website
riversjhazel@gmail.com	www womensinformalnetwork org

All questions must be answered. Attach additional sheets if necessary

PART I GENERAL INFORMATION

1. Organization addresses –
   A Organization mailing address
   PO Box 32790, Detroit, MI 48232-0790
   B. Street address of principal office. If the organization does not maintain a principal office, provide the name and address of the person having custody of the financial records.
   2051 Rosa Parks Blvd , Suite 2A, Detroit, MI 48216
   C. Provide the county in which the principal office, or person having custody of financial records, is located.
   Wayne
   C Provide the address of any office in Michigan.
   2051 Rosa Parks Blvd , Suite 2A, Detroit, MI 48216

	Yes	No
2 Has there been any change in the organization's purposes?	☐	☒

If yes, summarize organization's current purposes below in 50 words or less This summary will be added to our database and provided to interested persons

3 You must designate a resident agent in Michigan. Provide name and street address (not PO Box)

Name Hazel Rivers

Address 7451 Braile Street, Detroit, MI 48228

4 A. Methods of solicitation. Check all that apply.

☒ Mail ☐ Personal contact ☐ Special events ☐ Other (specify) _____

☐ Telephone ☐ Radio / television ☐ Newspaper/magazines ☐ None (explain) _____

☐ Internet ☐ E-mail

B Provide copies of all soliciting materials.

	Yes	No
5 Has there been a change in the organization's tax status with the IRS?	☐	☒

If yes, explain and document

6. Since your last registration form, has the organization or any of its officers, directors, employees or fundraisers	Yes	No
A Been enjoined or otherwise prohibited by a government agency/court from soliciting?	☐	☒
B. Had its solicitation registration or license denied or revoked by any jurisdiction?	☐	☒
C. Been the subject of a proceeding regarding any license, registration, or solicitation?	☐	☒
D Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency?	☐	☒

If any "yes" box is checked, provide a complete explanation on a separate sheet.

7. Michigan chapters. Do you have chapters in Michigan that are to be included in the solicitation registration?	Yes	No
	☐	☒

If yes, provide the following.

- a listing of the names and addresses of all Michigan chapters to be included
- a financial report for each chapter (see instructions)
- a copy of your organization's IRS group return (if applicable)

Note – if you have chapters but have not previously informed us of your intent to include them, see the instructions

PART II PROFESSIONAL FUNDRAISERS & FUNDRAISING CONSULTANTS (PFRs)

Under Michigan law, fundraising counsel or consultants may be considered PFRs *(See instructions for definition.)*

8 Has the organization engaged a professional fundraiser or fundraising consultant for Michigan fundraising activity for either the fiscal period reported in Part III or the current fiscal period?	Yes	No
	☐	☒

If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provide additional sheets if necessary. Provide copies of contracts for each PFR listed

Note PFRs under contract for solicitations and activities in Michigan are to submit campaign financial statements *See instructions*

Contract types: A – Consulting – *See instructions for definition*
B – Solicitation / Event

Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed

Name	Mailing address	Sum of all p'mts to / retained by PFR during year reported	Dates of contract	Is contract currently in effect?	Contract Type
			Start date:	y ☐	A ☐
			End date	n ☐	B ☐
			Start date	y ☐	A ☐
			End date:	n ☐	B ☐
			Start date:	y ☐	A ☐
			End date.	n ☐	B ☐

PART III FINANCIAL INFORMATION

All organizations must provide a financial report with their renewal registration form. A copy of the organization's IRS Form 990, 990-EZ, or 990-PF is required If the organization does not file Form 990, 990-EZ, or 990-PF with the IRS, complete 10A and 10B below. In addition, audited or reviewed financial statements may be required Go to the line below for the IRS form you file and follow instructions.

Check the box to indicate the type of return filed with the IRS:

- ☐ **Form 990 -** Provide a copy of the Form 990. Do not include Schedule B. Skip to item 11 below.
- ☒ **Form 990-EZ -** Provide a copy of the Form 990-EZ Do not include Schedule B. Skip to item 11 below.
- ☐ **Form 990-PF -** Provide a copy of the Form 990-PF and complete 9A and 9B below. After completing, go to item 11
- ☐ **Form 990-N -** Complete 10A and 10B below. After completing, skip to Part IV.

9. **Form 990-PF** Complete lines A and B to provide the organization's functional expenses. The sum of the two expense functions must equal total expense as shown on the return.

9A. Total Program Services Expense $_____

9B. Total Supporting Services Expense $_____

10. **Form 990-N.** Complete only if you file Form 990-N with the IRS. Provide a listing of the names and addresses of the officers and board of directors. After completing 10A and 10B, skip to Part IV.

10A. Briefly describe your charitable accomplishments during the period. _____

10B. Complete all lines of the following schedule. Enter "0" or "none" where appropriate.

A	End date of fiscal period (MM/DD/YYYY)	
B	Contributions and fundraising received	
C	Total revenue (from all sources including contributions)	
D	Charitable program services expense	
E	All remaining expenses (supporting services)	
F	Total expense (Sum of lines D and E)	
G	Excess or deficit (subtract line F from line C)	
H	Total assets at end of fiscal period	

11. **Audited or reviewed financial statements requirement**

It is not necessary to complete the Audited or Reviewed Financial Statements Schedule on the following page if you completed 10A and 10B above or if you are already submitting audited financial statements

All others should complete the following schedule to determine if financial statements either reviewed or audited by an independent certified public accountant are required

After completing the schedule:

- If Line F, Total support, is $500,000 or more, you must provide financial statements prepared in accordance with generally accepted accounting principles that have been audited by an independent certified public accountant
- If line F is greater than $250,000, but not greater than $500,000, financial statements either reviewed or audited by a certified public accountant are required

If audited or reviewed financial statements are required, but they have not been prepared, see the instructions

Schedule 11 – Audited or Reviewed Financial Statements

Item		Find it:		
A	Contributions from IRS return	Form 990, Part VIII, line 1h, Form 990-EZ, line 1, Form 990-PF, line 1	27,763.04	
B.	Net income from special fundraising events	Form 990, Part VIII, line 8c, Form 990-EZ, line 6d	0.00	
C	Net income from gaming activities	Form 990, Part VIII, line 9c, (not broken out on Form 990-EZ)	0.00	
D		Add lines a, b and c,		27,763.04
E	Governmental grants	Form 990, Part VIII, line 1e; or Form 990-EZ, enter governmental grants included above on line A.		
F	Total support	Subtract line e from line d		27,763.04

PART IV CERTIFICATION

Under penalty of perjury, I certify that I am authorized to sign this document for the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete.

Signature Beverly Smith President (Title) 10/10/2014 (Date)

Print name. Beverly Smith

CHECKLIST

- ☒ Have all parts of the form been fully completed unless instructed otherwise?
- ☒ Is a list of the names and addresses of the officers and board of directors provided with the IRS return or the registration form?
- ☒ Have you provided a complete IRS 990, 990-EZ, OR 990-PF? If you file Form 990-N, did you complete items 10A and 10B?
- ☐ If audited or reviewed financial statements are required, are they provided or have you requested a conditional license or one-time waiver?
- ☐ If required, are audited financial statements prepared in accordance with generally accepted accounting principles?
- ☒ Are the Form 990 and financial statements prepared for the same fiscal period?
- ☐ Have you submitted contracts and addenda to contracts with professional fundraisers that have not been previously submitted?
- ☒ Have you provided samples of all solicitation materials?
- ☒ Is the Renewal Solicitation Registration Form signed in Part IV?

Return completed registration form to
(See instructions for other filing options)

Attorney General
Charitable Trust Section
PO Box 30214
Lansing, MI 48909

Contact information
Telephone (517) 373-1152
e-mail. ct_email@michigan gov

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON

Revised
3/21/11

WOMEN'S INFORMAL NETWORK
BOARD OF DIRECTORS
July 2013 – June 2014

Beverly Smith
President
243 Congress, Suite 350
Detroit, Michigan 48226

Patricia A. Cole
1st. Vice President
1321 Joilet
Detroit, Michigan 48226

Bobbie Smith
Program Chair Director
27990 E. Larkmoor Drive
Southfield, MI 48076

Mary Nicholson
Secretary
250 Harbor Drive East, Suite 312
Detroit, Michigan 48226

Hazel Rivers
Treasurer
7451 Braile Street
Detroit, Michigan 48228

Pianist Besalyan at Pro Musica Oct. 10



Pro Musica of Detroit will present pianist Raffi Besalyan in a recital concert program, on Friday, October 10, 8:30 p.m. at the Max M. Fisher Music Center in Midtown Detroit, next door at Orchestra Hall.

The performance by the Armenian-American pianist and educator represents the Detroit premier of the virtuoso artist. Dr. Besalyan also will conduct a Master Class for students at Detroit School of Arts during his visit to Michigan.

Opening the 88th Pro Musica of Detroit concert season, the program includes works by Komitas, Eduard Bagdasarian, Arno Babajanian, Sergei Rachmaninoff, George Gershwin, Nikolai Kapustin, Frederic Chopin, and Franz Liszt.

Dr. Raffi Besalyan is active as a recitalist, orchestral soloist, and chamber musician. He has established an international reputation as a charismatic and passionate artist. Critics on both sides of the Atlantic have praised his performances for their virility, poetry and extraordinary technical command.

Recently appointed assistant professor of piano performance of Georgia State University in Atlanta, the Armenian-born Dr. Besalyan has served on the faculties of Rowan University in New Jersey and the University of Wisconsin-Stevens Point. Dr. Besalyan holds a doctorate from Yerevan State Conservatory in Armenia, as well as degrees from Rowan University and the Manhattan School of Music in New York.

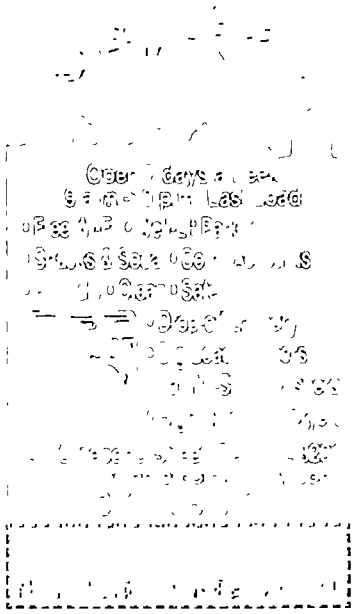
Individual tickets are $45 for cabaret seating and $25 for theatre seating. Tickets are $10 for students and are theatre seating. Tickets are available by calling the Max M. Fisher box office at (313) 576-5111. Student tickets can be reserved by calling (313) 882-7775.

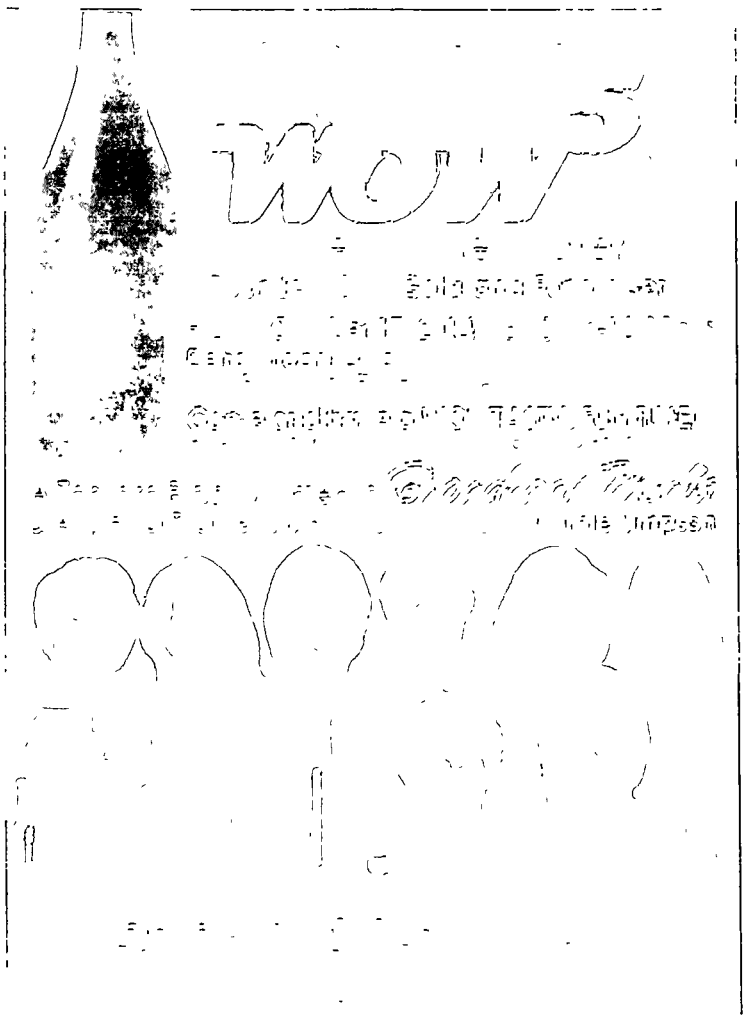
All tickets include an Afterglow reception with the artists in the Orchestra Hall Atrium at the Max M. Fisher Music Center.

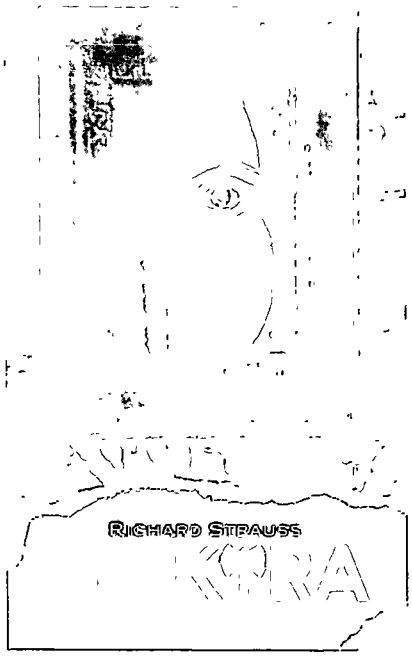
Dr. Besalyan will assist Pro Musica and its Education-Outreach work during his visit to Detroit. The pianist will help build awareness of the benefits of classical music when he conducts a Master Class program at Detroit School of the Arts on Friday, October 10, 10 a.m.-noon.

The 2014-2015 Pro Musica of Detroit season features concert performances with virtuosic talents from the world of classical music. The Boston Trio will perform a concert program of standard and contemporary chamber works on Friday, Nov. 14 at 8:30 p.m. Elena Urioste, violinist, with Michael Brown, pianist and composer, will perform in a matinee recital program on Sunday, April, 12, 2015 at 2 p.m. These programs, as the recital concert performance by pianist Raffi Besalyan on Friday, Oct. 10, will be held at the Max M. Fisher Music Center in Detroit.

To purchase tickets or to learn more about Pro Musica's upcoming concerts, please visit promusicadetroit.com.







One of the most frequently performed operas based on classical Greek mythology: "Elektra", the story of one woman's bloodthirsty quest to avenge her father's death.

The role of 'Elektra" in Strauss's classic shocker is one of the most challenging in all of opera, requiring equal doses of stamina and a dynamic vocal range.
American soprano CHRISTINE GOERKE is perfectly suited for the part, direct from her stellar performances in London and Chicago

October 18 - 26, 2014

Sung in German with English supertitles

Featuring the Michigan Opera Theatre Orchestra, conducted by Steven Mercurio

OPERA

Presented at
The Detroit Opera House

Saturday October 18 • 7:30 PM
Wednesday October 22 • 7:30 PM
Saturday October 25 • 7:30 PM
Sunday October 26 • 2:30 PM