

**Short Form
Return of Organization Exempt From Income Tax**

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Women's Resource Center		D Employer identification number 38-2008886
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number 616-458-5443
		Room/suite 180		F Group Exemption Number . . . ▶
		City, town, or country Grand Rapids	State MI	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

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

I Website: ▶ www.grwrc.org

J Organization type (check only one) -- 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **713,784**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1	Contributions, gifts, grants, and similar amounts received	300,303
	2	Program service revenue including government fees and contracts	315,146
	3	Membership dues and assessments	21,366
	4	Investment income	1,314
	5a	Gross amount from sale of assets other than inventory	0
	5b	Less: cost or other basis and sales expenses	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	75,619
6b	Less: direct expenses other than fundraising expenses	20,090	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	55,529	
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0	
8	Other revenue (describe ▶ <u>Miscellaneous</u>)	36	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	693,694	
Expenses	10	Grants and similar amounts paid (attach schedule)	0
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	430,999
	13	Professional fees and other payments to independent contractors	31,068
	14	Occupancy, rent, utilities, and maintenance	71,544
	15	Printing, publications, postage, and shipping	11,104
	16	Other expenses (describe ▶ <u>See attached statement</u>)	122,791
17	Total expenses. Add lines 10 through 16 ▶	667,506	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	26,188
	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)	246,450
	20	Other changes in net assets or fund balances (attach explanation)	-13,330
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	259,308

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	87,742	120,359
23 Land and buildings	9,862	3,064
24 Other assets (describe ▶ <u>See attached statement</u>)	183,081	179,653
25 Total assets	280,685	303,076
26 Total liabilities (describe ▶ <u>See attached statement</u>)	34,235	43,768
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	246,450	259,308

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>Advocacy for Women's economic and workplace equity.</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28 Comprehensive Career Development Services for women.			
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		576,275
29			
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		0
30			
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		0
31 Other program services (attach schedule)			
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		0
32 Total program service expenses. (add lines 28a through 31a)	32		576,275

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Sharon Caldwell-New Str 678 Front NW Suite 1 City Grand Rapids ST MI ZIP 49504	Title Exec Dir Hr/WK 40.00	62,094	4,500	0
Name Beth Kelly Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Chair Hr/WK 2.00	0	0	0
Name Deborah Phillips Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Imm Past Chair Hr/WK 2.00	0	0	0
Name Dr. Mary Seeger PhD Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49054	Title Vice Chair Hr/WK 2.00	0	0	0
Name Nancy Sabolish Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Treasurer Hr/WK 2.00	0	0	0
Name Selene Lacayo Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Secy Hr/WK 2.00	0	0	0
Name Christina Arnold Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name Tracy Breihof Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name Frank Blossom Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name Denise Sherwood, CI Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name Jean Ellis Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name Carol Nowak Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name Joanne Vorhees Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name Katie Woodruff Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name Craig Clark Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name Joy Wellington Walcz Str 678 Front NW Suite City Grand Rapids ST MI ZIP 49504	Title Director Hr/WK 1.00	0	0	0
Name City	Title Hr/WK	.00	0	0
Name City	Title Hr/WK	.00	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	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?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		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		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
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.		X
41	List the states with which a copy of this return is filed. ▶ MI		
42 a	The books are in care of ▶ Name Sharon Caldwell Newton Telephone no. ▶ 616-458-5443 Located at ▶ 678 Front NW Suite 180 City Grand Rapids ST MI ZIP + 4 ▶ 49504		
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.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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

50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City	Str ST ZIP Hr/WK	.00 0	0	0
Name City	Str ST ZIP Hr/WK	.00 0	0	0
Name City	Str ST ZIP Hr/WK	.00 0	0	0
Name City	Str ST ZIP Hr/WK	.00 0	0	0
Name City	Str ST ZIP Hr/WK	.00 0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City	Str ST ZIP	0
Name City	Str ST ZIP	0
Name City	Str ST ZIP	0
Name City	Str ST ZIP	0
Name City	Str ST ZIP	0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

Sign Here 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.

Signature of officer: *Sharon Caldwell-Newton* Date: *4-24-09*
 Type or print name and title: *Sharon Caldwell-Newton*

Paid Preparer's Use Only Preparer's signature: *Lou J Lemieux CPA* Date: *4/14/2009* Check if self-employed: Preparer's Identifying Number (See instructions):
 Firm's name (or yours if self-employed), address, and ZIP +4: *Lou J Lemieux CPA PLC* EIN: *38-3619382*
910 Maplerow Ave NW, Grand Rapids, MI 49534 Phone no.: *616-735-4233*

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Women's Resource Center

Employer identification number

38-2008886

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: (Please check only **one** organization.)

- 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).** (Attach Schedule H.)
- 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).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	430,871	446,175	404,774	499,491	300,303	2,081,614
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	430,871	446,175	404,774	499,491	300,303	2,081,614
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)						132,568
6 Public support. Subtract line 5 from line 4.						1,949,046

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	430,871	446,175	404,774	499,491	300,303	2,081,614
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,272	3,974	7,822	5,689	1,314	23,071
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,832	5,768	0	3,627	36	11,263
11 Total support. Add lines 7 through 10						2,115,948
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	92.11%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	88.70%
16a 33 1/3% support test-2008. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test-2007. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test-2008. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2007. 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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
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	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0

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 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a **33 1/3% support tests—2008.** 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—2007.** 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Pillar Awards (event type)	(b) Event #2 Women, and Choc (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	55,325	17,573	2,721	75,619
	2 Less: Charitable contributions	0	0	0	0
	3 Gross revenue (line 1 minus line 2)	55,325	17,573	2,721	75,619
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Other direct expenses	15,515	3,943	632	20,090
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(20,090)
9 Net income summary. Combine lines 3 and 8 in column (d)					55,529

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				0
Direct Expenses	2 Cash prizes				0
	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					(0)
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					0

		Yes	No
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?	9a	X
b	If "No," Explain: _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	X
b	If "Yes," Explain: _____		
11	Does the organization operate gaming activities with nonmembers?	11	X
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?	12	X

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide 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? 15a		X
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: Name ▶ Address ▶		
16	Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ 0 Description of services provided ▶ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17a	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? 17a		X
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 I, Line 16 (990-EZ) - Other Expenses

122,791

1	Travel, Meals and Entertainment	
	a Travel	1a 2,931
	b Total meals and entertainment	1b
2	Fundraising	2
3	From Form 4562 - Amortization	3
4	Conferences, conventions, and meetings	4
5	Depreciation, depletion, etc.	5 9,954
6	Equipment rental and maintenance	6
7	Interest	7
8	Supplies	8 34,608
9	Telephone	9 7,187
10	Unrelated business income taxes	10 0
11	Assistance to clients	11 49,921
12	Computers and technology	12 8,983
13	Miscellaneous	13 6,557
14	Scholarships	14 2,650
15		15
16		16
17		17
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
26		26

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

-13,330

Description		Amount
1	Unrealized loss on investments	1 -13,330
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
19		19
20		20

Part II, Line 24 (990-EZ) - Other Assets

183,081

179,653

Description		Beginning	End
1	Grants and contracts receivable	90,466	106,704
2	Pledges receivable	21,777	11,516
3	Prepaid expenses	2,153	5,019
4	Rent deposit	4,500	4,500
5	Restricted cash	15,040	16,661
6	Investments	6,063	5,162
7	Beneficial interest in asset held by others	43,082	30,091
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

		34,235	43,768
Description		Beginning	End
1	Accounts payable	6,551	6,002
2	Accrued payroll and other expenses	10,768	12,666
3	Deferred revenue	16,916	25,100
4			
5			
6			
7			
8			
9			
10			