Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

	Depa Interr	rtment of the T al Revenue Se	easury vice	► Information	on about Form 990 and it	s instructions is at wi	ww.irs.go	v/form990.			Insp	ection	
•	Α	For the 20	5 calendar year,	or tax year beg	inning Oct 1	, 2015,	and endi	ng Sep	30		, 2016		
	В	Check if applic	ble C Name o	of organization WO	MEN'S COMMUNI	TY REVITALIZA	ATION :	PROJECT	D Emplo	yer iden	tification nu	mber	
		Address	nange Doing b	ousiness as					22-	2840	188		
		Name cha	nge Number	r and street (or P O b	oox if mail is not delivered to	street address)	Room	v/suite	E Teleph	one num	ber		
		Initial retu	n 100 We	est Oxford	Street		E-2	2300	(21	5) 6	27-55	50	
		Final return			e, country, and ZIP or foreign	postal code				<u> </u>			
		Amended	return Philac	delphia		PA	19122		G Gross	eceipts	\$1,27	4.173	_
		Application		and address of princip	al officer			H(a) Is this a				Yes	XNo
				chtash 100 West	Oxford Ave, E-2300 Ph	ladelphia PA	19122	H(b) Are all :	subordinates	ıncluded	1?	Yes	No
-	ī	Tax-exemp					527	If 'No,' a	attach a list	(see instr	ructions)		_
٠	. J	Website:		ww.wcrpph		/		H(c) Group	exemption ni	ımber 🎙	•		
•	<u>-</u> К	Form of orga			Association Othe	, Þ. 1. N	ear of forma				egal domicile	PA	
		nt) Car S		1 1 1 1000	7.0000.00.00	<u> </u>		100	<u> </u>		ogai dominan	- 111	
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	اء				nomic and soc							<u> </u>	
	일				ticularly wom								
	Activities & Governance		tern North			37.1.25.22.2.1	75222		=	-			
	ş		 -	~	on discontinued its op	erations or dispose	d of more	than 25% o	f its net a	ssets.			
	ğ				ning body (Part VI, lir					3			13
	ος (2				s of the governing boo					4			12
	iji.				ı calendar year 2015 (5	<u> </u>		30
	픓				necessary)					6	ļ		101
	ď				Part VIII, column (C),					7a			<u> </u>
		D Net t	nrelated business	taxable income	from Form 990-T, line	134	· · · · ·			7b		rent Ye	0.
		8 Cont	butions and grant	o (Bort VIII June	1h)				rior Year		Cui		
	e n		•	•	2g)				301,3				306. 987.
	Revenue	_		•	A), lines 3, 4, and 7d)				82,		 		880.
	Re		•	The state of the s	es 5, 6d, 8c, 9c, 10c,				02,	, , , , , , , , , , , , , , , , , , , 	 	121,	000.
			•		(must equal Part VIII				,814,	466.	 	,274,	173.
					X, column (A), lines 1				/ = -/		<u> </u>	, ,	
					(, column (A), line 4)	· ·							
					e benefits (Part IX, co				,101,	748.	1	,187,	991
	Expenses		=		column (A), line 11e)	• •		<u> </u>	1 + 0 + 1	. 10.		, 10 . ,	
	en.			-				PG19004CPG04577				LEDA	100
	ă	b lota	rungraising expen	ises (Part IX, col	umn (D), line 25) ►		5,955				X 2 4 4 4		
	-	17 Othe	expenses (Part I)	X, column (A), lin	nes 11a-11d; 11f-24e)	VED::7	• • • • •	•	342,		 		674.
)		18 Tota	expenses. Add lin	ies 13-17 (must (equal Part IX, column	· (۸); انټو 25). · ·	· · · · ·	· 1	,443,		1	,650,	
)		19 Reve	nue less expenses	s Subtract line 1		2017 -	· · · · ·	∸-	370,		<u> </u>	-376,	
2	3 or			4.00		2011			ng of Curre			d of Ye	
	Assets Balan		assets (Part X, lin		0005	<u></u> -J≅ · · ·		'	,552,		5	,301,	
	7.0		liabilities (Part X, I	,	- OGDEN	<u>, UT · · · · ·</u>			231,		 		,023.
	Š.		ssets or fund bala		ne 21 from line 20 .		· · · · ·	. 5	,320,	744.	4	,940,	415.
- A			gnature Block										
כ	Unde	r penalties of polete. Declarati	erjury, I declare that I ha	ive examined this retu	rn, including accompanying all information of which prepared	schedules and statements	, and to the b	est of my know	ledge and be	elief, it is	true, correct	, and	
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)	۵.	 	Signature of officer	Cur					ite				
	Sig		Signature of difficer	1 ,-0-	-A .			D.					
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			Type or print name a		Brongrot's state to		Thata		T		PTIN		
			rint/Type preparer's nam		Preparer's signature	0-001	Date		Check	X if	Į.		
	Pa		Katherine R		Muttille	10 3 5	701/09	9/17	self-employ	yed	P0023	6693	
		eparer e Only	irm's name Ka	atherine R	. Conlon, CPA	<u> </u>			_ ,				
				30 5	-				I Connecte CINI	- ^ ~	2762	200	

Yes

(610)

Form 990 (2015)

No

Malvern

Phone no

Form	990 (2015) WOMEN'S COMMU	UNITY REVITALIZATION PROJECT	22-2840188 Page 2
Par	Statement of Program	Service Accomplishments	
	Check if Schedule O contains	s a response or note to any line in this Part III	<u>.</u>
1	Briefly describe the organization's mi	ission:	
	The organization was i	formed to	
	improve the housing, ed	conomic and social conditions of lo	ow income women
	See Form 990, Page 2, Part III, Line	1 (continued)	
2		significant program services during the year which were no	
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services	on Schedule O	
3	Did the organization cease conducting	ng, or make significant changes in how it conducts, any pro	ogram services? Yes X No
	If 'Yes,' describe these changes on S	Schedule O.	
4	Describe the organization's program	service accomplishments for each of its three largest prog	ram services, as measured by expenses.
	and revenue, if any, for each program	anizations are required to report the amount of grants and a m service reported.	allocations to others, the total expenses,
	2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
4 a	(Code.) (Expenses \$	254, 991 . including grants of \$	0.)(Revenue \$ 0.)
		education & leadership development	<u> </u>
		e & greening activities	
	accivities, open space	e a dieening accivities	
		- 	
		- <i>-</i>	
			·
4 h	(Code \() (Expenses \(S\)	960 321 including grants of S	0)/Revenue \$ 204 485)
4 b	(Code) (Expenses \$		0.)(Revenue \$ 204,485.)
4 b	Rental/development - F	Rental, development, construction a	
4 6	Rental/development - I consulting to other no	Rental, development, construction a on-profits for rental housing and	
46	Rental/development - F	Rental, development, construction a on-profits for rental housing and	
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	Rental/development - For consulting to other not facilities in low incompanies in low inc	Rental, development, construction a con-profits for rental housing and ome communities. 168,122. Including grants of \$	0.)(Revenue \$ 161,586.)
	Rental/development - Rental/development - Rental/development - Rental development - Rental de	Rental, development, construction a con-profits for rental housing and ome communities. 168,122. including grants of \$ case management, community building states.	0.)(Revenue \$ 161,586.)
	Rental/development - I consulting to other no facilities in low incompact of the consulting to other not facilities in low incompact of the consulting the consulting the consulting the consulting the consulting the co	Rental, development, construction a con-profits for rental housing and come communities. 168,122. Including grants of \$ case management, community building to for low income tenants of WCRP'S	0.)(Revenue \$ 161,586.)
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4 c	Rental/development - Rental/development - Rental/development - Reconsulting to other not facilities in low incompanies in low i	Rental, development, construction a con-profits for rental housing and come communities. 168,122. including grants of \$ case management, community building the for low income tenants of WCRP'S con-profit developments.	0.)(Revenue \$ 161,586.)
4 c	Rental/development - I consulting to other no facilities in low incompact of the consulting the consulting to other no facilities in low incompact of the consulting to other no facilities in low incompact of the consulting	Rental, development, construction a con-profits for rental housing and come communities. 168,122. Including grants of \$ case management, community building for low income tenants of WCRP'S con-profit developments.	0.)(Revenue \$ 161,586.) ng and
4 c	Rental/development - Rental/development - Rental/development - Reconsulting to other not facilities in low incompanies in low i	Rental, development, construction a con-profits for rental housing and come communities. 168,122. Including grants of \$ case management, community building for low income tenants of WCRP'S con-profit developments.	0.)(Revenue \$ 161,586.)

Partive Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Х Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation Х X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х Х 11 b Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b Х Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?... 14a Χ 14b Х 15 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Χ

Form 990 (2015) WOMEN'S COMMUNITY REVITALIZATION PROJECT 22-2840188 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Х 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Χ 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Χ 23 24a Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.............. 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25b Χ Χ 26 Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Χ b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Χ Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Χ 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х

BAA

Form 990 (2015)

35a

35b

37

Х

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X

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F 200 (0045)		_	_
Form 990 (2015) WOMEN'S COMMUNITY REVITALIZATION PROJECT 22-284018	3	P	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V	• • •	• • •	لـلـــٰ
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a 30	•		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
· · · · · · · · · · · · · · · · · · ·			
4 a 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)?	4 a		Х
b If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	 	-	<u> </u>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10 Section 501(c)(7) organizations. Enter	٠	,, -	
a Initiation fees and capital contributions included on Part VIII, line 12		-	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	'		!
11 Section 501(c)(12) organizations. Enter:	-		
a Gross income from members or shareholders]
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		 	-
 			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13 a		
a Is the organization licensed to issue qualified health plans in more than one state?	138		
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	<u> </u>	ļ	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No.' provide an explanation in Schedule O	14b	1	1

	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	in		
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. x
Sac	ction A. Governing Body and Management	· · ·		. ^
<u> </u>	CONTACTOR AND MAIL MAILAGEMENT		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year	7'5		
	b Enter the number of voting members included in line 1a, above, who are independent	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
	members of the governing body?	7 a		Х
8	stockholders, or persons other than the governing body?	7 b	- 	Х
	the following The governing body?	8 a	X	
	b Each committee with authority to act on behalf of the governing body?	8 b	X	.,
<u> </u>	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	1	X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10 -	a Did the organization have local chapters, branches, or affiliates?	10 a	163	X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	100		
	operations are consistent with the organization's exempt purposes?	10 Ь		
11 a	operations are consistent with the organization's exempt purposes?	10 b	X	
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?		Х	
i	• • • • • • • • • • • • • • • • • • • •	11 a	X	
12 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		
12 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a 12 a 12 b	X X	
12 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a 12 a 12 b 12 c 13	X X X	
12 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a 12 a 12 b	X X	
12 a b c c c c c c c c c c c c c c c c c c	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11 a 12 a 12 b 12 c 13	X X X	
12 a b c c c c c c c c c c c c c c c c c c	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13	X X X X X	
13 13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11 a 12 a 12 b 12 c 13 14	X X X X	X
13 14 15 16a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11 a 12 a 12 b 12 c 13 14 15 a	X X X X X	X
13 14 15 16 a l	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11 a 12 a 12 b 12 c 13 14 15 a 15 b	X X X X X	X
13 14 15 16 a l	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11 a 12 a 12 b 12 c 13 14 15 a 15 b	X X X X X	X
13 14 15 16 16 18	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Pennsylvania Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) of for public inspection. Indicate how you made these available.	11 a 12 a 12 b 12 c 13 14 15 a 16 a	X X X X X	X
13 14 15 16a I	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Pennsylvania Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are for public inspection Indicate how you made these available Check all that apply. If you website Another's website Describe in Schedule O whether (and if so, how) the organization made its gover	11 a 12 a 12 b 12 c 13 14 15 a 16 a	X X X X X	X
13 14 15 16 16 17 18	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Cition C. Disclosure List the states with which a copy of this Form 990 is required to be filed Pennsylvania Section 6104 requires an organization to make its Forms 1	11 a 12 a 12 b 12 c 13 14 15 a 16 a	X X X X X	

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Form 990 (2015)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

		1		(C)]		
(A) Name and Title	(B) Average hours per	Pos than	s both	an o	fficer truste	ck mor perso and a e)		(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	week (list any hours for related organizations below dotted		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Nora Lichtash Executive Director	40.00	х			х	х		101,046.	0.	0.
(2) Stacy Moore Co-Chair	10.00	Х		Х				0.	0.	0.
(3) Riitta Lukkari Co-chair	10.00	Х		Х				0.	0.	0.
(4) Bertha Sarmina Treasurer	10.00	Х		Х				0.	0.	0.
(5) Brenda Peterson Secretary	3.00	х						0.	0.	0.
(6) Caroline Cuthbert Member	3.00	Х						0.	0.	0.
	3.00	х						0.	0.	0.
(8) Beatrice Morrow Member	3.00	Х						0.	0.	0.
(9) Norma Santiago Member	3.00	х						0.	0.	0.
(10) Connie Morrow Member	3.00	Х						0.	0.	0.
(11) Ruth Torres Member	3.00	х						0.	0.	0.
(12) Nashanta Robinson Member	3.00	Х						0.	0.	0.
(13) Tonya Penn-Harper Member		Х						0.	0.	0.
(14)										

TEEA0107 10/12/15

Form 990 (2015) WOMEN'S COMMUNITY REVIT							_	 	22-28401			age 8
Part VII Section A. Officers, Directors, Tru	istees, l	Ke <u>y</u>	En	nple ()		es,	and	d Highest Con	npensated En	nploye	es (co	ntinued)_
(A) Name and title	Average hours per week	box	, unle cer a	Pos heck ss pe nd a c	ition more rson irecti	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimatemount of compensa	ther
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer	the organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organizati and relati organizati	e on ed
<u>(15)</u>												-
(16)	_ _					-						
(17)												
(18)									<u> </u>			
<u>(19)</u>					_		 					
(20)					_							
(21)												
(22)												
(23))							
(24)												<u> </u>
(25)												
1 b Sub-total	on A						•	101,046.).		0.
d Total (add lines 1b and 1c)								101,046.).	sation	0.
from the organization 1					VVIIC			Thore than \$100,0		Compen		- 1 1
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in											Ye:	No X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	han \$150,	00Ò?	If 'Y	'es' (com	plete	Sch	nedule J for		_	4	<u>.</u> X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' c											5	Х
1 Complete this table for your five highest compensation from the organization Report compe	ed indepe	nden r the	t cor	ntrac	tors	that ar end	rec	eived more than \$	100,000 of organization's tax	vear.		
(A) Name and business addre								(B) Description of)	<u> </u>	(C) pensat	ion
					-							
Total number of independent contractors (including	but not lin	nited	to th	ose	liste	ed ab	ove) who received mo	re than		,	
\$100,000 of compensation from the organization	<u> </u>	TEEA									,	(2015)

Form 990 (2015) WOMEN'S COMMUNITY REVITALIZATION PROJECT 22-2840188 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) (D) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Grants 1 a Federated campaigns **b** Membership dues 1 b c Fundraising events 1 c Contributions, Gifts, and Other Similar Ar d Related organizations 1 d e Government grants (contributions) . . 21,067 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 339,239 g Noncash contributions included in lines 1a-1f \$ 360,306 Program Service Revenue **Business Code** 2a <u>Services/assistance</u> 531310 742,052 742,052 0 b Rental revenue _ _ _ _ 49,935 49,935 0 f All other program service revenue . . 791,987 Investment income (including dividends, interest and 121,880 121,880 Income from investment of tax-exempt bond proceeds . . . Royalties.......... (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) . . (ı) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis

	c Gain or (loss)
	d Net gain or (loss)
	8 a Gross income from fundraising events (not including \$
Ì	See Part IV, line 18 a
	b Less direct expenses b
	c Net income or (loss) from fundraising events ▶
	9 a Gross income from gaming activities. See Part IV line 19

c Net income or (loss) from gaming activities		
10 a Gross sales of inventory, less returns and allowances a		
b Less cost of goods sold b		
c Net income or (loss) from sales of inventory ▶		

	~	L I	1	i	
c Net income or (loss) from sales of invent	ory ▶				
Miscellaneous Revenue	Business Code		·		
11a					
b					
c					
d All other revenue			-		· · · · · · · · · · · · · · · · · · ·
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		1 27/ 173	791 997		121 000

BAA

Other Revenue

b Less direct expenses

TEEA0109 10/12/15

Form 990 (2015)

22-2840188

Part IX Statement of Functional Expenses

Commence		not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Individuals See Part IV, Ine 22.	1	organizations and domestic governments.			3	
origenzations, foreign governments, and foreign in the property of the propert	2	Grants and other assistance to domestic individuals. See Part IV, line 22				***
5 Compensation of current officers, trustees, and key employees . 101,046. 75,785. 15,157. 10,104. 6 Compensation not included above, to dissularitied persons (as defined under a section 4958(c)(3(B))	3	organizations, foreign governments, and for-				No.
trustiess, and key employees	4	Benefits paid to or for members			TE 4 1 1 1 1	
disqualified persons (as defined under section 4958(c)(16)) (20)(16) (3) (4	5		101,046.	75,785.	15,157.	10,104.
B	6	disqualified persons (as defined under section 4958(f)(1)) and persons described				
Continue	7	Other salaries and wages	811,581.	669,009.	87,331.	55,241.
10 Payroll taxes 131,486 107,305 14,766 9,415 11 Fees for services (non-employees) 3 Management 1 1 1 1 1 1 1 1 1	8	(include section 401(k) and 403(b)				
11 Fees for services (non-employees) a Management b Legal c Accounting c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (filme 1) amount exceeds 10% of line 25, column (A) amount, list line 119 expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 12,155 9,920 1,365 870 14 Information technology 15 Royalties 16 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 15,058 12,316 1,013 1,729 10 Interest 20 Depreciation, depletion, and amortization 27,658 26,385 27,734 27,734 28 Legal time 24e amount exceeds 10% of line 24e expenses on Schedule O) 29 Consultants 20 Consultants 21,155 22,734 24,996 24,996 25 Total functional expenses Add lines 1 through 24e expenses on Schedule O) 21 Payments of the 24e amount exceeds 10% of line 25e 24 Other expenses 25 Total functional expenses 26 Joint cots, Complete the line only if the organization reported in column (B) point costs, Complete the line only if the organization reported in column (B) point costs, Complete the line only if the organization reported in column (B) point costs, Complete the line only if the organization reported in column (B) point costs from a combined educational campaign and fundraising solicitation Check free ** If following the column (B) point costs free ** If following the column (B) point costs free ** If following the column (B) point costs free ** If following the column (B) point costs free ** If following the column (B) point costs free ** If following the column (B) point costs free ** If following the column (B) point costs free ** If following the column (B) point costs free ** If following the column (B) point costs free ** If following the column (B	9	Other employee benefits	143,878.	117,512.	16,100.	10,266.
a Management . blegal	10	· ·	131,486.	107,305.	14,766.	9,415.
b Legal						
c Accounting		· · ·				
d Lobbying e Professional fundrasing services See Part IV, line 17 . f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Adventising and promotion 13 Office expenses 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 15, 058, 12, 316, 1, 013, 1, 729, 11 turest 19 Conferences, conventions, and meetings 15, 058, 12, 316, 1, 013, 1, 729, 11 turest 19 Depreciation, depletion, and amortization 19 Depreciation, depletion, and amortization 10 Conferences, conventions, and meetings 15, 058, 12, 316, 1, 013, 1, 729, 164, 178, 178, 495, 178, 178, 178, 178, 178, 178, 178, 178		_ -				
e Professional fundrasing services See Part IV, line 17 f Investment management fees	_	· · · · · · · · · · · · · · · · · · ·	14,179.	11,573.	1,591.	1,015.
f Investment management fees		· · ·				
g Other (If the 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion						
13 Office expenses 12,155, 9,920, 1,365, 870. 14 Information technology	g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
14 Information technology 15 Royalties 16 Occupancy 62,082 50,664 6,973 4,445 17 Travel 8,427 7,300 688 439 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,427 7,300 688 439 19 Conferences, conventions, and meetings 15,058 12,316 1,013 1,729 20 Interest 566 566 0 0 0 21 Payments to affiliates 27,658 26,385 778 495 23 Insurance 27,658 26,385 778 495 23 Insurance 22,734 18,554 2,552 1,628 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 124,996 116,284 1,877 6,835 b Repairs maintenance 3,282 2,678 369 235 c Telephone 21,613 17,717 2,379 1,517		- · ·				
15 Royalties		· · · · · · · · · · · · · · · · · · ·	12,155.	9,920.	1,365.	<u>870.</u>
16 Occupancy 62,082 50,664 6,973 4,445 17 Travel 8,427 7,300 688 439 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 15,058 12,316 1,013 1,729 10 Interest 566 566 0 0 10 Payments to affiliates 22 Depreciation, depletion, and amortization 27,658 26,385 778 495 21 Insurance 22,734 18,554 2,552 1,628 22 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 2 Consultants 124,996 116,284 1,877 6,835 3 Repairs		:				
17 Travel		·	62,002	FO CC4	C 072	4 445
Payments of travel or entertainment expenses for any federal, state, or local public officials 1,013 1,729 1,729 1,529 1,628 1,013 1,729 1,529 1,	_	· · · · · · · · · · · · · · · · · · ·				
20 Interest		Payments of travel or entertainment expenses for any federal, state, or local	0,427.	7,300.	000.	433.
21 Payments to affiliates 22 Depreciation, depletion, and amortization 27,658 26,385 778 495 23 Insurance 22,734 18,554 2,552 1,628 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 124,996 116,284 1,877 6,835 b Repairs & maintenance 3,282 2,678 369 235 c Telephone 21,613 17,717 2,379 1,517 d Postage 2,489 2,012 276 201 e All other expenses Add lines 1 through 24e 1,650,665 1,383,434 161,276 105,955 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here (I) if following 1,650,665 1,383,434 161,276 105,955	19	, , , , , , , , , , , , , , , , , , ,	15,058.	12,316.	1,013.	1,729.
22 Depreciation, depletion, and amortization 27,658 26,385 778 495 23 Insurance 22,734 18,554 2,552 1,628 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 124,996 116,284 1,877 6,835 b Repairs & maintenance 3,282 2,678 369 235 c Telephone 21,613 17,717 2,379 1,517 d Postage 2,489 2,012 276 201 e All other expenses 147,435 137,854 8,061 1,520 25 Total functional expenses Add lines 1 through 24e 1,650,665 1,383,434 161,276 105,955 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here I if following 1,650,665 1,383,434 161,276 105,955	20	The state of the s	566.	<u>566.</u>	0.	0.
23 Insurance 22,734 18,554 2,552 1,628 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 124,996 116,284 1,877 6,835 5 Repairs & maintenance 3,282 2,678 369 235 5 Telephone 21,613 17,717 2,379 1,517 d Postage 2,489 2,012 276 201 e All other expenses 147,435 137,854 8,061 1,520 25 Total functional expenses Add lines 1 through 24e 1,650,665 1,383,434 161,276 105,955 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If following	21	· ·				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Consultants b Repairs & maintenance c Telephone d Postage e All other expenses Add lines 1 through 24e. 21, 613. 17, 717. 2, 379. 1,517. 2,379. 1,517. 2,379. 1,517. 2,489. 2,489. 2,012. 276. 201. 276. 276. 201. 276. 276. 201. 276. 276. 201. 276. 276. 201. 276.	22					
a Consultants 124,996. 116,284. 1,877. 6,835. b Repairs & maintenance 3,282. 2,678. 369. 235. c Telephone 21,613. 17,717. 2,379. 1,517. d Postage 2,489. 2,012. 276. 201. e All other expenses		Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	22,734.	18,554.	2,552.	1,628.
b Repairs & maintenance 3,282 2,678 369 235 c Telephone 21,613 17,717 2,379 1,517 d Postage 2,489 2,012 276 201 e All other expenses 147,435 137,854 8,061 1,520 25 Total functional expenses Add lines 1 through 24e 1,650,665 1,383,434 161,276 105,955 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following 1 following	•	· · · · · · · · · · · · · · · · · · ·	124 006	116 204	1 977	6 835
c Telephone 21,613 17,717 2,379 1,517 d Postage 2,489 2,012 276 201 e All other expenses 147,435 137,854 8,061 1,520 25 Total functional expenses Add lines 1 through 24e 1,650,665 1,383,434 161,276 105,955 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following 1 following				•		•
d Postage 2,489. 2,012. 276. 201. e All other expenses				,		
e All other expenses						201.
Total functional expenses Add lines 1 through 24e. 1,650,665. 1,383,434. 161,276. 105,955. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following		All other expenses				1,520.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here		·				105,955.
	26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				Form 990 (2015)

Part X Balance Sheet (B) End of year (A) Beginning of year 238,844. 172,677 2 2 Savings and temporary cash investments 820,787. 675,736. 3 17,024 3 51,507. 4 72,553. 190,824. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 1,332,393 1,409,153. 8 Prepaid expenses and deferred charges 9 6,913 10,358 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10 a 10 c 830,750. 296,679 270,222. 11 314,457 11 331,463. Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 2,126,776. 15 2,515,272 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,552,200 16 5,301,438. 17 90,804 17 188,794. 18 18 Deferred revenue 19 40,813. 19 4,146 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 jabilitie Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 131,416. 136,506 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 26 361,023 231,456 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 5,250,847 27 4,822,342 28 118,073. 28 69,897 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶

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Assets

喜

30

31

32

33

34

and complete lines 30 through 34.

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

5,301,438 Form 990 (2015)

4,940,415

30

31

32

33

34

5,320,744

5,552,200

FOITI	1990 (2015) WOMEN'S COMMUNITY REVITALIZATION PROJECT 22	-2840	188		Pa	ige 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .	<u></u>			$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	, 2'	74,1	73.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 6	50,6	65.
3	Revenue less expenses. Subtract line 2 from line 1	3				192.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-			744.
5	Net unrealized gains (losses) on investments	5				337.
6	Donated services and use of facilities	6				
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
-	column (B))	10	4	1,9	40,4	15.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	للن
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		·	33,	ري ال	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			, , ,		
	ın Schedule O		ļ.		<u> </u>	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · _	2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on	а	1		, , ,	
	separate basis, consolidated basis, or both.		<u> </u> _			
	Separate basis Consolidated basis Both consolidated and separate basis		1	Ì		1
t	Were the organization's financial statements audited by an independent accountant?		٠٠ ٢	2 b	_ <u>X</u>	ļ <u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		[-	- 4	:	
	Separate basis X Consolidated basis Both consolidated and separate basis			٠, -	÷	
	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	dit	الله الله		<u>د</u>	
	review, or compilation of its financial statements and selection of an independent accountant?			2 c	Х	1
	If the organization changed either its oversight process or selection process during the tax year, explain			1 2	,	
	ın Schedule O.		_			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e <i>.</i> .	[3 a		Х
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
RAA	· · · · · · · · · · · · · · · · · · ·		F	orm	990 C	2015)

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

2015

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2015

Name o	f the	organization					Employer identifica	tion number				
WOM	EN:	S COMMUNITY REVITA	LIZATION PROJ	ECT	_		22-284018	3				
Part	Ī	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	S.				
The o	rga	nization is not a private foundati	on because it is: (For I	ines 1 through 11, check	only on	e box)						
1		A church, convention of church	nes, or association of c	hurches described in se	ction 17	0(b)(1)(A)(i).					
2		A school described in section	170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-	EZ))						
3	Г	A hospital or a cooperative hos	spital service organizat	ion described in section	170(b)(1)(A)(iii)	١.					
4	\vdash	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	1	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally rin section 170(b)(1)(A)(vi). (C		part of its support from a	governn	nental ur	nit or from the general pu	iblic described				
8		A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)								
9		An organization that normally r from activities related to its exe investment income and unrelat June 30, 1975. See section 5 0	empt functions — subje ted business taxable in 09(a)(2). (Complete Pa	ct to certain exceptions, come (less section 511 irt III)	and (2) tax) from	no more n busines	than 33-1/3% of its supposes acquired by the org	ort from gross				
10	L	An organization organized and	•	•			· · · ·					
11	L	An organization organized and or more publicly supported org lines 11a through 11d that des	anizations described in	n section 509(a)(1) or se	ection 5	09(a)(2).	See section 509(a)(3).					
а		Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	ion operated, supervisigularly appoint or elec	ed, or controlled by its si	upported	organiz	ation(s), typically by givin	ng the supported tion. You must				
b		Type II. A supporting organizar management of the supporting must complete Part IV, Secti	organization vested in	trolled in connection with the same persons that	its supp control c	orted or or manag	ganization(s), by having ge the supported organiz	control or ation(s). You				
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting organis) You must comple	iization operated in conn te Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	ith, its supported				
d	L	Type III non-functionally inte functionally integrated. The organistructions) You must comp	anization generally mu	ust satisfy a distribution i								
е		Check this box if the organizati	ion received a written o	determination from the IF porting organization.	RS that it	ıs a Typ	e I, Type II, Type III fund	ctionally				
f		iter the number of supported org										
g	Pr	ovide the following information a	about the supported or	ganızatıon(s).								
		(i) Name of supported organization	(II) E1N	(III) Type of organization (described on lines 1-9 above (see instructions))	(iv) is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
<u>(A)</u>												
(B)					ļ							
(C)												
<u>(D)</u>												
<u>(E)</u>												
Total			· -		_							

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

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.)

Sec	ion A. Public Support						
Cale: begir	ndar year (or fiscal year ining in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	818,903.	780,719.	376,841.	301,315.	360,306.	2,638,084.
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	818,903.	780,719.	376,841.	301,315.	360,306.	2,638,084.
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)				و الم		
6	Public support. Subtract line 5 from line 4				A Table State Stat		2,638,084.
<u>Sec</u>	tion B. Total Support	T					
	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	818,903.	780,719.	376,841.	301,315.	360,306.	2,638,084.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79,182.	91,086.	75,019.	82,938.	121,880.	450,105.
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		-		,		3,088,189.
12	Gross receipts from related activiti	ies, etc (see instru	ctions)			12	791 , 987.
13	First five years. If the Form 990 is organization, check this box and s	s for the organization is stop here · · · · ·	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support F	ercentage				
14	Public support percentage for 201	5 (line 6, column (f) divided by line 11	, column (f))		14	85.42 %
15	Public support percentage from 20	014 Schedule A, Pa	art II, line 14 · · ·	• • • • • • • •		15	90.45%
16 a	33-1/3% support test $-$ 2015. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported organ	x on line 13, and li nization	ne 14 is 33-1/3% c	or more, check this	box ► X
t	33-1/3% support test — 2014. If t and stop here. The organization	the organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	ind line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st check this box a	ind stop here. Ext	plain in Part VI how	·
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-Private foundation. If the organization	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a i qualifies as a pub	and stop here. Exp blicly supported org	olain in Part VI how janization	the ▶ 🔲
	rivate foundation. If the organiz	Lation did not check	valuox on line 13,	ioa, iou, i/a, or			
BAA					Sch	nedule A (Form 99	0 or 990-EZ) 2015

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 failed to qualify under Part II If the organization failed to qualify under Part II If the organization failed to qualify under Part II If the organization failed to qualify under Part II If the organization failed to qualify under Part II If the organization failed to qualify under Part II If the organization failed to qualify under Part II If the organization failed to qualify under Part II II If the organization failed to qualify under Part II	rganization fails
to qualify under the tests listed below, please complete Part II)	

Section A. Public Suppor	t				·····	
Calendar year (or fiscal year beginning	in) ► (a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants').						
2 Gross receipts from admis-						
sions, merchandise sold or						
services performed, or facilit furnished in any activity that	ies is					
related to the organization's						
tax-exempt purpose	•					
that are not an unrelated trac or business under section 5	de l					
4 Tax revenues levied for the	· · ·					
organization's benefit and either paid to or expended o	n					
ıts behalf	··					
5 The value of services or facilities furnished by a						
governmental unit to the						
organization without charge.						
6 Total. Add lines 1 through 57 a Amounts included on lines 1						
2, and 3 received from disqualified persons	•					
b Amounts included on lines 2						
and 3 received from other the disqualified persons that	an					
exceed the greater of \$5,000	or or					
1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract III	ne i i i i i i i i i i i i i i i i i i i	1 4 State - 185 at			=0.4870.4 <u>=</u> 3.54	
7c from line 6.)		A PERFORMANCE	[]、作品等等[]		19 19 19 19 19 19 19 19 19 19 19 19 19 1	
Section B. Total Support						
Calendar year (or fiscal year beginning		(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, divident payments received on securities los						
rents, royalties and income from						
sımılar sources	••	 				
income (less section 511						
taxes) from businesses acquired after June 30, 1975	j.,					
c Add lines 10a and 10b						
11 Net income from unrelated busines	SS					
activities not included in line 10b, whether or not the business is		1				
regularly carried on						
12 Other income Do not includ gain or loss from the sale of	e					
čapital assets (Explain in						
Part VI.)		 				
10c, 11, and 12.)						
14 First five years. If the Form organization, check this box	990 is for the organization and stop here	tion's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
Section C. Computation o						
15 Public support percentage for						ક
16 Public support percentage from				· · · · · · · · · · · · · · · · · · ·	16	ક
Section D. Computation o						
17 Investment income percentage		-		•		ફ
18 Investment income percenta						8
19 a 33-1/3% support tests — 20 is not more than 33-1/3%, ch	015. If the organization elect this box and stop	did not check the be	ox on line 14, and l tion qualifies as a r	ine 15 is more than	33-1/3%, and line	17
b 33-1/3% support tests - 20	14. If the organization	did not check a box	on line 14 or line 1	l9a, and line 16 is	more than 33-1/3%	and
line 18 is not more than 33-1	/3%, check this box and	d stop here. The or	rganization qualifie:	s as a publicly sup	ported organization	▶ │ │
20 Private foundation. If the or	ganization did not ched	k a box on line 14,	19a, or 19b, check	this box and see i	nstructions	▶
3 A A						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

<u>se</u>	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	-	ļ	
	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or nurpose, describe		ļ	·
	the designation If historic and continuing relationship, explain	1	ļ	<u> </u>
2		ŀ,		
	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was		1,1	ļ
	described in section 509(a)(1) or (2)	2		
2	3 Did the organization have a cumperted exception described in each = 504(-)(4) (5) == (0)0 (6)0 (6)		-	
,	a 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	- 1		
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	25		
	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		
			,	,
4	a 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	4-		
	" you checked the of the lift art, 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		
	a Did the ergopyration support any favour purported assessment that does not have a 100 Lt.			
	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		
_		, , , , ,	. 1	
5	a 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		, -I	,
	organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the	J-,	ļ	·
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		<u> </u>
	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		
		 12		<u> </u>
	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one	٠	-	-
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of	<u> </u>		ļ
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	*,	,	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'		-	
Ŭ	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
_			-	
9	a 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		
	h Delene and the Land of the L			
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
		30	 -	
	c Did a disqualified person (as defined in line 9a) 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	9с	L	
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations ? If 'Yes'			
	answer 10b below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			

10b

,					
Sche	dule A	(Form 990 or 990-EZ) 2015 WOMEN'S COMMUNITY REVITALIZATION PROJECT 22-2840188	₹	F	Page :
Pai	t IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?	_		
ā	gove	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a	<u> </u>	
t	A fan	nlly member of a person described in (a) above?	11b		<u> </u>
•	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		
Sec	tion	3. Type I Supporting Organizations			
	D 14			Yes	No
1	or ele Part If the direct	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year	1	,,,	,
2	that o	pe organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2	- ^ ,	
Sec	tion (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 the of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the	30 m	c Vý.	, ,
	suppo	orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion I	D. All Type III Supporting Organizations			τ
		6	<u>,</u>	Yes	No
1	organ year,	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ization's governing documents in effect on the date of notification, to the extent not previously provided?	्रीहें <u>क</u> ें 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. '
2	Were		2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at es during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played regard	3	** ** ** ** ** ** ** * * *	
Sec1	ion E	. Type III Functionally-Integrated Supporting Organizations			
1 a b		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): the organization satisfied the Activities Test. Complete line 2 below the organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction).			
·	П.	ite organization supported a governmental entity. Describe in Fart vi now you supported a government entity (see instruction	nsj		
2	Activi	ies Test. Answer (a) and (b) below.		Yes	No
а	orgar respo	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported izations and explain how these activities directly furthered their exempt purposes, how the organization was naive to those supported organizations, and how the organization determined that these activities constituted	, 10 H	4	,
	subst	antially all of its activities	2a	124	
b	the or the or	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for ganization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement	2b		
2		t of Supported Organizations. Answer (a) and (b) below.	Air.	(1) 10 € 10 10 € 10 € 10 € 10 € 10 € 10 € 1	
J	r aren	COLOUDDOLLEG OLIGINIZATIONS. ANSWEL THE HIND LEIOW.			1

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Sche	dule A (Form 990 or 990-EZ) 2015 WOMEN'S COMMUNITY REVITALIZATIO			40188 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Novem ctions A	ber 20, 1970. See instr u A through E.	ctions. All
Sec	tion 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	<u></u>	
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		
Sec	tion 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	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	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		
Sec	tion C – Distributable Amount		<u>-</u>	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	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3	1	
4	Enter greater of line 2 or line 3	4		

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Schedule A (Form 990 or 990-EZ) 2015

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

Sche	edule A (Form 990 or 990-EZ) 2015 WOMEN'S COMMUNITY RE	VITALIZATION P	ROJECT 22-284	10188 Page 7			
		ipporting Organiza	ations (continued)				
	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos						
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,				
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted 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							
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provi	de details				
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount			-··· · · · · · · · · · · · · · · · · ·			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)						
3	Excess distributions carryover, if any, to 2015	•					
а			· · · · · · · · · · · · · · · · · · ·				
b	·	******					
С				· · · · · · · · · · · · · · · · · · ·			
d	From 2013	! ,	,				
	From 2014	'		· · · · · · · · · · · · · · · · · · ·			
	Total of lines 3a through e	**					
	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount		}				
	Carryover from 2010 not applied (see instructions)						
			 				
4	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2015 from Section D, line 7 \$						
а	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·				
	Applied to 2015 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4	and the second s					
5	Remaining underdistributions for years prior to 2015, if any	•					
	Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	-,		-			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2016. Add lines 3j and 4c						
8	Breakdown of line 7			"			
а							
b							
С	Excess from 2013		 	·			

Schedule A (Form 990 or 990-EZ) 2015

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015

OMB No 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	WOMEN'S COMMUNITY REVITALIZAT	ION PROJECT			22-2840188	
Par	Organizations Maintaining Donor A	dvised Funds or Ot	her Similar Fun	ds or Acco	ounts.	
<u> </u>	Organizations Maintaining Donor Ac Complete if the organization answered	Yes' on Form 990,	Part IV, line 6.			
		(a) Donor advised	funds	(b) Fu	nds and other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year		_			
5	Did the organization inform all donors and donor advis are the organization's property, subject to the organization	sors in writing that the ass ation's exclusive legal con	ets held in donor adv	rised funds	Yes	No
6	Did the organization inform all grantees, donors, and of for charitable purposes and not for the benefit of the dimpermissible private benefit?	donor advisors in writing the donor or donor advisor, or	hat grant funds can b for any other purpos	e used only e conferring	· · · · Yes	No
Par						
	Complete if the organization answered					
1		= ,	apply).			
	Preservation of land for public use (e.g., recreation	on or education)		•	mportant land area	
	Protection of natural habitat		Preservation of a	a certified hist	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held last day of the tax year	a qualified conservation of	ontribution in the form	n of a conser	vation easement or	ı the
	last day of the tax year			Ш	eld at the End of th	no Tay Your
	Total number of conservation easements			<u> </u>	at the End of the	e lax leal
	Total number of conservation easements. The Total acreage restricted by conservation easements					
	Number of conservation easements on a certified hist		•	26		
C	Number of conservation easements included in (c) ac structure listed in the National Register	quired after 8/17/06, and i	not on a historic	2 d		
3	Number of conservation easements modified, transfer tax year ►	rred, released, extinguishe	ed, or terminated by t	he organizati	on during the	
4	Number of states where property subject to conservat	tion easement is located	•			
5	Does the organization have a written policy regarding and enforcement of the conservation easements it holds				□Yes	□No
6	Staff and volunteer hours devoted to monitoring, inspe				<u> </u>	
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, a	and enforcing conserv	vation easem	ents during the yea	r
8	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	(d) above satisfy the requi	rements of section 1	70(h)(4)(B)(ı)	Tes	No
9	In Part XIII, describe how the organization reports con- include, if applicable, the text of the footnote to the organization easements.	nservation easements in it ganization's financial state	s revenue and exper ements that describes	se statement the organiza	i, and balance shee ation's accounting fo	t, and or
Par	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historica I 'Yes' on Form 990,	I Treasures, or 9 Part IV, line 8.	Other Sim	ilar Assets.	
1 a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held fo in Part XIII, the text of the footnote to its financial state	r public exhibition, educat	ion, or research in fu	tement and bartherance of	alance sheet works public service, prov	of ide,
t	o If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for purifollowing amounts relating to these items	116 (ASC 958), to report in the second in th	n its revenue stateme or research in furthe	ent and balan rance of publ	ice sheet works of a ic service, provide t	art, the
	(i) Revenue included on Form 990, Part VIII, line 1				▶\$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, histor amounts required to be reported under SFAS 116 (AS	rical treasures, or other sii SC 958) relating to these if	mılar assets for finan tems	cial gain, prov	vide the following	
á	Revenue included on Form 990, Part VIII, line 1				▶\$	
t	Assets included in Form 990, Part X				. ▶\$	

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Schedule D (Form 990) 2015 WOME	N'S COMMU	UNITY REVITALIZ	ATION PROJECT	22-284	10188 Page 2
Part III Organizations Mainta					
3 Using the organization's acquisitio items (check all that apply):	n, accession, a	and other records, check	any of the following that	are a significant use of it	ts collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other	- · -		
c Preservation for future genera	tions				
4 Provide a description of the organi Part XIII.		tions and explain how th	ey further the organizatio	on's exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather tha	on solicit or red n to be mainta	ceive donations of art, hi	storical treasures, or other	er similar assets	∏Yes ∏No
Part IV Escrow and Custodia	Arrangen	nents. Complete if t	he organization ans		
		<u> </u>			
1 a Is the organization an agent, trusted on Form 990, Part X?	e, custodian c	or other intermediary for o	contributions or other ass	sets not included	Yes No
b If 'Yes,' explain the arrangement in	Part XIII and	complete the following to	able		
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2 a Did the organization include an am	ount on Form	990, Part X, line 21, for	escrow or custodial acco	unt liability?	Yes No
b If 'Yes,' explain the arrangement in	Part XIII. Che	eck here if the explanatio	n has been provided on l	Part XIII	· · · · · · · ·
					
Part V Endowment Funds. C	omplete if t	he organization ans	swered 'Yes' on Forr	m 990, Part IV, line	10.
	(a) Current	year (b) Prior yea	r (c) Two years back	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
Provide the estimated percentage	of the current	year end balance (line 1	g, column (a)) held as:		
a Board designated or quasi-endowr	ment ►				
b Permanent endowment ►	ક				
c Temporarily restricted endowment	•	્રે			
The percentages on lines 2a, 2b, a	ınd 2c should	equal 100%.			
3 a Are there endowment funds not in organization by:	the possession	n of the organization tha	t are held and administer	red for the	Yes No
(i) unrelated organizations					. 3a(i)
					. 3a(ii)
b If 'Yes' on line 3a(ii), are the related					. 3b
4 Describe in Part XIII the intended u	_	•			<u>' </u>
Part VI Land, Buildings, and	<u>_</u>				
Complete if the organiz			990, Part IV, line 11	a. See Form 990, P	
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			53,597.		53,597.
h Buildings		I	1 001 705	906 309	105 407

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		53,597.	286 1 4 2 1	53,597.
b Buildings		1,001,705.	806,208.	195,497.
c Leasehold improvements				_ ·
d Equipment		45,670.	24,542.	21,128.
e Other				
Total. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colui	mn (B), line 10c.)		270,222.

Schedule **D** (Form 990) 2015

	(b) Book value	(c) Method of valuation Cost or end-of	Part X, line 12year market value
(1) Financial derivatives			<u> </u>
(2) Closely-held equity interests			
(3) Other			
A)			
B)			
C)			
D)			
E)			
(F)			
G)			
<u>H)</u>			<u>-</u>
(I)			
otal (Column (b) must equal Form 990, Part X, column (B) line 12) >	<u></u>		
Part VIII Investments — Program Related. Complete if the organization answered	Vac' on Form 990	Part IV line 11e See Form 000 F	ort V line 12
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-c	
(1)	(b) Dook value	(c) Wethod of Valuation Cost of end-c	n-year market value
(2)			
(3)			
(4)			<u> </u>
(5)			
(6)	-		
(7)			
(8)			
(9)			
(10)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets.			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "		Part IV, line 11d. See Form 990, F	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered " (a) De	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, F	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ► Part IX Other Assets. Complete if the organization answered " (a) De (1) Deposits		Part IV, line 11d. See Form 990, F	(b) Book value 4 , 981
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered " (a) De (1) Deposits (2) Deferred project costs		Part IV, line 11d. See Form 990, F	(b) Book value 4,981 225,417
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered " (a) De (1) Deposits	scription	Part IV, line 11d. See Form 990, F	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ► Part IX Other Assets. Complete if the organization answered " (a) De (1) Deposits (2) Deferred project costs (3) Investments in housing projects:	scription	Part IV, line 11d. See Form 990, F	(b) Book value 4,981 225,417
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) Deposits (2) Deferred project costs (3) Investments in housing projects: (4) Targeted Neighborhood Initiative, (5) TNI2 Limited Partnership (6) INB Limited Partnership (7) Investment in 4th & Diamond	scription	Part IV, line 11d. See Form 990, F	(b) Book value 4, 981 225, 417 0 0 226, 411 35, 372 59, 321
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) Deposits (2) Deferred project costs (3) Investments in housing projects: (4) Targeted Neighborhood Initiative, (5) TNI2 Limited Partnership (6) INB Limited Partnership (7) Investment in 4th & Diamond (8) Evelyn Sanders, LP	scription	Part IV, line 11d. See Form 990, F	(b) Book value 4,981 225,417 0 226,411 35,372 59,321 758,752
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) Deposits (2) Deferred project costs (3) Investments in housing projects: (4) Targeted Neighborhood Initiative, (5) TNI2 Limited Partnership (6) INB Limited Partnership (7) Investment in 4th & Diamond (8) Evelyn Sanders, LP (9) Evelyn Sanders 2, LP	scription	Part IV, line 11d. See Form 990, F	(b) Book value 4,981 225,417 0 226,411 35,372 59,321 758,752 582,931
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered " (a) De (1) Deposits (2) Deferred project costs (3) Investments in housing projects: (4) Targeted Neighborhood Initiative, (5) TNI2 Limited Partnership (6) INB Limited Partnership (7) Investment in 4th & Diamond (8) Evelyn Sanders, LP (9) Evelyn Sanders 2, LP (10) Tillmon Villanueva	LP		(b) Book value 4,981 225,417 0 226,411 35,372 59,321 758,752 582,931 233,591
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered " (a) De (1) Deposits (2) Deferred project costs (3) Investments in housing projects: (4) Targeted Neighborhood Initiative, (5) TNI2 Limited Partnership (6) INB Limited Partnership (7) Investment in 4th & Diamond (8) Evelyn Sanders, LP (9) Evelyn Sanders 2, LP (10) Tillmon Villanueva Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on F	LP ne 15) orm 990, Part IV, line 1		(b) Book value 4,981 225,417 0 226,411 35,372 59,321 758,752 582,931 233,591
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(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered " (a) De (1) Deposits (2) Deferred project costs (3) Investments in housing projects: (4) Targeted Neighborhood Initiative, (5) TNI2 Limited Partnership (6) INB Limited Partnership (7) Investment in 4th & Diamond (8) Evelyn Sanders, LP (9) Evelyn Sanders 2, LP (10) Tillmon Villanueva Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes	LP ne 15) orm 990, Part IV, line 1		(b) Book value 4,981. 225,417.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered " (a) De (1) Deposits (2) Deferred project costs (3) Investments in housing projects: (4) Targeted Neighborhood Initiative, (5) TNI2 Limited Partnership (6) INB Limited Partnership (7) Investment in 4th & Diamond (8) Evelyn Sanders, LP (9) Evelyn Sanders 2, LP (10) Tillmon Villanueva Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4)	LP ne 15) orm 990, Part IV, line 1		(b) Book value 4,981. 225,417. 0. 0. 226,411. 35,372. 59,321. 758,752. 582,931. 233,591.
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	1,270,337.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	1, 1	
b Donated services and use of facilities		
c Recoveries of prior year grants	- 2	
d Other (Describe in Part XIII)	-	
e Add lines 2a through 2d	. 2e	-3,836.
3 Subtract line 2e from line 1	. 3	1,274,173.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3 3	
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	1,274,173.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returi	า.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	1,650,665.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	: 1	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII)	3,	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	. 3	1,650,665.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	- 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	1:- 1	
b Other (Describe in Part XIII.)	المهنئار	
C Add lines 4a and 4b		1 (50 (65
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	<u>1,650,665.</u>

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

BAA

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization		Employer identification number	
WOMEN'S COMMUNITY	REVITALIZATION PROJECT	22-2840188	
The form 990 is made available to the executive committee and board		committee and board for	
Pt VI, Line 11b	review.		
	All board and advisory board members are made awa	re of the policy at the	
Pt VI, Line 12c	time they join and at annual board orientations.		
	The organization had a salary study prepared by	an outside consultant,	
	comparing compensation for comparable staff positions in other		
Pt VI, Line 15a	organizations within the industry.		
		organization had a salary study prepared by an outside consultant, paring compensation for comparable staff positions in other	
	comparing compensation for comparable staff posi		
Pt VI, Line 15b	organizations within the industry.		
	Documents are available by request at the admini		
	organization. Form 990 and the audited financial statements are als		
Pt VI, Line 19	available on the WCRP website.		