| e<br>U   | ,  |  | 293930  | 5208230  |
|--|--|--|---|--|
| For 7,990-T  | Exempt Organization Busine   | ess Income Ta                                    | ax Return.  | OMB No 1545-0047   |
| Porting Community                                      | (and proxy tax under s   |  | 2006  |  |
| ,  | For calendar year 2019 or other tax year beginning JUL 1, 2(   | • • • •  | N 30, 2020  | <i>2</i> 019   |
| 2  | Go to www.irs.gov/Form990T for instruct  |  | ition.  |  |
| Department of the Treasury<br>Internal Revenue Service | ▶ Do not enter SSN numbers on this form as it may be m   |  | tion is a 501(c)(3).  | Open to Public Inspection for 501(c)(3) Organizations Only   |
| A X Check box if address changed                       | Name of organization ( Check box if name change  | d and see instructions.)                         | (Emp  | oyer identification number<br>loyees' trust, see<br>ictions) |
| B Exempt under section                                 | Print WOMEN AGAINST ABUSE, INC.  |  |   | 3-1984838  |
| X 501(c 33 )   | Or Number, street, and room or suite no. If a P.O. box, see  |  |   | ated business activity code<br>nstructions)                  |
| 408(e) 220(e)  | 100 S. BROAD SIREEI, NO.   |  |   | 1  |
| 408A 530(a)<br>529(a)                                  | City or town, state or province, country, and ZIP or foreing PHILADELPHIA, PA 19110  | gn postal code                                   |   |  |
| C Book value of all assets at end of year              | F Group exemption number (See instructions.)   | 504/->44   | (04/2)  |  |
| 10,523,5   | 80. G Check organization type  X 501(c) corporation states or businesses.  |  | 401(a) trust  | Other trust  |
|  | QUALIFIED TRANSP FRINGE-REPE   |  | he only (or first) unrelated<br>complete Parts I-V. If more | than one   |
|  | lank space at the end of the previous sentence, complete Parts I a   |  |   |  |
| business, then complete                                |  | ind in, doinipieto a confedero                   |   | ,  |
|  | the corporation a subsidiary in an affiliated group or a parent-sub  | sidiary controlled group?                        | ▶ ☐ Ye  | s X No   |
|  | nd identifying number of the parent corporation.   |  |   |  |
|  | ► JEANNINE L. LISITSKI   | Telepho  | ne number ▶ 215-  | 386-1280   |
| Part I Unrelated                                       | Trade or Business Income   | (A) Income                                       | (B) Expenses  | (C) Net  |
| 1 a Gross receipts or sale                             | s  | 1  |   |  |
| b Less returns and allow                               |  | ļ.————   |   |  |
| 2 Cost of goods sold (S                                | · · · · · · · · · · · · · · · · · · ·  | ļ  |   | · / · · · ·  |
| 3 Gross profit. Subtract                               |  | <del>                                     </del> | <u> </u>  |  |
| 4a Capital gain net incon                              | ·  | -  | <del></del>   | <del>/</del>   |
|  | 4797, Part II, line 17) (attach Form 4797)   | ļ  |   |  |
| c Capital loss deduction                               |  |  |   | <del></del>  |
|  |  |  |   |  |
| 6 Rent income (Schedu                                  |  |  |   | <del>.</del>   |
| 7 Unrelated debt-finance<br>8 Interest, annuities, roy | ed income (Schedule FDN 7 attes) and rent's from a controlled organization (Schedule F) 8  | <del>                                     </del> |   | <del></del>  |
| 9 Investment income@i                                  | a section 501(c)(7), (9), or (17) organization (Schedule G) 9  |  |   |  |
|  | vity income (Schedule!)  |  |   |  |
| 11 Advertising income (§                               | The state of the s |  |   |  |
|  | structions; attach schedule)   |  |   |  |
| 13 Total Combine lines                                 |  | 0.   |   |  |
| Part III Deductio                                      | ns Not Taken Elsewhere (See instructions for limit   | tations on deductions)                           |   |  |
| (Deductions  | must be directly connected with the unrelated business in  | come.)   |   |  |
| 14 Compensation of off                                 | cers, directors, and trustees (Schedule K)   |  | 14  |  |
| 15 Salaries and wages                                  |  |  | 15  | <del></del> -  |
| 16 Repairs and mainten                                 | ance   |  | 16  |  |
| 17 Bad debts   |  |  | 17  |  |
|  | dule) (see instructions)   |  | 18  |  |
| 19 Taxes and licenses                                  | pro la companya di managana di managan   |  | 19  |  |
| 20 Depreciation (attach                                | · · · · · · · · · · · · · · · · · · ·  | 20   |   |  |
|  | imed on Schedule A and elsewhere on return   | 21a  | 21b   | <del> </del>   |
| 22 Depletion   |  |  | 22  | <del>.</del>   |
|  | rred compensation plans  |  | 23  |  |
| .24 Employee benefit pro                               |  |  | 24  |  |
| 25 Excess exempt exper                                 |  |  | 25  |  |
| 26 Excess readership co                                |  |  | 26  |  |
| 27 Other deductions (at                                |  |  | 27  | 0.   |
|  | ld lines 14 through 27<br>axable income before net operating loss deduction. Subtract line 2   | 9 from line 12                                   | 28<br>29  | 0.   |
|  | axable income before net operating loss deduction. Subtract lifle 2<br>erating loss arising in tax years beginning on or after January 1, 2  |  | 4   |  |
| see instructions)                                      | stating 1055 arising hi tax years beginning Off Of after Jahuary 1, 2  | 010  |   | <b>n</b> .   |
| <i></i>  | exable income. Subtract line 30 from line 29   |  | 31  | 0.   |
|  | r Paperwork Reduction Act Notice, see instructions.  |  |   | Form <b>990-T</b> (2019)                                     |

|            | D-T (2gf19) WOMEN AGAINST ABUSE, INC.  | <u>23-1984</u>                                | 838 Page 2                            |
|------------|--|---|---------------------------------------|
| Part       | IV Total Unrelated Business Taxable Income   |   | · · · · · · · · · · · · · · · · · · · |
| 32         | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 32  | <u>`</u> o                            |
| 33         | Amounts paid for disallowed fringes  YNITT   | 38  |                                       |
| 34         | Charitable contributions (see instructions for limitation rules)   | 34  | 0.                                    |
| 35         | Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33   | 35  |                                       |
| 36         | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  | 36  |                                       |
| 37         | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  | 37  |                                       |
| 38         | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 38  | 1,000.                                |
|            | Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,  |   |                                       |
| 00         | enter the smaller of zero or line 37   | 39  | 0.                                    |
| Part       | I Tax Computation  | 1 1   |                                       |
|            | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)  | 4d  | 0.                                    |
| 41         | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:   | 74  |                                       |
| 71         | Tax rate schedule or Schedule D (Form 1041)  | .‡  |                                       |
| 40         |  | 42  | <del></del>                           |
|            | Proxy tax. See instructions  Alternative minimum tay (trusts only)   | 43  | <del></del>                           |
| 43         | Alternative minimum tax (trusts only)  |   |                                       |
|            | Tax on Noncompliant Facility Income. See instructions  | 44  | 0.                                    |
| 45<br>Part | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  **I Tax and Payments**  | 45  | <u> </u>                              |
|            |  | 1 1   | <u> </u>                              |
|            | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 1   |                                       |
|            | Other credits (see instructions)  General business credit. Attach Form 3800  Attach Form 3800  | <del> </del>                                  |                                       |
|            | General business credit. Attach Form 3800  | 4   |                                       |
|            | Credit for prior year minimum tax (attach Form 8801 or 8827)   | - 1   |                                       |
| е          | Total credits. Add lines 46a through 46d   | 46)2  |                                       |
| 47         | Subtract line 46e from line 45   | 47  | 0.                                    |
| 48         | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  | 48  |                                       |
|            | Total tax. Add lines 47 and 48 (see instructions)  | 49  | 0.                                    |
|            | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50  | 0.                                    |
| 51 a       | Payments: A 2018 overpayment credited to 2019  | 1 1   |                                       |
| b          | 2019 estimated tax payments $0 \frac{5 \cdot b}{5 \cdot b} = 3,560.$   | 1 1   |                                       |
| C          | Tax deposited with Form 8868   | ]   |                                       |
| d          | Foreign organizations: Tax paid or withheld at source (see instructions)  51d  | ]   |                                       |
| е          | Backup withholding (see instructions) 5 e  | ]   |                                       |
| f          | Credit for small employer health insurance premiums (attach Form 8941)  51f  | ]   |                                       |
| g          | Other credits, adjustments, and payments: Form 2439  |   |                                       |
|            | Form 4136 Other Total ▶ <b>5</b> 1g  | ] [   |                                       |
| 52         | Total payments. Add lines 51a through 51g  | 52  | <u>3,560.</u>                         |
| 53         | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | 58  |                                       |
| 54         | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | 54  |                                       |
| 55         | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  | 55  | 3,560.                                |
| _58        | Enter the amount of line 55 you want: Credited to 2020 estimated tax   | 56  | 3,560.                                |
| Part       | VI Statements Regarding Certain Activities and Other Information (see instructions)  | 1   |                                       |
| 57         | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority  |   | Yes No                                |
|            | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  |   |                                       |
|            | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country  |   |                                       |
|            | here   |   | x ·                                   |
| 58         | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  |   | X                                     |
|            | If "Yes," see instructions for other forms the organization may have to file.  |   |                                       |
|            | Enter the amount of tax-exempt interest received or accrued during the tax year > \$   |   |                                       |
|            | Under penalties of besury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled  | dge and belief, it is tru                     | e,                                    |
| Sign       | correct, and complete Dectaration of preparer (other than taxpayer) is pased on all information of which preparer has any knowledge EXECUTIVE DIRECTOR   |   |                                       |
| Here       | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | ay the IRS discuss thi<br>e preparer shown by | //                                    |
|            |  | structions)? X Y                              | ख <b>ा</b>                            |
|            | Print/Type preparer's name Preparer's signature Date Check   |   |                                       |
| Deta       | self- employed   |   |                                       |
| Paid       | 111/6/2020   | P01330  | 1899                                  |
| Prep       | DESCRIPTION OF THE PROPERTY OF | 13-163  |                                       |
| use        | Only Firm's name FISNERAMPER LLP Firm's EIN  |   |                                       |
|            | · · · · · · · · · · · · · · · · · · ·  | 215) 881                                      | -8800                                 |
| 922711 /   | 01-27-20   |   | 90-T (2019)                           |

| Schedule A - Cost of Good  | s Sold. Enter                                    | method of inve   | ntory  | valuation N/A  | <u> </u> |  |                     |  |    |
|--|--|--|--|--|----------|--|---------------------|--|----|
| 1 Inventory at beginning of year   | 1  |  |  | Inventory at end of ye   | ar       |  | 6                   |  |    |
| 2 Purchases  | 2  |  |  | Cost of goods sold. S  |          | line 6   |                     |  |    |
| 3 Cost of labor  | 3  |  | 7  | from line 5. Enter here  |          |  | _                   | 1  |    |
| 4a Additional section 263A costs   |  |  | 7  | line 2   |          | ·  | 7                   |  |    |
| (attach schedule)  | 4a   |  | 8  | Do the rules of section  | n 263A ( | with respect to  |                     | Yes  | No |
| b Other costs (attach schedule)  | 4b   |  | 1  | property produced or   | acquire  | for resale) apply to   |                     |  |    |
| 5 Total. Add lines 1 through 4b  | 5  | · ·  |  | the organization?  | •        | ,  |                     |  |    |
| Schedule C - Rent Income (see instructions)  | (From Real I                                     | Property and   | d Per  | sonal Property L   | ease     | d With Real Prop   | erty)               |  |    |
| 1. Description of property   |  |  |  |  |          |  |                     |  |    |
| (1)  |  |  |  | <del></del>  |          | -  |                     | <del>_</del>   |    |
| (2)  |  |  |  |  |          | <del></del>  |                     | ·  |    |
| (3)  |  | <del></del>  |  |  |          |  |                     |  |    |
| (4)  |  |  |  |  |          |  |                     |  |    |
|  | 2. Rent receive                                  | ed or accrued  |  |  |          |  |                     |  |    |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%) | e than   | ` of rent for  | persona  | sonal property (if the percental<br>I property exceeds 50% or if<br>sed on profit or income) | ige      | 3(a) Deductions directly columns 2(a) an   | connec<br>d 2(b) (a | ted with the income in<br>attach schedule)                                     | i  |
| (1)  |  |  |  |  |          |  |                     |  |    |
| (2)  |  |  |  |  |          |  |                     |  |    |
| (3)  |  |  |  |  |          |  |                     |  |    |
| (4)  |  |  |  |  |          |  |                     |  |    |
| Total  | 0.   | Total  | •  |  | 0.       | I  |                     |  |    |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column                         | n (A)  | <b></b>  |  |  | 0.       | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (B) | <b>&gt;</b>         | ·  | 0. |
| Schedule E - Unrelated Deb   | ot-Financed                                      | Income (see  | ınstru   | ictions)   |          |  |                     |  |    |
|  |  |  | ;  | 2. Gross income from   |          | <ol><li>Deductions directly conn<br/>to debt-finance</li></ol>                   |                     |  |    |
| 1. Description of debt-fi  | nanced property                                  |  |  | or allocable to debt-<br>financed property   | (a)      | Straight line depreciation (attach schedule)                                     |                     | (b) Other deductions (attach schedule)   | s  |
| (1)  |  |  | <del>                                     </del> |  |          | V.   |                     | <del>-</del>   |    |
| (2)  |  |  | <b>†</b>   |  |          |  |                     |  |    |
| (3)  |  |  |  |  | <u> </u> |  | <b>—</b>            |  |    |
| (4)  | <del>-:</del>                                    | ***  |  |  |          |  | 1                   |  |    |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)          | of or all<br>debt-finan                          | adjusted basis<br>locable to<br>iced property<br>schedule) |  | 5. Column 4 divided<br>by column 5   |          | 7. Gross income reportable (column 2 x column 6)                                 | (4                  | 8. Allocable deduction of x total of column 6 x total of column 3(a) and 3(b)) |    |
| (1)  |  |  | <b>-</b>   | . %  | <u>.</u> |  | 1                   |  |    |
| (2)  | <del>                                     </del> |  | †  | %  |          |  | 1                   |  |    |
| (3)  |  |  | 1  | %  | _        |  | 1                   |  |    |
| (4)  | <u> </u>   |  | 1  | %  |          |  | 1                   |  |    |
|  |  | -  | 1  |  |          | nter here and on page 1,<br>Part I, line 7, column (A)                           |                     | inter here and on page<br>Part I, line 7, column (E                            |    |
| Totals   |  |  |  | <b>.</b>   |          | 0.   | .                   |  | 0. |
| Total dividends-received deductions in   | ncluded in column                                | 8  |  | _  |          |  |                     |  | 0. |

Form 990-T (2019)

| - 3  |   |
|------|---|
| Page | 4 |

| Schedule 1 - Interest, A                |  | -                                 |  |                               | Controlled O   |  |   |  |   | struction |   |  |
|---|--|-----------------------------------|--|-------------------------------|--|--|---|--|---|-----------|---|--|
| 1. Name of controlled organization      |  | identific                         | . Employer 3. Net ui (loss) (so                            |                               | nrelated income ee instructions) 4. To   |  | tal of specified ments made                                       | ınçlud   | 5. Part of column 4 that is included in the controlling organization's gross income |           | 6. Deductions directly connected with income in column 5                                    |  |
| (1)                                     |  |                                   |  |                               |  |  |   | <u> </u>   |   |           |   |  |
| (1)                                     |  |                                   |  |                               |  |  |   | <del>                                     </del> |   |           |   |  |
| (2)                                     |  |                                   |  |                               |  |  |   | <u> </u>   |   |           |   |  |
| (3)                                     |  | -                                 |  |                               |  |  | <del></del> · · ·   | <u> </u>   |   | -         |   |  |
| (4)<br>Nonexempt Controlled Organiz     | rations  |                                   |  |                               |  | <u> </u>                                       | · · · · · ·   | L  |   |           |   |  |
| <del></del>                             |  |                                   | - (less)   | O T-4-1-                      |  |  | 40 Part of ask  | O tha  | t in included   | 44 0-     | d   |  |
| 7. Taxable Income                       |  | nrelated incom<br>ee instructions |  | g. Total c                    | of specified payr<br>made  | nents  | 10. Part of colu<br>in the controll<br>gros                       | ing organ  | uzation's   | with      | ductions directly connected income in column 10   |  |
| (1)                                     |  |                                   |  |                               |  |  | -   |  |   |           | • •   |  |
| (2)                                     |  |                                   | İ  |                               |  |  |   | ·-·-   |   |           |   |  |
| (3)                                     |  |                                   | İ  |                               |  |  |   |  |   |           |   |  |
| (4)                                     |  |                                   | <del></del>  |                               |  |  |   |  |   |           |   |  |
|   |  |                                   |  |                               |  |  | Add colur<br>Enter here and<br>line 8,                            |  | 1, Part I,<br>4)  |           | ld columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                     |  |
| Totals                                  |  |                                   |  | -                             |  | <b></b>  |   | _  | 0.  |           | 0   |  |
| Schedule G - Investmer                  | nt Incon   | ne of a S                         | ection (   | 501(c)(7)                     | ), (9), or ( <sup>•</sup>  | 17) Org  | ganization  |  |   |           |   |  |
| (see instr                              | uctions)   |                                   |  |                               |  |  |   |  | T   |           | _   |  |
| 1. Descri                               | iption of incor                                      | me                                |  |                               | 2. Amount of   | income   | Deductions directly connected (attach schedule)                   |  | 4. Set-asides (attach schedule)   |           | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |  |
| (1)                                     |  |                                   |  |                               |  |  | •   |  |   |           |   |  |
| (2)                                     |  |                                   |  |                               |  |  |   |  |   |           |   |  |
| (3)                                     |  |                                   |  |                               |  |  |   |  |   |           |   |  |
| (4)                                     |  |                                   | ·-·  |                               | Enter here and   | n nago 1                                       |   |  |   |           | Enter here and on page  |  |
|   |  |                                   |  |                               | Enter here and of<br>Part I, line 9, co  | lumn (A)                                       |   |  |   |           | Part I, line 9, column (B)  |  |
| Totals                                  |  |                                   |  | <u> </u>                      | <b>T</b> . A.  | 0.   |   |  |   | -         | 0   |  |
| Schedule I - Exploited E<br>(see instru | -  | Activity                          | Income   | , Other                       | Than Adv   | ertisin  | g Income  |  | <b>.</b>  |           | <del>"   .</del>  |  |
| Description of exploited activity       | 2. G<br>unrelated<br>income<br>trade or b            | business<br>e from                | 3. Expo<br>directly co<br>with prod<br>of unre<br>business | onnected<br>duction<br>plated | 4. Net incomfrom unrelated business (cominus columination) gain, compute through | I trade or<br>Ilumn 2<br>n 3) If a<br>e cols 5 | 5. Gross inco<br>from activity<br>is not unrelat<br>business inco | hat<br>ed  | 6. Expenses attributable to column 5  |           | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |  |
| (1)                                     |  |                                   |  |                               |  |  |   |  |   |           |   |  |
| (2)                                     |  |                                   |  |                               |  |  |   |  |   |           |   |  |
| (3)                                     |  |                                   |  |                               |  |  |   |  |   |           |   |  |
| (4)                                     |  |                                   |  |                               |  |  |   |  |   |           |   |  |
|   | Enter her<br>page 1,<br>line 10,                     | , Part I,<br>col (A)              | Enter here<br>page 1,<br>line 10, c                        | Part I,<br>col (B)            |  |  | •   | 4  |   |           | Enter here and<br>on page 1,<br>Part II, line 25  |  |
| Totals                                  |  | 0.                                |  | 0.                            |  |  |   |  |   |           | 0   |  |
| Schedule J - Advertisin                 |  |                                   |  |                               |  |  |   |  |   |           |   |  |
| Part I Income From F                    | Periodic   | als Repo                          | orted on   | a Cons                        | olidated   | Basis  |   |  |   |           |   |  |
| 1. Name of periodical                   | Name of periodical     Name of periodical     Income |                                   |  | . Direct rtising costs        | 4. Advert<br>or (loss) (co<br>col 3) If a ga<br>cols 5 th                        | ol 2 minus<br>ain, comput                      | 5. Circula<br>e income  |  | 6. Read<br>cost   |           | Excess readership costs (column 6 minus column 5, but not more than column 4)               |  |
| (1)                                     | 1  |                                   |  | <del></del> -                 |  |  |   |  |   |           |   |  |
| (2)                                     |  |                                   |  |                               | 7  |  |   |  |   |           |   |  |
| (3)                                     | <u> </u>   |                                   |  | •                             | 7  |  |   |  |   |           |   |  |
| (4)                                     |  |                                   |  |                               | 7  |  |   |  |   |           |   |  |
| <del></del>                             |  |                                   |  | •                             |  | <del>-</del>                                   | 1   |  |   |           |   |  |
| Totals (carry to Part II, line (5))     | <b>•</b>   | C                                 | <u>).</u>  | 0 .                           | .  |  |   |  | <u> </u>  |           | 0<br>Form <b>990-T</b> (201   |  |

For 1990-T (2019) WOMEN AGAINST ABUSE, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7. Excess readership costs (column 6 minus 4. Advertising gain or (loss) (col 2 minus 3. Direct 5. Circulation 6. Readership advertising income 1. Name of periodical col 3) If a gain, compute cols 5 through 7 column 5, but not more than column 4) advertising costs ıncome costs (1) (2) (3)

0. Totals from Part I 0. 0. Enter here and on page 1, Part I, Enter here and on page 1, Part I, Enter here and on page 1, Part II, line 26 line 11, col (A) line 11, col (B) 0\_. Totals, Part II (lines 1-5) 0 0

Schedule K - Compensation of Officers, Directors, and Trustees Percent of time devoted to 4. Compensation attributable 2. Title 1. Name to unrelated business business \_(1) (2) % % (3) (4) % 0. Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019)

(4)