	•			23	73930890	4251	9	20695 03/05/2019 2 06 PI
	000 T		Exempt Organization Busin	ess I	ncome Tax Ret	turn	<u></u>	OMB No 1545-0687
-orr	_¬ 990-T	For cale		2017				
•	artment of the Treasury		endar year 2017 or other tax year beginning 10/01, Go to www.irs gov/Form9907 for instru	ictions a	ind the latest information	1	Open	to Public Inspection for
nter	nal Revenue Service Check box if	▶ Do	not enter SSN numbers on this form as it may be	made p	ublic if your organizatio	n is a 501(c)(3)	501(c)(3) Organizations Only
4	address changed		Name of organization (Check box if name change	ged and se	e instructions)	D Employer ide		
_	Exempt under section	l	TIONER OF THE			(Employees' tr	ust, see ii	istructions)
ļ	X 501(C)(23)	Print	WOMEN'S CENTER, INC.			30.0	2400	-0.4
ļ	408(e) 220(e)	or	Number, street, and room or suite no. If a P.O. box, see instruct	ions		38-23		
	408A 530(a)	Туре	1310 S FRONT STREET		·	E Unrelated bu (See instruction		ctivity codes
	529(a)		City or town, state or province, country, and ZIP or foreign p			5311	•	E21100
	Book value of all assets	F G	MARQUETTE	MI	49855] 3311	90	531190
	at end of year 834,037		roup exemption number (See instructions)	rotion	F01(a) trust	401(a) true		Other trust
			neck organization type X 501(c) corporary unrelated business activity	ration	501(c) trust	401(a) trus	<u> </u>	Other trust
	► RENTAL	iii S piiiiii	ary unrelated business activity					
	·	the cor	poration a subsidiary in an affiliated group or a j	sacent a	ubaidiany controlled o	?		Yes X No
	If "Yes," enter the name	and ide	ntifying number of the parent corporation	Jaicii(-3	absidiary controlled gro	up.		1es 140
	<u> </u>							
<u> </u>	The books are in care of	f ▶ E	OB KNAUS		Teler	hone number 🕨	90	6-225-1346
P	art I Unrelated	d Trad	e or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sale	s						
b	Less returns and allow	vances	c Balance	1c				
2	Cost of goods sold (So	chedule	A, line 7)	2				
3	Gross profit Subtract	line 2 fro	om line 1c	_ 3		-		,
4a	Capital gain net incom	ie (attac	n Schedule D)	4a				
b	• , ,,		line 17) (attach Form 4797)	4b				
С	Capital loss deduction			4c				
5	Income (loss) from partnerships		orations (attach statement)	5				
6	Rent income (Schedul	•		6	5,125		468	2,657
7	Unrelated debt-finance		,	7	29,997	51,	763	-21,766
8	-		nts from controlled organizations (Schedule F)	8				
9			(c)(7), (9), or (17) organization (Schedule G)	9				<u>.</u>
10	Exploited exempt activ	•	` '	10				
IV)	Advertising income (S		•	11				
13	Other income (See ins		•	12	25 122	EA	221	10 100
20 20	Total. Combine lines : art II Deductio			13	35,122	54,		-19,109
П	deduction	is musi	t Taken Elsewhere (See instructions be directly connected with the unrelated to the connected with the unrelated with the unrelated to the connected to the connected with the unrelated to the connected	ed bus	iations on deductionsiness income)	ns)(⊏xcept	IOI CC	ontributions,
14			ctors, and trustees (Schedule K)				14	
15	Salaries and wages		,				15	
16	Repairs and maintena	nce					16	
17	Bad debts						17	
18	Interest (attach sched	ule)					18	
19	Taxes and licenses						19	
20	Charitable contributions (S	See instru	ctions for limitation rules)				20	
21	Depreciation (attach F	orm 456	2)		21	4,439		
22	Less depreciation clair	med on	Schedule A and elsewhere on return		22a	4,439	22b	0
23	Depletion						23	
24	Contributions to deferi	red com	pensation plans				24	
25	Employee benefit prog						25	- · · · <u>- · · · · · · · · · · · · · · ·</u>
26	Excess exempt expen	•	•				26	
27	Excess readership cos	•	•]	27	
28	Other deductions (atta		,			ļ	28	
29	Total deductions. Ad		•				29	
30			come before net operating loss deduction. Subt	ract line	29 from line 13	ļ	30	-19,109
31		,	limited to the amount on line 30)				31	
32			come before specific deduction Subtract line 3		ne 30		32	-19,109
33			\$1,000, but see line 33 instructions for exception	-			33	1,000
34	Unrelated business t	taxable	income. Subtract line 33 from line 32 If line 33	is great	ter than line 32,		ļ	

For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

-19,109 Form **990-T** (2017)

_	ONE TOWER DOMEN OF CHANGED THE	20 2240624	2069	15 03/05/2019 2 0ର୍ । —
	990-T (2017) WOMEN'S CENTER, INC.	38-2340624		Page
	rt III Tax Computation		, , ,	
	Organizations Taxable as Corporations. See instructions for tax computation. Co	ntrolled group	1 1 '	-
	members (sections 1561 and 1563) check here See instructions and			,
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets	(in that order)		
	(1) [\$ (2) [\$ (3) [\$		1 1	
	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$	-l i	
	(2) Additional 3% tax (not more than \$100,000)	<u>[\$</u>	4	
-	Income tax on the amount on line 34	•	35c	
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax or		1 1	
	the amount on line 34 from Tax rate schedule or Schedule D (For	m 1041)	36	
37	Proxy tax. See instructions	•	37	
38	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income. See instructions		39	
10	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	
<u>Pa</u>	rt IV Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a	_	
b	Other credits (see instructions)	41b	<u> </u>	
С	General business credit Attach Form 3800 (see instructions)	41c	1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	_	
e	Total credits. Add lines 41a through 41d		41e	
12	Subtract line 41e from line 40		42	
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (i	att sch)	43	
44	Total tax. Add lines 42 and 43	•	44	
15 a	Payments A 2016 overpayment credited to 2017	45a 1,400	<u> </u>	
b	2017 estimated tax payments	45b		
C	Tax deposited with Form 8868	45c		
d	Foreign organizations Tax paid or withheld at source (see instructions)	45d		
е	Backup withholding (see instructions)	45e] [
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments Form 2439			
	Form 4136 Other Total	▶ 45g		
46	Total payments. Add lines 45a through 45g	5	46	1,40
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	☆ ★	47	
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	<u></u>	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount over	erpaid	49	1,40
<u>50 _</u> _	Enter the amount of line 49 you want Credited to 2018 estimated tax ▶1	, 400 Refunded	50	
Pa	rt V Statements Regarding Certain Activities and Other Info	rmation (see instructions)		
51	At any time during the 2017 calendar year, did the organization have an interest in c	or a signature or other authority		Yes
	over a financial account (bank, securities, or other) in a foreign country? If YES, the			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the	e name of the foreign country		
	here >	-		;
52	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to, a foreign t	rust?	
	If YES, see instructions for other forms the organization may have to file	,		
53	Enter the amount of tax-exempt interest received or accrued during the tax year	\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my knowledge and bel	ief, it is	
Sig	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which pre	parer has any knowledge	May the	IRS discuss this re
Her		アドイサヘア	with the (see inst	preparer shown be tructions)?
	Signature of officer Date Title	RECTOR	——— L <u>X</u>	Yes
	Print/Type preparer's name Preparer's signature	Date	Check If P	TIN
Paid			"	00167073
	arer Firm's name ANDERSON, TACKMAN & COMPANY,	57.6		3-19779
•	Only 102 WEST WASHINGTON, SUITE 10		SLIVFJC	
J 3 C	Firm's address MARQUETTE, MI 49855		ne no 906-	-225-11
	Trains addiess / **********************************	I Phol		
			Fo	rm 990-T

Form	1 990-T (2017) WOMEN	I'S CENTER,	INC	l '•	38-2	340624	Pa	age 3
Sch	edule A – Cost of Go	ods Sold. Enter r	netho	d of inventory valuation ▶				
1	Inventory at beginning of y	/ear 1		6 Inventory at end of	year		6	
2	Purchases	2		7 Cost of goods sol	d. Subtra	ct		
3	Cost of labor	3		line 6 from line 5 E	nter here	and		
4a	Additional sec 263A costs			in Part I, line 2			7	
	(attach schedule)	4a		8 Do the rules of sec	tion 263A	(with respect to	Yes	No
b	Other costs	4b		property produced		•	1.00	,;
5	(attach schedule) Total. Add lines 1 through			to the organization	•	ou for fodule, upply		*•
			opert	y and Personal Property L		Nith Real Proper	tv)	
	ee instructions)	(, , , , , , , , , , , , , , , , , ,	оро	y and i ordenan reporty 2	ouoou .	THE TOPON	· 3 /	
	scription of property							
(1)	MUNISING HOUS	SE						
(2)						· · ·		
(3)							·	
(4)							·	
		2 Rent received	d or accru	ed	·	~~	<u> </u>	
	(a) From personal property (if the	percentage of rent		(b) From real and personal property (if the		3/a) Deductions dire	ctly connected with the income	
	for personal property is more th		r	percentage of rent for personal property exceed	ds l	• •	and 2(b) (attach schedule)	
	more than 50%)			50% or if the rent is based on profit or income		See Statement		
(1)	 				,125		2,4	
(2)	·				,,120		<u> </u>	100
(3)								
(4)							<u> </u>	
Tota			Total	F	,125			
	otal income. Add totals of				,,120	(b) Total deductions.	4	
	and on page 1, Part I, line 6		Enter	▶ 5	,125	Enter here and on page Part I, line 6, column (B		468
	edule E – Unrelated		come		7140	7 071 17 1110 07 00101111 1/2		100
				1 total metrapheno,	T	3 Deductions directly con-	nected with or allocable to	
			ı	2 Gross income from or	Stm	t 2 debt-financ		3
	1 Description of debt-f	financed property		allocable to debt-financed		traight line depreciation		
				property	(4) 5	(attach schedule)	(b) Other deductions (attach schedule)	
(1)	ADMIN BUILDIN	1G		29,997	7	1,971	49,	792
(2)				23,33	<u> </u>	1,3,1		, , , _
(3)					 			
(4)								
<u>(· / </u>	4 Amount of average	5 Average adjusted ba	ISIS		+			
	acquisition debt on or	of or allocable to		6 Column 4 divided	7 G	ross income reportable	8 Allocable deductions (column 6 x total of column	ns
	allocable to debt-financed property (attach schedule)	debt-financed propert (attach schedule)	y [by column 5	(c	column 2 x column 6)	3(a) and 3(b))	
(1)	86,868	`	055	100.009	<u>, </u>	29,997	51,	763
(2)	00,000		-		/d	23,331	<u> </u>	, 03
(3)					/ <u>0</u>			
(4)				· · · · · · · · · · · · · · · · · · ·	/9 //a			
	ee Statement 4	See Statement	t. 5		1	here and on page 1.	Enter here and an an-	o 1
-						line 7, column (A)	Enter here and on page Part I, line 7, column (I	
Tota	ls			•	1	29,997	51,	
	l dividends-received dedu	ictions included in col	umn 8	•			<u> </u>	<u> </u>

3	R	_	2	3	4	n	6	2	
_	·		_	_	-3	v	v	_	

Schedule F – Interest, Annu	ities, Royaltie	s, and Ren	ts Fron	n Controll	ed Or	ganiza	ations	(see instruct	ions)		
1. Name of controlled		Employer	Exemp	ot Controlled	d Organ	nization	ns T			^	
		cation number		related income ee instructions)	1	Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
) N/A											
?)											
)											
)											
onexempt Controlled Organiza	tions										
						10	Part of colu	ımn 9 that ıs	11	Deductions directly	
7 Taxable Income	I	unrelated income (see instructions)		9 Total of speci payments mad		inc	luded in the	controlling pross income		nected with income in column 10	
)						<u> </u>					
)						<u> </u>					
3)											
·)											
			-			Ent	dd columns er here and irt I, line 8, d	on page 1,	Ente	dd columns 6 and 11 er here and on page 1, nt I, line 8, column (B)	
otals		4				<u>L</u>					
Schedule G – Investment In	icome of a Sec	tion 501(c	(7), (9)	, or (17) O	rganiz	zation	(see in	structions)			
1 Description of income		2 Amount of a	ncome	ŀ	eductions connected		4	Set-asides		5 Total deductions and set-asides (col. 3	
,	-			1	schedule)			ach schedule)		plus col 4)	
) N/A											
2)								. ,			
				-						 	
3) ()									+		
otals Schedule I – Exploited Exer	•	Enter here and on Part I, line 9, co	olumn (A)	n Advertis	ing Inc	come	(see ins	structions)		ater here and on page 1, art I, line 9, column (B)	
	2 Gross	3 Exper		4 Net income		5 Gra	iss income	i .		7 Excess exempt	
	unrelated	direct connecte	•	from unrelated or business (co			ictivity that	6 Expe		expenses (column 6 minus	
Description of exploited activity	business income from trade or	production		2 minus colum			unrelated	attributa colun		column 5, but not	
	business	unrela		If a gain, com		busine	ss income	Colum	1113	more than	
		business i	ncome	cols 5 throug	jh 7					column 4)	
27/2				_						-	
N/A		 							_		
?)										-	
3)	 										
4)											
	Enter here and on	Enter here								Enter here and	
	page 1, Part I, line 10, col (A)	page 1, F								on page 1, Part II, line 26	
Totals			` '							.,	
Schedule J – Advertising In	come (see insti	ructions)							••	- 	
Part I Income From F	Periodicals Re	orted on a	a Conso	olidated B	asis			~			
		1	1	4 Advertisi						7 Excess readership	
	2 Gross	3 Dire	ect	gain or (loss)		5.0	irculation	6 Read	fership	costs (column 6	
1 Name of periodical	advertising	advertising		2 minus col			rculation rcome	cos		minus column 5, but	
	ıncome	· ·		a gain, comp cols 5 throug						not more than column 4)	
A/N (t	+										
	 	 			}						
2)					-						
(3)	<u></u>	 			<u> -</u>						
4)										·	
			ļ		ļ			l l			
Totals (carry to Part II, line (5))					ŀ						
										Farm 000 T (20)	

Totals, Part II (lines 1-5)

Total. Enter here and on page 1, Part II, line 14

Page **5**

2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership 2 Gross Đ. gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6 Readership advertising 2 minus col 3) If minus column 5, but 1 Name of periodical advertising costs ıncome costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A Totals from Part I ▶ Enter here and on Enter here and on Enter here and 1; on page 1, page 1, Part I, page 1, Part I, line 11, col (A) line 11, col (B) Part II, line 27

Schedule K - Compensation of Officers, Directors	, and Trustees (see instructions)		
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	

Form 990-T (2017)

 \triangleright

20695 WOMEN'S CENTER, INC.

38-2340624

Federal Statements

3/5/2019 2:06 PM

FYE: 9/30/2018

Statement 1 - Form 990-T, Schedule C, Column 3 - Deductions

Description	Deduction
MUNISING HOUSE	0.460
Depreciation	2,468
Total	2,468

Statement 2 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

Description	Deduction
ADMIN BUILDING	
TOTAL DEPRECIATION	22,293
OTHER NON-ADMIN BUILDING ASSETS	-18,378
WOMEN'S CENTER BUILDING PERCENTAGE	-1,944
Total	1,971

Statement 3 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
ADMIN BUILDING Interest Insurance Repairs Taxes Utilities Other	13,104 14,145 5,782 2,750 11,455 2,556
Total	49,792

Statement 4 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
ADMIN BUILDING Sum of Debt Outstanding at First of Each Month Divided by Total Number of Months Property Held	1,042,416
Average Acquisition Debt	86,868

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No

(99) Internal Revenue Service Identifying number Name(s) shown on return WOMEN'S CENTER, INC. 38-2340624 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 510,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,030,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12 13 Note Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property) (See instructions) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2017 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property b 7-year property d 10-year property e 15-year property 20-year property S/L 25-year property a 25 yrs h Residential rental S/L 27 5 yrs MM property MM 27 5 yrs S/L Nonresidential real MM S/L 39 yrs property MM Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM Summary (See instructions) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22,293 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22

portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year, enter the

23

23

20695 WOMEN'S CENTER, INC.

Federal Statements

38-2340624FYE: 9/30/2018

Statement 5 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	<u>Deduction</u>
ADMIN BUILDING Adjusted Basis on First Day Property Was Held Adjusted Basis on Last Day Property Was Held	49,012 45,098
Divided by 2	94,110
Average Adjusted Basis	47,055

3/5/2019 2:06 PM