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	Form	990			_	_	_		OMB No. 1545-0047
				Organization E					2013
			Under section 501(c),	527, or 4947(a)(1) of the Inter er Social Security numbers	rnal Revenue Codi on this form as it r	e (except p nav he ma	rivale foun de Éublic	dallons)	Open to Public
Dep Inter	anment of th nal Revenue	e Treasury e Service	► Information	about Form 990 and its inst	ructions is at www	w.irs.gov	10 pm 990	· ·	inspection
A	For the 2	2013 calend	ar year, or tax year begin	ning Jul 1	, 2013, <u>a</u>	nd ándið	g Yun		, 2014
B	Check if ap	plicable	C Name of organization WOM	en In Safe Home	es, Inc(2111		D Employer Idea	ntification Number
	Addre	ss change	Doing Business As			<u></u>		92-006	
	Name	change	Number and streat (or P.O. box	if mail is not delivered to street a	ddrest (Reom/s	sule	E Telephone nun	
	Initial /	netura 1	20 Box 6552		* ALSES			(907)	225-9474
	Termir		• • • •	country, and ZIP or loreign postal					* • • • • • • • •
	H		(etchikan		AK	99901	H(a) le faie	G Gross receipts a group return for sub	\$ 1,446,563. pordinates? Yes X No
	Applic		F Name and address of principal			00001			
1	Tax ora		eth Bogarde PO Bo: X 501(c)(3) 501(c) (x 6552 Ketch:) (insert no.)</td <td>4947(a)(1) or</td> <td>99901</td> <td>If 'No.'</td> <td>subordinatos include attach a list. (see ins</td> <td>Iructions)</td>	4947(a)(1) or	99901	If 'No.'	subordinatos include attach a list. (see ins	Iructions)
+	Websi		.wishak.org	/ (#3611102)	1-0-110/11/01		H(c) Group	exemption number	►
ĸ			X Corporation Trust	Association Other	LYe	ar of formatio	<u> </u>		legat domicite: AX
		Summary						<u> </u>	
<u> </u>			the organization's mission	or most significant activi	ities: See	State	ement	2	
¢									
and									
Activities & Governance				discontinued its operatio					
- Ö		eck this box mber of votin	ig members of the governit	no body (Part VI, line 1a)					7
<u>ন্</u> ব	4 Nu	mber of inde	pendent voting members o	if the governing body (Pa	irt VI, line 1b) .			4	7
ties			individuals employed in c						37
žtivi			volunteers (estimate if ne						77
Ā			business revenue from Pa						0.
	b Ne	t unrelated b	usiness taxable income fro	m Form 990-1, line 34			- 1	rior Year	Current Year
	8 Co	atributions a	nd grants (Part VIII, line 1h)				, 345, 273.	1,430,451.
ne		ogram service	22,239.	10,554.					
Revenue			me (Part VIII, column (A),					4,896.	5,558.
В	11 Ot	her revenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 1	1e)	• • • • •		50.	
_	-		- add lines 8 through 11 (n					,372,458.	1,446,563.
			lar amounts paid (Part IX,						<u> </u>
		•	or for members (Part IX, c					010 107	040 525
ses			compensation, employee b					919,197.	849,525.
sus			draising fees (Part IX, colu					ar wat in decision the film	- Contraction of Adding of Carrier
Expens			g expenses (Part IX, colum			,294.		臺灣國地球	
3			(Part IX, column (A), lines					436,637.	434,019.
			Add lines 13-17 (must equ					<u>.,355,834.</u>	1,283,544.
	19 Re	venue less e	xpenses. Subtract line 18 I	from line 12				16,624.	163,019. End of Year
ata c	00 T.						Beginni	ng of Current Yea 762, 172.	791,063.
A.	-		art X, line 16) • • • • • • • • • • • • • • • • • • •					225,100.	79,014.
Not Assets of Fund Balancop		•	nd balances. Subtract line					537,072.	712,049.
		Signature		21 #041 #10 20 1 1 1			I		1
linda	r centiles o	Jaeptry Edictat	a that I have examined this return. i	including accompanying schedul	es and statements, a	nd to the be:	st of my know	ledge and belief, it is	Irue, correct, and
cemp	lete. Declara	ation of preparer (e that I have examined this return, (other than officer) is based on all in	formation of which preparer has	any knowledge.			-	
		N/1	IA R KROAWIN	AF - Baas	A Chair	<u>DØNSM</u>		5/06/15	
Sig	n	Signature	of officer		,			alə	
He			Bogarde				Exect	utive Dire	ector
			int name and bile.		2		_ <u>_</u>		[PTIN
		PrintType prep		Preparer's somature	L	Date octoci		Check if	
Pai			l Foster	19-1-	•	05/06/	10	self-employed	201436085
	parer	Firm's name	FOSTER AND CO		<u> </u>			Firm's EIN 🎽 31	7-1709475
Us	e Only	FWD \$ address FO BOX 672194							
		<u> </u>	WASILLA		AK 99687			Phone no. (9)	. X Yes No
			eturn with the preparer sho duction Act Notice, see t				EA0101 11/	38/13	Form 990 (2013)
BA/	ч гог Ра	perwork Kee	IUCTION ACT NOTICE, see t	ne sebarare manuchou		. = :			

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		24	RE	CEI	VED MAY 1 1	
	Form 990				OMB No. 1545-0047	
		Return of Organization Exempt From Inco Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr			2013	
artme rnal F	ent of the Treasury Revenue Service	 Do not enter Social Security numbers on this form as it may be mad Information about Form 990 and its instructions is at www.irs.gov 	e public. form990.		Open to Public Inspection	
Fo	r the 2013 cale	ndar year, or tax year beginning $Jul 1$, 2013, and ending			, 2014	
Che	ck if applicable:	C Name of organization Women In Safe Homes, Inc	D Employ	er Iden	tification Number	
L	Address change	Doing Business As		0069		
	Name change	Number and street (or P.O. box if mail is not delivered to street address Room/su	uite E Telepho	one num	ber	
	Initial return	PO Box 6552	(90	7) 2	25-9474	
	Terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended return	Ketchikan AK 99901			\$1,446,563.	
L	Application pending		H(a) Is this a group return			
		Been Bogarde Fo Box 0002 Recentral Incorport	H(b) Are all subordinates If 'No,' attach a list. (see instr	i? Yes No ructions)	
	ax-exempt status	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527				
		in this bill and the second seco	H(c) Group exemption nu			
	orm of organization:	X Corporation Trust Association Other L Year of formation	n: 1986 M s	State of I	egal domicile: AK	
art		ry ibe the organization's mission or most significant activities: See State	mant 2			
	Difeliy descri					
23						
2	Check this b	ox if the organization discontinued its operations or disposed of more th	an 25% of its net as	sets.		
3		oting members of the governing body (Part VI, line 1a)		3	7	
4		dependent voting members of the governing body (Part VI, line 1b)		4	7	
5	Total numbe	r of individuals employed in calendar year 2013 (Part V, line 2a)		5	37	
6		r of volunteers (estimate if necessary)		6 7a	77	
'		d business taxable income from Form 990-T, line 34		7b	0.	
-	D Net unrelated		Prior Year	10	Current Year	
8	Contribution	s and grants (Part VIII, line 1h)		73	1,430,451.	
9		vice revenue (Part VIII, line 2g)			10,554.	
9 10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		96.	5,558.	
11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50.	72	
12	2 Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,372,4	58.	1,446,563.	
13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)				
14		I to or for members (Part IX, column (A), line 4)				
15	5 Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	919,1	.97.	849,525.	
16	a Professional	fundraising fees (Part IX, column (A), line 11e)				
16	b Total fundrai	sing expenses (Part IX, column (D), line 25) ► 15,294.				
17	Other expension	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	436,6	537.	434,019.	
18	3 Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,355,8		1,283,544.	
19	Revenue les	s expenses. Subtract line 18 from line 12	16,6	524.	163,019.	
			Beginning of Curren	nt Year	End of Year	
20		(Part X, line 16)	762,1		791,063.	
21	Total liabilitie	es (Part X, line 26)	225,1	.00.	79,014.	
22	2 Net assets o	r fund balances. Subtract line 21 from line 20	537,0)72.	712,049.	
art	II Signatu	re Block				
		clare that I have examined this return, including accompanying schedules and statements, and to the best rer (other than officer) is based on all information of which preparer has any knowledge.	t of my knowledge and be	lief, it is	true, correct, and	
plete.	. Declaration of prepa	irer (other than officer) is based on all information of which preparer has any knowledge.			-	
		a faile an	05/06/1 Date	5		
gn	Signat	ure of officer				
ere		h Bogarde	Executive	Dire	ctor	
		or print name and title.	T	1	PTIN	
		preparer's name Preparer's signature Date	Check	if		
aid		M Foster 05/06/	15 self-employ	ed	P01436085	
	Firm's nam			• • •	1 7 0 0 4 7 5	
se C	Dnly Firm's add		Firm's EIN		-1709475	
		WASILLA AK 99687-2194	Phone no.	(90		
		is return with the preparer shown above? (see instructions)			. X Yes No	
AA F	or Paperwork	Reduction Act Notice, see the separate instructions. TEE	A0101 11/08/13		Form 990 (2013)	

See Statement 2 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X N If 'Yes,' describe these new services on Schedule O.	rm 990 (2013) Women In Safe Homes, Inc	92-0069501	Page
Bitely describe the organizations mission: See Statement 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? Yes If Yes, describe these ense vervices on Schedule O. Describe tho organization's program services can and section 4917(4)(1) fusts are required to report the amount of grants and allocations to others, the total segments, and revuent. If any, to describe those changes on Schedule O. Describe tho organization's program services can measured by expenses. Section 501(4)(3) and 501(4)(4) organizations and section 4917(4)(1) fusts are required to report the amount of grants and allocations to others, the total segments, and revuent. If any, to describe tho organization's program services are measured by expenses. Section 501(4)(3) and 501(4)(4) organizations and section 4917(4)(1) fusts are required to report the amount of grants and allocations to others, the total segments, and revuent. If any, to describe tho organization's program services are an allocation to others. The total segments, and revuent. If any, to describe tho organization's program services are allocation for victims of domestic violence and sexual assault.			
See Statement 2 Did the organization undertake any significant program services during the year which were not listed on the prior Yes Form 390 or 990-E22: Yes If Yes, describe these new services on Schedule 0. Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses, sections 50 (60%) and 50 (c) (60 program service for each of 11s three largest program services, as measured by expenses, sections 50 (c) and 50 (c) (60 program service reported. a (Code:) (Expenses 5 956, to port you and service reported. a (Code:) (Expenses 5 956, to port you and service and program service reported. b (Code:) (Expenses 5 956, to port you and service and program service reported. b (Code:) (Expenses 5 188, 440, including grants of 5 0,) (Revenue 3 188, 440 Support_ and referral_services for same victims. 158, 440 158, 440 158, 440 Support_ and referral_services for same victims. 0,) (Revenue 3 188, 168 pomestic, violence, sexual assault and healthy relationships education, prevention and outreach. 158, 168, 168 158, 168, 168 pomestic, violence, sexual assault and healthy relationships education, prevention and outreach. 158, 258, 700,) 258, 700,)			
Idi the organization undertake any significant program services during the year which were not listed on the prior Yes N If Yes, describe three environments on activate 0. If Yes, describe three environments on activate 0. Ves N If Yes, describe three environments on activate 0. If Yes, describe three environments on activate 0. Ves N If Yes, describe three environments on activate 0. Describe throe quartization's program services, as measured by expenses. Section 5010(3) and 5010(4) organizations and election 4847(4)(1) trusts are required to report the amount of grants and allocations to others, the total spenses, and revenue, if any, for each organization's program services, as measured by expenses. Section 5010(3) and 5010(4) organizations and election 4847(4)(1) trusts are required to report the amount of grants and allocations to others, the total spenses, and revenue, if any, for each organization's program services, as measured by expenses. Section 5010(3) and 5010(4) organization's program service in the prior vicitims of domestic violence is not provide support. a (Code:) (Expenses \$ 956, including grants of \$ 0,) (Revenue \$ 188, 440 sexual assault.			
Form B00 or 090 c E27. Yes Y	See Statement 2		
Form B00 or 090 c E27. Yes Y			
Form B00 or 090 c E27. Yes Y			
Form B00 or 090 c E27. Yes Y			
<pre>H 'Yes' describe these new services on Schedule 0. Do the organization cases conducting, or make significant changes in how it conducts, any program services?</pre>			_
Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N H Yes' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(d) and 501(c)(d) organization's program service schedule of the program services (condections and section 4947(d)(f) trusts are required to report the amount of grants and allocations to others, be title depretes, and revenue, flaw, for each of its three largest program services, as measured by expenses. Section 501(c)(d) and 501(c)(d) organization's program services (condection) or the section for an each program service reported. a (Code:)(Expenses \$		· · · · · · Yes	X N
<pre>H Yes, describe these changes on Schedule 0. Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(4) and 501(c)(4) organizations and section 4847(a)(1) justs are required to report the amount of grants and allocations to others, the total expenses, and revenue. if any, for each program service reported. a (Code:) [Expenses SS6_, including grants of S, 0.) (Revenue S Shelter for victings of domestic violence to provide support, counseling and education for victims of domestic violence and b (Code:) (Expenses S 188, 440, including grants of S, 0.) (Revenue S</pre>			_
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c) and 501(c) (Migonizations and section 4874(f)) fusits are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. a (Code:)(Expenses \$56, including grants of \$)(Revenue \$181,255 Shelter for victims of domestic violence _ to provide support, counseling and education for victims of domestic violence and sexual assault. b (Code:)(Expenses \$188,440, including grants of \$)(Revenue \$188,440 Support and referral services for same victims. counseling victores \$188,440, including grants of \$)(Revenue \$188,440 Support and referral services for same victims. counseling victores \$188,168, including grants of \$)(Revenue \$188,440 Support and referral services for same victims. counseling victores \$188,168, including grants of \$)(Revenue \$181,168 prevention and outreach. counseling victores \$188,168, including grants of \$)(Revenue \$181,168 prevention and outreach. counseling victores \$181,168, including grants of \$](Revenue \$181,168 prevention and outreach. counseling victores \$		· · · · · · Yes	X N
Sector 50(c)(3) and 50(c)(4) organizations and sector 4947(a)(1) fusts are required to report the amount of grants and allocations to others, the total expenses, and evenue, if any, for each program service reported. a (Code:)(Expenses \$ 956. including grants of \$)(Revenue \$ 181,255 Shelter for victims of domestic violence _ to provide support, counseling and education for victims of domestic violence and sexual assault. 			
Shelter for victims of domestic violence - to provide support, counseling and education for victims of domestic violence and sexual assault.	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	s measured by expense of grants and allocations	es. s to
<pre>counseling and education for victims of domestic violence and sexual assault. b(Code:)(Expenses \$ 188,440. including grants of \$ 0.)(Revenue \$ 188,440 Support and referral services for same victims. c(Code:)(Expenses \$ 818,168. including grants of \$ 0.)(Revenue \$ 818,168 Domestic violence, sexual assault and healthy relationships education, prevention and outreach. d Other program services.(Describe in Schedule 0.) (Expenses \$ 125,840. including grants of \$ 0.)(Revenue \$ 258,700.)</pre>	a (Code:) (Expenses \$ 956. including grants of \$ 0.) (Re	evenue \$ 18	1,255
sexual assault. b(Code:)(Expenses \$ 188,440. including grants of \$ 0.)(Revenue \$ 188,440 Support and referral services for same victims. c(Code:)(Expenses \$ 818,168. including grants of \$ 0.)(Revenue \$ 818,168. Demestic violence, sexual assault and healthy relationships education, prevention and outreach. comport and and	Shelter for victims of domestic violence - to provide support,		
b (Code:)(Expenses \$SR,440. including grants of \$)(Revenue \$SR,440. Support and referral services for same victims. 	counseling and education for victims of domestic violence and		
Support and referral services for same victims.	sexual assault.		
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Support and referral services for same victims.			
<pre>c (Code:)(Expenses \$818,168. including grants of \$)(Revenue \$818,168 Domestic violence, sexual assault and healthy relationships education, prevention and outreach</pre>		evenue \$18	8,440
Domestic violence, sexual assault and healthy relationships education, prevention and outreach.			
(Expenses \$ 125,840. including grants of \$ 0.)(Revenue \$ 258,700.)	Domestic violence, sexual assault and healthy relationships educa		
(Expenses \$ 125,840. including grants of \$ 0.)(Revenue \$ 258,700.)			
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(Expenses \$ 125,840. including grants of \$ 0.)(Revenue \$ 258,700.)			
(Expenses \$ 125,840. including grants of \$ 0.)(Revenue \$ 258,700.)			
(Expenses \$ 125,840. including grants of \$ 0.)(Revenue \$ 258,700.)			
	d Other program services. (Describe in Schedule Q.)		
		258,700.)

Form 990 (2013) Women In Safe Homes, Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	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	5		х
6	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, Part I	6		X
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	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 services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	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 D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	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 in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f 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	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	n 990 (2013) Women In Safe Homes, Inc 92-0069	501	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	. 21		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	. 22		Х
23	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? <i>If 'Yes,' complete Schedule J</i>	. 23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	. 24a		х
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
(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		
(I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?			
25 a	a Section 501(c)(3) and 501(c)(4) 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
ł	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	. 27		Х
28	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		Х
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	. 28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	. 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	. 29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	. 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	. 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	. 34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
ł	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	. 35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	. 36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes,' complete Schedule R, Part VI			Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	. 38	X	
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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		
	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 2 a 37		
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?		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
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?		x
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).	1969	
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?		x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	828.8	NAME:
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	2020/31	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		
as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	i i i i i i i i i i i i i i i i i i i	х
holdings at any time during the year?	2743.60	
9 Sponsoring organizations maintaining donor advised funds.	REARES	
a Did the organization make any taxable distributions under section 4966?		
	1010019/300	102214211
10 Section 501(c)(7) organizations. Enter: 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.)		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
a Is the organization licensed to issue qualified health plans in more than one state?		
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		
14 a Did the organization receive any payments for indoor tanning services during the tax year?		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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	rt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	v. and	d for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in		
	Schedule O. See instructions.			
500	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management		Vee	N
1 :	a Enter the number of voting members of the governing body at the end of the tax year 1 a 7	(Majar)	Yes	No
	If there are material differences in voting rights among members			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ł	Denter the number of voting members included in line 1a, above, who are independent 1b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee or key employee?	2	X	8088.009-8
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		X
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7 a		X
t	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	7 b	103.688	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a		
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	di stati	alesta le	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	1212963939239
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12 b	Х	L
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	10		
10	Schedule O how this was done	12 c	X	
13	Did the organization have a written document retention and destruction policy?	13 14	X X	
14 15	Did the organization have a written document retention and destruction policy?	14	^	S. STORING
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	-10.02 (C. 4)
	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			10.000
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		3.55	
	taxable entity during the year?	16 a		X
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 taken steps to safeguard the	16 6		
See	organization's exempt status with respect to such arrangements?	16 b		
17	List the states with which a conv of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	in:		
,			225-9	9474
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	ompensated Employe	ees, and
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 Compensate	d Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w organization's tax year.	vith or within the	

• 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 employee.'

• 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<u>1</u>	-			(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo offic	x, unl	ess p	erson	more the is both /trustee	an)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Sonya Skan	2.00									
Chair		Х		Х				0.	0.	0.
(2) Ben_Hofmeister	_2.00									
Vice Chair		Х		Х				0.	0.	0.
(3) LeAnne Waak	1.00									
Secretary		Х		Х			-	0.	0.	0.
(4) Karla Reinhardt	_1.00									
Treasurer		Х		Х				0.	0.	0.
(5) Janet Guthrie	1.00									
Member		Х						0.	0.	0.
(6) Stephanie Lively	1.00									
Member		X	-					0.	0.	0.
(7) Liberty Johnson	_1.00	.,						0.	0.	0.
Member	10.00	Х						0.	0.	0.
(8) Vivian Benson Director of Finance & Operations	40.00			x				70,272.	0.	0.
(9) Naomi Michalsen Executive Director	40.00			X				66,082.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

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	t VII Section A. Officers, Directors, Trus		Key	Em	pla	oye	es, a	and	d Highest Com	pensated Emp	loyees	(contin	nued)
	(A) Name and title	(B) Average hours per week	box offi	, unle: cer ar	ss pe nd a d	ition more rson i directo	than or s both a or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Est amour comp	(F) mated it of othe ensation	
		(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	organ and	m the hization related hizations	F
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	Sub-total						•••	•	136,354.	0.			0.
	Total (add lines 1b and 1c)							►	136,354.	0.			Ο.
2	Total number of individuals (including but not limited from the organization ►	to those	listec	abo	ove)	who	o rece	eive	d more than \$100,	000 of reportable co	mpensat	ion	
											a statut	Yes	No
	Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind	lividual		• •	• •	• •		• •		nployee	. 3		X
4	For any individual listed on line 1a, is the sum of report the organization and related organizations greater that such individual	an \$150	.000?	ITY	es	com	piete	SCI	neaule J for		. 4		X
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensa mplete S	tion fr Sched	om dule	any J foi	unre r suc	elated ch per	l org	ganization or indivi	dual	. 5		X
Sec	tion B. Independent Contractors								the second second	100.000 of			
1	Complete this table for your five highest compensate compensation from the organization. Report compen	d indepe sation fo	ender or the	t co cale	ntra enda	ctors ar ye	s that ar en	rec ding	with or within the	organization's tax y	ear.		
	(A) Name and business addres								(B Description of)		C) nsatio	n
										1,612	168 226 1280	and the second	
2	Total number of independent contractors (including b \$100,000 of compensation from the organization	out not li ►	mited	to th	hose	e list	ed ab	ove	e) who received mo	ore than			

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Part VIII	State	ement of	Rev	/enue		

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	Check if Schedule O contains a response or note to any line	e in this Part VIII .			[]
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c g Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: 5 f Add lines 1a-1f - 0, 671.	1,430,451.			
Ē	Business Code	1,450,451.			Contraction of the
VICE REVEN	2 a <u>Client Fees</u> b c	10,554.	10,554.	0.	0.
SER	d				
RAM	е				
OGF	f All other program service revenue				
РВ	g Total. Add lines 2a-2f	10,554.			
	 3 Investment income (including dividends, interest and other similar amounts)	5,558.	0.	0.	5,558.
	5 Royalties				
	(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assels other than inventory.	2000 1000 1000 1000			
	b Less: cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)	ali e cuella de la construcción de			CONDUCT SERVER AND ADDRESS ()
REVENUE	8 a Gross income from fundraising events (not including\$ 9,180. of contributions reported on line 1c).				
OTHER REVENUI	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 a b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ►				
	Miscellaneous Revenue Business Code				
	^{11a}				
	b				
	d All other revenue				
	12 Total revenue. See instructions	1,446,563.	10,554.	0.	5,558.
		1/110/JUJ.	10,004.	υ.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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	Check if Schedule O contains a response or note to any line in this Part IX						
	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		
1	and organizations in the United States. See Part IV, line 21						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
4	Benefits paid to or for members			and the state of the			
5	Compensation of current officers, directors, trustees, and key employees	116,120.	98,702.	17,418.	0.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	561,878.	533,185.	16,986.	11,707.		
8	Pension plan accruals and contributions	501/070.		10,000.	11,101.		
0	(include section 401(k) and 403(b) employer contributions).	15,246.	12,701.	2,328.	217.		
9	Other employee benefits	52,498.	48,877.	2,399.	1,222.		
10	Payroll taxes	103,783.	91,053.	10,805.	1,925.		
11	Fees for services (non-employees):						
	a Management	2,100.	2,100.	0.	0.		
	b Legal						
	Accounting	21,227.	21,227.	0.	0.		
	d Lobbying						
	e Professional fundraising services. See Part IV, line 17 .						
	Investment management fees						
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,249.	24,922.	1,327.	0.		
12	Advertising and promotion	2,720.	2,635.	85.	0.		
13	Office expenses	11,781.	0.	11,781.	0.		
14	Information technology						
15	Royalties						
16	Occupancy	27,136.	26,663.	473.	0.		
17	Travel	31,037.	30,989.	48.	0.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	29,690.	22,218.	7,472.	0.		
23	Insurance	26,692.	26,003.	689.	0.		
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.)						
a	Program and Inkind Supplies	145,143.	145,143.	0.	0.		
	Grant_Repayment	38,575.	0.	38,575.	0.		
	Repairs, maintenance and equipment	45,615.	44,610.	1,005.	0.		
	Training, registration, dues	21,306.	2,376.	18,707.	223.		
	All other expenses	4,748.	0.	4,748.	0.		
	Total functional expenses. Add lines 1 through 24e	1,283,544.	1,133,404.	134,846.	15,294.		
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 \vdash if following						
	SOP 98-2 (ASC 958-720)			I I	Eorm 000 (2013)		

Form 990 (2013) Women In Safe Homes, Inc

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Part)	K Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	155.	1	0
2	Savings and temporary cash investments	414,495.	2	198,860
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	79,529.	4	58,302
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	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	
A 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	864.	9	0
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	135,519.	10 c	388,959
11		131,610.	11	144,942
12	Investments – other securities. See Part IV, line 11	101,010.	12	111,012
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	760 170	16	701 000
17	Accounts payable and accrued expenses.	762,172. 15,995.	17	791,063
18	Grants payable.	15,995.	18	1,554
19	Deferred revenue	179,501.	19	14,826
20	Tax-exempt bond liabilities	110/001.	20	1.7020
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	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	Secured mortgages and notes payable to unrelated third parties	0.	23	44,000
24	Unsecured notes and loans payable to unrelated third parties		24	
25	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	29,604.	25	12,834
26	Total liabilities. Add lines 17 through 25	225,100.	26	79,014
	Organizations that follow SFAS 117 (ASC 958), check here ► Xand complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	484,747.	27	712,049
27 28	Temporarily restricted net assets	52,325.	28	0
20	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	ann ag ac an Should Brand
04	Paid-in or capital surplus, or land, building, or equipment fund		31	
31	Retained earnings, endowment, accumulated income, or other funds	,	32	
32	Total net assets or fund balances.	E 27 070	33	712 040
31 32 33 33 34	Total liabilities and net assets/fund balances	537,072.		712,049
5 34		762,172.	34	791,063

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Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		• • • •	🗍
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,44	5,563.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,544.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,019.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,072.
5	Net unrealized gains (losses) on investments	5	1	1,958.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
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,			
D	column (B))	10	712	2,049.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🗍
			Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
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 a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
1	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
2	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?		3 a	X
I	b If Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA			Form 99	0 (2013)

	Public	Charity Status	and P	ublic	Supp	ort			OMB No. 1545-0047
SCHEDULE A (Form 990 or 990-EZ)	Complete if the c	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.						2013	
Department of the Treasury	Information ab	out Schedule A (Form 9	90 or 99	0-EZ) a		structio	ns is		Open to Public Inspection
Internal Revenue Service Name of the organization		at www.irs.gov	//10///1990	0.			Employe	r identifica	tion number
Women In Safe	Homes, Inc							06950	
	r Public Charity Statu	s (All organizations	must co	omplet	e this p	art.) S			
	a private foundation because i								
1 A church, con	vention of churches or associ	ation of churches describ	ed in sec	ction 17	'0(b)(1)(A	.)(i).			
2 A school desc	ribed in section 170(b)(1)(A)	(ii). (Attach Schedule E.)							
	a cooperative hospital service	0							
	earch organization operated in	n conjunction with a hosp	ital descr	ribed in	section 1	170(b)(1)(A)(iii).	Enter th	ie hospital's
name, city, an									
└── 170(b)(1)(A)(i	on operated for the benefit of a v). (Complete Part II.) e, or local government or gov	5 S					tal unit d	escribed	In section
	on that normally receives a su				/ / / /	,	m the ae	eneral pu	blic described
	D(b)(1)(A)(vi). (Complete Par		are norm a	goronn	and an		in the ge	norai pe	
8 A community	trust described in section 170	(b)(1)(A)(vi). (Complete	Part II.)						
from activities investment inc	on that normally receives: (1) related to its exempt function come and unrelated business 5. See section 509(a)(2). (Con	 s – subject to certain ext taxable income (less sec 	ceptions,	and (2)	no more	than 33	8-1/3% of	f its supp	port from gross
	on organized and operated ex	,	,						
more publicly	on organized and operated ex supported organizations desc type of supporting organizatio	ribed in section 509(a)(1) or section	on 509(a	functions a)(2). See	of, or c sectio	arry out n 509(a)	the purp (3). Che	oses of one or ick the box that
a Type I	b Type II c	: Type III – Function	ally integ	rated	d	· · ·	Гуре III -	- Non-fu	nctionally integrated
e By checking the other than fou section 509(a)	his box, I certify that the organ ndation managers and other t (2).	ization is not controlled of han one or more publicly	directly or supporte	indirected organ	tly by one nizations (or mor describ	e disqua ed in sec	lified per tion 509	rsons (a)(1) or
	tion received a written determ					be III su	pporting	organiz	ation,
g Since August	17, 2006, has the organization	n accepted any gift or co	ontributior	n from a	ny of the	followir	ig persor	ns?	
(i) A person below, ti	n who directly or indirectly cor ne governing body of the supp	trols, either alone or tog	ether with	n persor	ns describ	ed in (i	i) and (iii)	Yes No 11 g (i)
(ii) A family	member of a person describe	d in (i) above?							. 11 g (ii)
	ontrolled entity of a person de								· 11 g (iii)
	llowing information about the								<u> · · 9 (···/</u>]
(i) Name of suppo organization	rted (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organiza column (i) your gov docun	ation in listed in verning	(v) Did you the organiz column (i) suppo	ation in of your	(vi) Is organiza colum organized U.S	ation in nn (i) d in the	(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									
BAA For Paperwork R	eduction Act Notice, see the	e Instructions for Form	990 or 9	90-EZ.		5	Schedule	A (Forn	n 990 or 990-EZ) 2013

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Jec	and A. Public Support							
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,114,439.	1,361,667.	1,326,154.	1,345,273.	1,430,451.	6,577,984.	
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				а;			
4	Total. Add lines 1 through 3	1,114,439.	1,361,667.	1,326,154.	1,345,273.	1,430,451.	6,577,984.	
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)						51,823.	
6	Public support. Subtract line 5 from line 4						6,526,161.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	1,114,439.	1,361,667.	1,326,154.	1,345,273.	1,430,451.	6,577,984.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,081.	4,872.	5,522.	4,896.	5,558.	25,929.	
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 IV.)	0.	0.	0.	50.	0.	50.	
11	Total support. Add lines 7 through 10						6,603,963.	
12	Gross receipts from related activitie	es, etc (see instruc	ctions)			12	40,351.	
13	First five years. If the Form 990 is organization, check this box and st							
	tion C. Computation of Pul		M					
	Public support percentage for 2013						98.82 %	
	Public support percentage from 20						99.54 %	
16 a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17 a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instructio	ns	

Schedule A (Form 990 or 990-EZ) 2013

225	_support schedule for Organizations Described in Section 509(a)(z)
	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails
	to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

100	don / a labile ouppoint	1			1	1		
	dar year (or fiscal yr beginning in) ► Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge.							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9.10c, 11 and 12.)							
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	nird, fourth, or fifth	tax year as a sect	ion 501(c)(3)		► 🗌
Sec	tion C. Computation of Pu	blic Support P	ercentage					
15	Public support percentage for 201	3 (line 8, column (f) divided by line 13	, column (f))			15	010
16	Public support percentage from 20)12 Schedule A, Pa	art III, line 15				16	olo
	tion D. Computation of Inv							
	Investment income percentage for						17	00
	Investment income percentage fro						18	olo
	33-1/3% support tests - 2013. If is not more than 33-1/3%, check the	his box and stop h	ere. The organizat	on qualifies as a	publicly supported	organization		•
	33-1/3% support tests - 2012. If line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organ	ization	· · · · · · •
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2013 Women In Safe Homes, Inc	92-0069501	Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 1 or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).	0; Part II, line 17a ı.	
Pt II Line 10: Description: Refunds		
Pt_II_Line_10: 2009: 0.		
Pt II Line 10: 2010: 0.		
Pt II Line 10: 2011: 0.		
Pt II Line 10: 2012: 50.		
<u>Pt II Line 10: 2013: 0.</u>		

~ ~ ~		Cum	alamantal Financia	Ctatamanta			OMB No.	1545-0047
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service Network Service Schedule D (Form 990) and its instructions is at www.					2b.		2013 Open to Public Inspection	
Name	of the organization					Employer io	lentification n	umber
Won	nen In Safe	Homes, Inc				92-006	9501	
Par	+ I Organizat	tions Maintaining Dong	or Advised Funds or O	ther Similar Fund	s or Ac			
	Complete	if the organization answ	T					
	T		(a) Donor advised	I funds	(b) i	unds and c	other accou	nts
1		nd of year						
3	00 0	from (during year)						
4	00 0 0	tend of year						
5	Did the organizatio	on inform all donors and donor on's property, subject to the org	advisors in writing that the as ganization's exclusive legal co	sets held in donor advis	sed funds	[Yes	No
6	Did the organizatio	on inform all grantees, donors,	and donor advisors in writing	that grant funds can be	used onl	y	_	
	for charitable purp	oses and not for the benefit of ate benefit?	the donor or donor advisor, or	r for any other purpose	conferring	9 –	Yes	No
D		tion Easements.						
Par	Conserva Complete	if the organization answ	ered 'Yes' to Form 990,	Part IV, line 7.				
1		servation easements held by th						
	Preservation of	of land for public use (e.g., rec	reation or education)	Preservation of an	n historica	illy importan	t land area	
	Protection of r	natural habitat		Preservation of a	certified h	nistoric struc	ture	
	Preservation of							
2	Complete lines 2a last day of the tax	through 2d if the organization year.	held a qualified conservation	contribution in the form				
	-				2 a	Held at the	End of the	e lax rear
		onservation easements ricted by conservation easeme			2 a 2 b			
		vation easements on a certified			2 c			
		vation easements included in (
(structure listed in t	he National Register			2 d			
3	tax year 🕨	vation easements modified, tra			ie organiz	ation during	the	
4		where property subject to cons						
5	and enforcement of	tion have a written policy rega of the conservation easements	it holds?			[Yes	No
6	Staff and voluntee	r hours devoted to monitoring,	inspecting, and enforcing cor	iservation easements c	iuning the	year		
7	►Ş	es incurred in monitoring, insp						
8	and section 170(h	vation easement reported on I)(4)(B)(ii)?				· · · · L	Yes	No
9	include, if applicat	be how the organization report ole, the text of the footnote to the text.	he organization's financial sta	tements that describes	the organ	ization's ac	counting to	, and
Par	t III Organiza Complete	tions Maintaining Colle if the organization answ	ections of Art, Historic rered 'Yes' to Form 990,	al Treasures, or C Part IV, line 8.	Other Si	milar As:	sets.	
	art, historical treas in Part XIII, the tex	elected, as permitted under S sures, or other similar assets h kt of the footnote to its financia	eld for public exhibition, educated in the second s	ation, or research in fur ese items.	therance	of public se	rvice, provid	le,
I	historical treasure following amounts	elected, as permitted under S s, or other similar assets held relating to these items:	for public exhibition, education	n, or research in further	ance of p	UDIIC SERVICE	e, provide tr	le
	(i) Revenues inc	luded in Form 990, Part VIII, li	ne 1			··· ▶ \$		
	(ii) Assets include	ed in Form 990, Part X			• • • • •	··· ► Ş	ollowing	
	amounts required	received or held works of art, to be reported under SFAS 11 d in Form 990, Part VIII, line 1	16 (ASC 958) relating to these	items.			unowing	
	a Revenues include	d in Form 990, Part VIII, line 1 1 Form 990, Part X				►S		
RAA	Assets included in	Reduction Act Notice, see the	e Instructions for Form 990.	TEEA3301 10	/02/13	Scheo	dule D (Forr	n 990) 2013

3 Using the organization is acquisition, accession, and other records, check any of the following that are a significant use of its collection thems (check all that appy): a Public exhibition d Loan or exchange programs b Scholarly research e Dotter c Protection for future generations e Protection for future generation for future generating for future for form 990, Part X, fine 21?		In Safe Homes, Inc		92-006	
team icheck all that apply): d	Part III Organizations Maintai	ning Collections of Art,	Historical Treasures, o	or Other Similar Ass	ets (continued)
b Scholarly research e Other c Preservation for future generations e Other b Beginning for year, dist he organization is collections and explain how they further the organization's exempt purpose in Image: Comparison of the organization and explain how they further the organization of the similar assets Image: Comparison of the organization and explain how they further the organization included on of form 990, Part X, line 21. 1 a the organization include an amount on Form 990, Part X, line 21? Id Amount 2 a Did the organization include an amount on Form 990, Part X, line 21? Id Id 2 a Did the organization include an amount on Form 990, Part X, line 21? Id Id 2 a Did the organization include an amount on Form 990, Part X, line 21? Id Id 2 a Did the organization include an amount on Form 990, Part X, line 21? Id Id 2 a Did the organization include an amount on Form 990, Part X, line 21?		, accession, and other records,	check any of the following that	are a significant use of its	s collection
c Preservation for future generations 4 Provide description of the organization's collections and explain how they further the organization's exempt purpose in 5 During the year, diff the organization societ or receive donations of art. historical treasures, or other similar assess yes if 2art IV Encore and Custocial Arrangements. Complete if the organization answered Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 a the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, set in the organization include an amount on Form 990, Part X, line 21. 1 a difference intermediary for contributions or other assets not included on form 990, Part X, line 21. 1 a be organization include an amount on Form 990, Part X, line 21? 1 a difference intermediary for contributions or other assets not included on form 990, Part X, line 21. 2 bif the organization include an amount on Form 990, Part X, line 21? 1 a difference intermediary for contribution has been provided in Part XIII. 1 e difference intermediary for contribution has been provided in Part XIII. 2 bif the organization include an amount on Form 990, Part X, line 21. 1 e difference intermediary for contribution has been provided in Part XIII. 1 e difference intermediary for contribution has been provided in Part XIII. 2 bif the organization include an amount on Form 990, Part X, line 21. 1 e difference intermediary for contributions. 1 e difference intermediary for contr	a Public exhibition	d	Loan or exchange programs		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to are funds ranker than to be maintained as part of the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization and gent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is designed and any trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is designed and any trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is designed and any the year. Is designed any the arrangement in Part XIII and complete the following table: Is designed any the arrangement in Part XIII. Check here if the organization answered 'Yes' to Form 990, Part IV, line 10. If a designed or quasi-adownent >	b Scholarly research	е	Other		
Part XIII.	c Preservation for future generation	ons			
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes I Part IV Excover and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21. 1 a las the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. I 1 a las the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. I c Beginning balance 1c Amount c A dottions during the year 1c 2 a Did the organization include an amount on Form 990, Part X, line 217 I 2 a Did the organization include an amount on Form 990, Part X, line 217 I b If Yes, 'explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII I Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1 a Beginning of year balance (e) Prior year (e) Prior year balance b Contributions (e) Current year (b) Prior year (c) Three years back (e) Four years back a data scholarships 1 1 I Beginning of year balance (e) Four year c Other expenditures for facilitys <td< td=""><td></td><td>ation's collections and explain h</td><td>now they further the organizatio</td><td>on's exempt purpose in</td><td></td></td<>		ation's collections and explain h	now they further the organizatio	on's exempt purpose in	
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes I Part IV Excover and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21. 1 a las the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. I 1 a las the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. I c Beginning balance 1c Amount c A dottions during the year 1c 2 a Did the organization include an amount on Form 990, Part X, line 217 I 2 a Did the organization include an amount on Form 990, Part X, line 217 I b If Yes, 'explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII I Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1 a Beginning of year balance (e) Prior year (e) Prior year balance b Contributions (e) Current year (b) Prior year (c) Three years back (e) Four years back a data scholarships 1 1 I Beginning of year balance (e) Four year c Other expenditures for facilitys <td< td=""><td>5 During the year, did the organization</td><td>n solicit or receive donations of</td><td>art, historical treasures, or othe</td><td>er similar assets</td><td></td></td<>	5 During the year, did the organization	n solicit or receive donations of	art, historical treasures, or othe	er similar assets	
Ine 9, or reported an amount on Form 990, Part X, line 21. 1 a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes, "explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance ie 1 a b If Yes," explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII 2a Did the organization include an amount on Form 990, Part X, line 21? b If Yes," explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. (a) Current year (a) Current year (b) Phory star (c) Two years back (c) Two years back (d) Three years back (d) Cher expenditures for facilities and programs	to be sold to raise funds rather than	to be maintained as part of the	organization's collection?		
on Form 390, Part X?.	Part IV Escrow and Custodial line 9, or reported an an	Arrangements. Comple nount on Form 990, Part	te if the organization ans X, line 21.	wered 'Yes' to Form	990, Part IV,
b If Yes, 'explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance f f Yes, 'explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XII f a Beginning of year balance f (a) Current year f (b) Prior year f (c) Two years back f (c) Two years f (c) Two years f (c) Two years f (c					Yes
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1f f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? 1f b if Yes, 'explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII Yes Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Tmee years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Tmee years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c National Sease (a) Current year (c) Two years back (d) Tmee years back (e) Four years back c National Sease (a) Current year (b) Prior year (c) Two years back (d) Tmee years back c Antibutions (a) Current year (b) Prior year (c) Two years back (d) Tmee years back c Antibutions (a) Current year (b) Prior year (c) Tmee years back (e) Four					
d Additions during the year . 1 d e Distributions during the year . 1 d f Ending balance . 1 f 2 a Did the organization include an amount on Form 990, Part X, line 21? 1 f b If Yes,' explain the arrangement in Part XIII. Check here if the explanition has been provided in Part XIII Yes Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1 a Beginning of year balance . (a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back b Contributions . (a) Current year (b) Pror year (c) Two years back (e) Four years back (e) Four years back c Net investment earnings, gains, and losses . (a) Current year (b) Pror year (c) Two years back (e) Four years back d Grants or scholarships . (a) Current year (b) Pror year (c) Two years back (e) Four years back c Her expenditures for facilities and programs . (a) Current year (a) Current year (b) Provide the estimated procentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment * § c Temporarily restricted endowment * § § § The percentage of the current year end balance (Amount
e Distributions during the year 1e f Ending balance 1f 2 Did the organization include an amount on Form 990, Part X, line 217 1f b If Yes, 'explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII Yes Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1 a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years back (e) Four years back 4 Grants or scholarships - - - - - - 4 Grants or scholarships -					
f Ending balance. If 2a Did the organization include an amount on Form 990, Part X, line 217 If b If Yes," explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII. Yes I Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a dispatch (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a dispatch (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a dispatch (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a dispatch (b) Contributions (c) Two years back (d) Three years back (e) Four years back (e) Four years back a dire percentage sing is and programs (c) Two years back (d) Three years back (e) Four years (f) Two years back					
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2 a Did the organization include an amount on Form 990, Part X, line 21? Yes I b If Yes, 'explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII Yes I Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. (e) Four years back (f) Three years back (e) Four years back (f) Three years back f) Three years back (f) Three years bac	f Ending balance			1f	
b If Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII					Yes
Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1 a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions	b If 'Yes,' explain the arrangement in f	Part XIII. Check here if the expl	antion has been provided in Pa	art XIII	
1 a Beginning of year balance					
1 a Beginning of year balance Image: Construction of the set investment earnings, gains, and losses Image: Construction of the set investment earnings, gains, and losses d Grants or scholarships Image: Construction of the set investment earnings, gains, and programs Image: Construction of the set investment earnings, gains, and programs d Grants or scholarships Image: Construction of the set investment earnings, gains, and programs Image: Construction of the set investment earnings, gains, and programs g End of year balance Image: Construction of the current year end balance (line 1g, column (a)) held as: Image: Construction of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > Image: Construction of the current year end balance (line 1g, column (a)) held as: Image: Construction of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > Image: Construction of the current year end balance (line 1g, column (a)) held as: Image: Construction of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > Image: Construction of the current year end balance (line 1g, column (a)) held as: Image: Construction of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > Image: Construction of the current year end balance (line 1g, column (a)) held as: Image: Construction of the current year end balance (line the current year end balance (line 1g, co	Part V Endowment Funds. Co				
b Contributions	_	(a) Current year (b) P	rior year (c) Two years back	k (d) Three years back	(e) Four years bac
c Net investment earnings, gains, and losses	1 a Beginning of year balance				
and losses and losses and losses and losses and losses d Grants or scholarships and programs and programs and programs and losses e Other expenditures for facilities and programs g End of year balance and losses and losses and losses g End of year balance and programs and losses and losses and losses 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b Contributions				
e Other expenditures for facilities and programs					
e Other expenditures for facilities and programs	d Grants or scholarships				
f Administrative expenses	e Other expenditures for facilities				
g End of year balance					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: % (i) unrelated organizations % (ii) related organizations % 3a(ii) % 3b If Yes' to 3a(ii), are the related organizations listed as required on Schedule R? % 4 Describe in Part XIII the intended uses of the organization's endowment funds. % art VI Land, Buildings, and Equipment. % Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. % Description of property (a) Cost or other basis (b) Cost or other basis (cher) (c) Accumulated depreciation 1a Land		f the current year end balance ((line 1g, column (a)) held as:	1	
b Permanent endowment ►% c Temporarily restricted endowment ►% The percentages in lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		-			
c Temporarily restricted endowment ► % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations Yes (i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(i) 3a(ii) b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value (investment) 1a Land 224, 434. 224, 4 224, 4 b Buildings 707, 978. 608, 110. 99, 8 c Leasehold improvements 157, 467. 92, 810. 64, 6		And a second sec			
The percentages in lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iiii) related organizations (iii) related organizations (iii) related organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (ii) Part 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,					
3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1 a Land 224, 434. 224, 4 b Buildings 707, 978. 608, 110. 99, 8 c Leasehold improvements 157, 467. 92, 810. 64, 6	ente - Mante pallette de la construction de la construction de la construction de la construction de la constru				
Yes (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 224, 434. b Buildings 224, 434. 224, 434. 224, 4 b Buildings 157, 467. 92, 810. c Leasehold improvements 157, 467. 92, 810. e Other 0ther 64, 6	The percentages in lines 2a, 2b, and	2c should equal 100%.			
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land 224, 434. 224, 4 b Buildings 707, 978. 608, 110. 99, 8 c Leasehold improvements 157, 467. 92, 810. 64, 6		ne possession of the organization	on that are held and administer	ed for the	
(ii) related organizations 3a(ii) b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 224, 434. c Leasehold improvements 224, 434. d Equipment 157, 467. 92, 810. 64, 6					
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1 a Land 224, 434. 224, 4 b Buildings 707, 978. 608, 110. 99, 8 c Leasehold improvements 157, 467. 92, 810. 64, 6					
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 224,434. b Buildings 224,434. c Leasehold improvements 157,467. e Other 157,467.					
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 a Land 224,434. 224,4	b If 'Yes' to 3a(ii), are the related orga	nizations listed as required on S	Schedule R?	********	. 3b
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1 a Land224, 434.224, 4224, 4b Buildings707, 978.608, 110.99, 8c Leasehold improvements157, 467.92, 810.64, 6e Other0000	4 Describe in Part XIII the intended us	es of the organization's endow	ment funds.		
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1 a Land224,434.224,4224,4b Buildings707,978.608,110.99,8c Leasehold improvements157,467.92,810.64,6e Other000					
1 a Land 224,434. 224,4 b Buildings 707,978. 608,110. 99,8 c Leasehold improvements 157,467. 92,810. 64,6	Complete if the organiza	ation answered 'Yes' to F	orm 990, Part IV, line 11	a. See Form 990, Pa	art X, line 10.
1 a Land 224,434. 224,4 b Buildings 707,978. 608,110. 99,8 c Leasehold improvements 157,467. 92,810. 64,6 e Other 0 0 0 0		(a) Cost or other b	basis (b) Cost or other	(c) Accumulated	(d) Book value
b Buildings 707,978. 608,110. 99,8 c Leasehold improvements	1 a Land				224.43
c Leasehold improvements	• . · · · · · · · · · · · · · · · · · ·			608 110	
d Equipment			101,210.	000,110.	55,00
e Other			157 467	02 010	CA CE
			157,467.	92,810.	64,65

Schedule D (Form 330) 2013 Women In Sale Home	s, inc	92-0069501 Fage 3
Part VII Investments – Other Securities. Complete if the organization answered 'Y	es' to Form 990.	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .► Part VIII Investments – Program Related.		
Complete if the organization answered 'Y		Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets.	(os' to Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Des		(b) Book value
(1)		1.1
(2)		
(3)		
(4)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B), li	ne 15.)	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	rm 000 Part IV line 1	1e or 11f See Form 990 Part X line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Payroll and related taxes payable	1,8	70.
(3) Accrued Leave	10,9	<u>64.</u>
(4)		
(5)		
(6) (7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 12,8	34.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 Women In Safe Homes, Inc	92-0069501 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	····· 1 1,480,086.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	1,958.
b Donated services and use of facilities	21,565.
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e 33,523.
3 Subtract line 2e from line 1	····· 3 1,446,563.
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	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,446,563.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	ses per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements.	····· 1 1,305,109.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	1,565.
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e 21,565.
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	SIL.
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,283,544.
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	Part V, ny additional information.
Pt XI Line 2d Direct Fundraising Expenses	
Pt XII Line 2d Direct Fundraising Expenses	
Pt_X_Line_2WISH_is_exempt_from_income_taxes_under_Section_501(c)(3)	<u>of the Internal Revenue Code</u>
Pt X Line 2 and is a nonprofit corporation that is a publicly suppor	ted charity and not a private

Pt X Line 2 _____ foundation. The Organization believes that it has appropriate support for any tax positions taken, and as

Pt X Line 2 _____ such does not have any uncertain tax positions that are material to the financial statements.

Schedule D (Form 990) 2013

Part XIII	Supplementa	Inform	atio	n (cont	inued)	
	(Form 990) 2013					Inc

SCHEDULE M (Form 990)

Department of the Treasur Internal Revenue Service	y

Noncash Contributions

OMB No. 1545-0047 2013

Complete if the organizations answere	d 'Yes' on Form 990,	, Part IV, lines 29 or 30.
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► Attach to Form 990.

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

Open To Public Inspection

Name	of	the	organization
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Name of the	organiz	ation			-
Women	In	Safe	Homes,	Inc	

0	0	\cap	1	\cap	-	\cap	-	
/ -	11	1.1	6	ч	5	1.1	1	

9

Employer identification number

Pa	rt I Types of Property				000000			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d hod of d h contrib	etermini	
1	Art – Works of art							
2	Art – Historical treasures							
3	Art – Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded							
10	Securities – Closely held stock							
11	Securities - Partnership, LLC, or trust interests.							
12	Securities – Miscellaneous							
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Program Supplies) .		99	70,671.	FMV			
26	Other► ().							
27	Other► ().							
28	Other► ().							
29	Number of Forms 8283 received by the organization							
	organization completed Form 8283, Part IV, Donee A	Acknowledge	ment		29			
							Yes	No
30a	During the year, did the organization receive by conti	ribution any	property reported in Part	L lines 1-28 that it mus	t			
	hold for at least three years from the date of the initia	al contribution	n, and which is not requir	red to be used for exemp	pt			
	purposes for the entire holding period?					· 30 a		Х
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy to	that requires	the review of any non-st	tandard contributions?	• • • • •	· 31		Х
32a	Does the organization hire or use third parties or reland					· 32 a		Х
b	If 'Yes,' describe in Part II.							18 The
	If the organization did not report an amount in column describe in Part II.	n (c) for a typ	be of property for which o	column (a) is checked,				

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

Schedule M (Form 990) 2013

Schedule	e M (Form 990) 20	13 Women	In	Safe	Homes	, Inc				92-	0069501	Page 2
Part II	Supplementa the organizati received, or a	al Informat ion is report combination	ion. F ting ir on of	Provid Part both.	e the inf I, colum Also con	ormation n (b), th nplete th	n require e numbe his part fo	d by Part or of contr or any ad	: I, lines 30 ibutions, th ditional infe	b, 32b, and ne number ormation.	33, and wh of items	nether
							· ·					

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to			OMB No. 1545-0047
(10111 330 01 330-22)	Complete to provide information for respo Form 990 or 990-EZ or to provide ar ► Attach to Form 990	y additional information.	1000	2013
Department of the Treasury Internal Revenue Service	Information about Schedule O (Form 990 of at www.irs.gov/formation)			Open to Public Inspection
Name of the organization	omes, Inc		Employer identification 92-0069501	number
Pt_VI, Line 11b	It is received, the director r	eviews/signs/subm	its	
Pt_VI, Line 11b	The board reviews report befor	e it is submitted	:	
Pt_VI,_Line_12c	Policies are reviewed annually	and available to	all_WISH_em	ployees and
Pt_VI, Line 12c	Board members. There is an an	nual and monthly	checklist	
Pt_VI, Line 12c	and calendar for Board members	·		
Pt_VI, Line 15a	There is an annual review, dat	a on salaries is	obtained	
Pt_VI, Line 15a	from other similar state posit	ions and the Boar	d_of_Directo:	rs
Pt_VI, Line 15a	deliberates on this information	. Annual checklis	t and calenda	r for board.
Pt_VI,_Line_19_	Copies available upon request a	nd presented at an	nnual members	hip meeting.
Pt_VI, Line 2	Board member Don Moss is Execut	ive Director Naomi	Michalsen's	step father.
BAA For Paperwork Reduct	ion Act Notice, see the Instructions for Form 990 or 990-EZ.	TEEA4901 09/09/2013	Schedule O (Form	990 or 990-EZ) 2013

Additional Information

Statement 2 - Organization's Primary Exempt Purpose - Explanation

Women In Safe Homes (WISH) is a non-profit organization dedicated to providing essential support services to victims of domestic violence, sexual assault and other violent crimes. WISH is located in Ketchikan and serves over 18 communities in southern southeast Alaska. These include the communities of Ketchikan, Saxman, Wrangell, Petersburg, Prince of Wales Island, Metlakatla and Hyder. Currently, WISH has a 32-bed facility that is open 7 days a week, 24 hours each day. Services provided cross all racial, ethnic, economic and social groups. Our clients range in age from infant to the elderly with diverse psychological, emotional and physical abilities/needs. We also routinely serve womenin various stages of pregnancy. We are the only DV organization with the ability to work at this capacity in southern southeast Alaska. Our programs and services include but are not limited to: * Emergency 24/Hour-7 Days/Week Shelter Providing 3 Meals/Day * Emergency Transportation

* 24 Hour Crisis Hotline

* Sexual Assault Response (SART) with ER Staff, KPD and Alaska State Troopers * Individual Advocacy (In-Person Crisis Intervention, Information & Referral; Safety Planning; Personal Support; Medical Advocacy)

 * Systems Advocacy (Personal Support Navigating Local Support Services, i.e., Public/Tribal Assistance, Employment Referrals, Housing Options, etc.)
 * Legal Advocacy (Protective Order Assistance, Referrals to Pro Bono Services,

Victim Witness Support, etc.)

* Individual Counseling & Support Groups

* Education/Prevention Programs for Children & Youth (Girls on the Run, Lead ON!, Be The Change, Coaching Boys Into Men, Choose Respect - Comapss, etc.)

* School and Community Education & Outreach Programs

* Family Services Program (Support Services for Parents/Families Referred by Office of Children's Services, Community Parenting Seminars)

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization	OMB No. 1545-1878
	For calendar year 2013, or fiscal year beginning \underline{Jul} , 2013, and ending \underline{Jun} , 20 , 20	<u>)14</u> .
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form887 	2013
Name of exempt organization	Em	ployer identification number
Women In Safe Hon Name and title of officer	nes, Inc 92	2-0069501
Beth Bogarde	Executive Director	
Part I Type of Retu	rn and Return Information (Whole Dollars Only)	
check the box on line 1a, 2a leave line 1b, 2b, 3b, 4b, or	for which you are using this Form 8879-EO and enter the applicable amount, if any, from , 3a , 4a , or 5a , below, and the amount on that line for the return being filed with this form 5b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, b not complete more than 1 line in Part I.	was blank, then
1 a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,446,563</u> .
2 a Form 990-EZ check he		
3 a Form 1120-POL check		
4 a Form 990-PF check he		
5 a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	
	nd Signature Authorization of Officer declare that I am an officer of the above organization and that I have examined a copy of	
intermediate service provide the IRS (a) an acknowledger refund, and (c) the date of ar funds withdrawal (direct debi organization's federal taxes contact the U.S. Treasury Fi authorize the financial institu answer inquiries and resolve	bunt in Part I above is the amount shown on the copy of the organization's electronic return r, transmitter, or electronic return originator (ERO) to send the organization's return to the ment of receipt or reason for rejection of the transmission, (b) the reason for any delay in my refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent it) entry to the financial institution account indicated in the tax preparation software for pa bowed on this return, and the financial institution to debit the entry to this account. To revo nancial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (sett tions involved in the processing of the electronic payment of taxes to receive confidential essues related to the payment. I have selected a personal identification number (PIN) as irn and, if applicable, the organization's consent to electronic funds withdrawal.	IRS and to receive from processing the return or to initiate an electronic yment of the ke a payment, I must lement) date. I also information necessary to
Officer's PIN: check one be	ox only	
I authorize	to enter my PIN	as my signature
		five numbers, but t enter all zeros
on the organization's tax a state agency(ies) reguing the return's disclosure co	year 2013 electronically filed return. If I have indicated within this return that a copy of th lating charities as part of the IRS Fed/State program, I also authorize the aforementioned onsent screen.	e return is being filed with ERO to enter my PIN on
indicated within this return	nization, I will enter my PIN as my signature on the organization's tax year 2013 electroni rn that a copy of the return is being filed with a state agency(ies) regulating charities as p PIN on the return's disclosure consent screen.	cally filed return. If I have art of the IRS Fed/State
Officer's signature	Date ► 05/06/2015	
Part III Certification	six-digit electronic filing identification	
number (EFIN) followed by y	our five-digit self-selected PIN	do not enter all zeros
I certify that the above nume above. I confirm that I am su Authorized IRS <i>e-file</i> Provide	ric entry is my PIN, which is my signature on the 2013 electronically filed return for the or bmitting this return in accordance with the requirements of Pub 4163 , Modernized e-File ers for Business Returns.	ganization indicated (MeF) Information for
ERO's signature	Date ► 05/06/2015	
	ERO Must Retain This Form – See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So	
BAA For Paperwork Redu	ction Act Notice, see instructions.	Form 8879-EO (2013)

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Other programs to assist the victims of domestic
Expenses	125,840.	violence
Grants Of	Ο.	
Revenue.	258,700.	

Supporting Statement of:

Sch. A, page 2/Gross Receipts

Descriptio	1 AI	Amount	
2013		10,554.	
2012		22,239.	
2011		4,422.	
2010		2,205.	
2009		931.	

Total

40,351.

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NP 34 201306 670 247711

R.

201348

Department of the Treasury Internal Revenue Service Ogden UT 84201

RECEIVED DEC 1 6 2013

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IRS USE ONLY

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99961

29404-320-52112-3 920069501 For assistance, call:

For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: December 16, 2013

Taxpayer Identification Number: 92-0069501 Tax Form: 990T Tax Period: June 30, 2013

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WOMEN IN SAFE HOMES PO BOX 6552 KETCHIKAN AK 99901-1552

053373

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is May 15, 2014.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at <u>www.irs.gov/eo</u>. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

8879-EO	IRS e-file Signature Authorization for an Exempt Organization	OMB No. 1545-1678
epartment of the Treasury	For calendar year 2013, or fiscal year beginning Jul 1 2013 and ending Jun 30 - 31 ► Do not send to the IRS. Keep for your records. ► Information about Form 8879-EO and its instructions is at www.irs.gov/form88	2013
Itemal Revenue Service ame of exempt organization		nployer identification number
lomen In Safe Ho	mes, Inc 9:	2-0069501
ame and title of officer		
onya Skan	Board Chair rn and Return Information (Whole Dollars Only)	
theck the box for the return heck the box on line 1a, 2a have line 1b, 2b, 3b, 4b, or	for which you are using this Form 8879-EO and enter the applicable amount, if any, from a 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return o not complete more than 1 line in Part I.	Was plank, inen
1 a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,446,563
	ere b Total revenue, if any (Form 990-EZ, line 9)	
3 a Form 1120-POL chec	k here b Total tax (Form 1120-POL, line 22)	
4 a Form 990-PF check h	ere b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5 a Form 8868 check her	e · · • b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) · · · · ·	
	and Signature Authorization of Officer	
unds withdrawal (direct del rganization's federal taxes ontact the U.S. Treasury F uthorize the financial instit nswer inquiries and resolv rganization's electronic rel	any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Ageni only refund. If applicable, I authorize the U.S. Treasury and its designated Financial Ageni of entry to the financial institution account indicated in the tax preparation software for pro- owed on this return, and the financial institution to debit the entry to this account. To rev financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (se utions involved in the processing of the electronic payment of taxes to receive confidentia e issues related to the payment. I have selected a personal identification number (PIN) a urn and, if applicable, the organization's consent to electronic funds withdrawal.	ayment of the oke a payment, I must ttlement) date. I also al information necessary to
Officer's PIN: check one I	box only to enter my PIN	as my signature
l authorize	ERO firm name Ente	er five numbers, but
on the organization's ta a state agency(ies) reg the return's disclosure of	x year 2013 electronically filed return. If I have indicated within this return that a copy of t ulating charities as part of the IRS Fed/State program, I also authorize the aforementione	not enter all zeros the return is being filed with ad ERO to enter my PIN on
indicated within this ret	anization, I will enter my PIN as my signature on the organization's tax year 2013 electron urn that a copy of the return is being filed with a state agency(ies) regulating charities as PIN on the return's disclosure consent screen.	nically filed return. If I have part of the IRS Fed/State
iff.ceris signature 🕨 🧲	eth Bogeride Date 04/10/2015	
Part III Certification	and Authentication	
RO's EFIN/PIN. Enter you umber (EFIN) foilowed by	ar six-digit electronic filing identification your five-digit self-selected PIN	do not enter all zeros
	eric entry is my PIN, which is my signature on the 2013 electronically filed return for the	
bove. I confirm that I am s	ubmitting this return in accordance with the requirements of Pub 4163, Modernized e-Fil ders for Business Returns.	organization indicated le (MeF) Information for
bove. I confirm that I am s Authorized IRS <i>e-file</i> Provi	ubmitting this return in accordance with the requirements of Pub 4163, Modernized e-Fil ders for Business Returns.	organization indicated le (MeF) Information for
above. I confirm that I am s	ubmitting this return in accordance with the requirements of Pub 4163, Modernized e-Fil ters for Business Returns.	e (MeF) Information for

TEEA7401 10.07/13