			EXTENDED TO MAY 15, 2024						
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047				
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundatio					
			Do not enter social security numbers on this form as it may		Open to Public				
Depa Inter	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
ΑΙ	or th	e 2022 calend	ar year, or tax year beginning $JUL \ 1$, $\ 2022$ and ending	JUN 30, 2023					
Β	Check if	C Name o	organization	D Employer identific	ation number				
č	applicab								
	Addre		N & FAMILY LIFE CENTER, INC.						
	Name chan	ge Doing b	usiness as	22-309383	15				
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Room/su						
	Final	V	AIR STREET	203-458-0					
_	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	432,518.				
	Amer		FORD, CT 06437	H(a) Is this a group re					
	Appli tion pend		nd address of principal officer: ELIZABETH FECKO-CURTIS	for subordinates	? Yes 🗶 No				
	-	SAME	AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No				
<u> </u>	Fax-ex			If "No," attach a	list. See instructions				
	Nebsi		WOMENANDFAMILYLIFECENTER.ORG	H(c) Group exemption					
			X Corporation Trust Association Other L Ye	ear of formation: 1991 M	State of legal domicile: CT				
Pa	art I	Summary							
e	1		e the organization's mission or most significant activities: SUPPORT	FOR WOMEN, FAI	MILIES AND				
and		CHILDRE							
Governance	2	Check this bo	o i i						
Š	3		ing members of the governing body (Part VI, line 1a)		10				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting members of the governing body (Part VI, line 1b)		10				
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)		12				
	6		of volunteers (estimate if necessary)		40				
Ac			d business revenue from Part VIII, column (C), line 12		0.				
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b Prior Year	Current Year				
		o	-	727,892.	316,773.				
Revenue	8		and grants (Part VIII, line 1h)	0.	0.				
ven	9	•	ce revenue (Part VIII, line 2g)	11,971.	20,354.				
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	86,439.	71,037.				
	11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	826,302.	408,164.				
	12								
	13		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	0.	0.				
	14	<b>.</b>		410,777.	473,409.				
sec	10	Brofossional f	undraising food (Part IX, column (A), line 11a)	0.	0.				
Expenses	104	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 96, 452.	••	0.				
Ă			es (Part IX, column (A), lines 11a-11d, 11f-24e)	200,729.	184,145.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	611,506.	657,554.				
	19		expenses. Subtract line 18 from line 12	214,796.	-249,390.				
Dr es	19	1 10101 1022		Beginning of Current Year	End of Year				
ets (	20	Total assets (I	Part X, line 16)	1,931,926.	1,734,878.				
Ass Bal	21		(Part X, line 26)	50,407.	58,916.				
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20	1,881,519.	1,675,962.				
	art II			_,,,	_,				
			declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is				
			Declaration of preparer (other than officer) is based on all information of which prepa						

Sign	Signature of officer		Date						
	LACEY BICKNELL, TREASURER								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	JOHN D. GORDON, CPA	02/0	8/24 ^{if} P00168552						
Preparer	Firm's name DONALD L PERLROTH		Firm's EIN 06-1073221						
Use Only	Firm's address 250 STATE STREET,	C-1							
	NORTH HAVEN, CT 0	6473-2161	Phone no. (203)281-0522						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	232001 12-13-22       LHA For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2022)								

	1 990 (2022) WOMEN & FAMILY LIFE CENTER, INC. 22-3093815 Page 2 rt III Statement of Program Service Accomplishments
Га	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
	SUPPORT FOR WOMEN, FAMILIES AND CHILDREN
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	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.
4a	(Code: ) (Expenses \$ 440,839. including grants of \$ ) (Revenue \$ PROGRAMS FOR WOMEN AND ALL FAMILIES: DOMESTIC VIOLENCE, RAPE CRISIS,
	DIVORCE AND SEPARATION, FAMILIES IN TRANSITION, REFERRAL SERVICE,
	PROGRAMS AND SUPPORT GROUPS, RESOURCES AND EDUCATION FOR WOMEN AND ALL FAMILIES IN CRISIS.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
40	(Code:         ) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 440,839.
0000-	Form <b>990</b> (2022
23200	² 12-13-22 <b>3</b>
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-	~~~	(0000)
⊢orm	990	(2022)

Part IV Checklist of Required Schedules

WOMEN & FAMILY LIFE CENTER, INC.

			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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		x
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 donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
, N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
<u> </u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves," complete Schedule E. Parts Land IV.	114		x
16	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		- 11
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	А	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
232003	3 12-13-22	Form	990	(2022)

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	Form 990 (2	2022)		WOMEN	&	FAMILY	LIF
ĺ	Part IV	Ch	ecklist	of Required S	Sch	edules (cont	inued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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? If "Yes," complete Schedule J	23		x
24a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?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? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
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		X
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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
00000	(gambling) winnings to prize winners?	<b>1c</b>		(2022)
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Form 990	
Part V	Sta

 022)
 WOMEN & FAMILY LIFE CENTER, INC.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	L2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	or? 7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
C	to file Form 8282?			x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		7e		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			- 23
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		<u> </u>	<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. <b>13a</b>		
	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 13b	_		
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. <b>14b</b>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		
	If "Yes," complete Form 6069.			
232005	5 12-13-22	Forr	n <b>990</b>	(2022)

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Form 990 (2022)
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WOMEN & FAMILY LIFE CENTER, INC.

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI				
Sect	tion A. Governing Body and Management				-
		1 1 1	~ <b></b>	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	<u>u</u>		L
	If there are material differences in voting rights among members of the governing body, or if the governing				L
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				L
	Enter the number of voting members included on line 1a, above, who are independent	1b 1	0		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			l
	officer, director, trustee, or key employee?		2		ļ
3	Did the organization delegate control over management duties customarily performed by or under t	the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				Ι
	more members of the governing body?		7a		l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				T
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				t
	The governing body?		8a	х	t
b	Each committee with authority to act on behalf of the governing body?		8b	Х	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				t
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		I
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code )	<u> </u>		+
				Yes	T
0a	Did the organization have local chapters, branches, or affiliates?		10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such		100		t
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		I
10			11a	х	ł
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		Tia	- 23	ł
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10-		ł
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				╀
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		╀
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				I
	on Schedule O how this was done		12c		╀
	Did the organization have a written whistleblower policy?				╀
4	Did the organization have a written document retention and destruction policy?		14		ł
5	Did the process for determining compensation of the following persons include a review and appro				l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				ł
	The organization's CEO, Executive Director, or top management official			Х	1
b	Other officers or key employees of the organization		15b		ļ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			1
	taxable entity during the year?		16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's			I
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (section 501(c)	(3)s only	) avail	8
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explai	in on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest policy, a	and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records			
	JAMIE CALLINAN - (203) 458-6699				
	96 FAIR STREET, GUILFORD, CT 06437				-
2006	) 12-13-22		Form	990	(
	7				
50	208 809763 4391 2022.05040 WOMEN & FAMILY	LIFE CENTER	439	91_	_

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	nt Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C)			(D)	(F)					
Name and title	Average	(do	Position do not check more than		l than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an		lirecto	or/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-1120)	and related
	below	d ual t	nstitutional trustee	L_	Key employee	st col	5	10001120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			0
(1) JENNIFER WENDEROTH-HOLSTER	40.00									
EXECUTIVE DIRECTOR		Х		X				100,925.	0.	5,000.
(2) ELIZABETH FECKO CURTIS	5.00									
CHAIR		Х		Х				0.	0.	0.
(3) JESSICA FENNER	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) NICK ZEFFIRO	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) KAREN BENTLAGE	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(6) RUSS BRINN	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(7) CARRIE FEDERICI	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(8) ANDREW SERRANO	1.00									_
BOARD OF DIRECTORS		Х						0.	0.	0.
(9) PRAMAN DEY	1.00									_
BOARD OF DIRECTORS		Х						0.	0.	0.
(10) AMY KOCH-MOLESKI	1.00									_
BOARD OF DIRECTORS		Х						0.	0.	0.
(11) GAGE FRANK	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(12) MARIA TOOHEY	1.00									
BOARD OF DIRECTORS		X						0.	0.	0.
(13) LACEY BICKNELL	5.00									•
TREASURER		X		Х				0.	0.	0.
			<u> </u>		<u> </u>					
			<u> </u>							
000007 10 10 00										Form <b>990</b> (2022)

232007 12-13-22

10050208 809763 4391

	990 (2022) WOMEN & F									22-30	938	315	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week (list any	(do box, offic	not cl unle:	(C Posi heck i ss per	;) ition more rson i		one h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related		ar	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fi org an	ipensa rom th ganizat d relat anizati	e ion ed
	Subtotal Total from continuation sheets to Part VI								100,925.		0.		5,0	0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								100,925. eceived more than \$100	),000 of reportable	<b>0.</b> e		5,0	00. 1
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab ),000? <i>If</i> "Yes,	le cc " <i>coi</i>	ompe mple	ensa ete S	ation Sche	n and edule	d otl 9 <i>J f</i>	for such individual	the organization	····· -	4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>					-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for (A)										pensa		from	
	Name and business	address	NC	ONE	2			_	Description of s	services	Co		nsatio	n
. <u> </u>														
								-						
2	Total number of independent contractors (i \$100,000 of compensation from the organia	•	iot lir	nite	d to	tho: (	se lis )	stec	d above) who received n	nore than		-orm	<b>990</b> (;	2022)

232008 12-13-22

Form 990 (2022
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 Form 990 (2022)
 WOMEN & FAMILY LIFE CENTER, INC.
 22-3093815
 Page 9

 Part VIII
 Statement of Revenue

		Check if Schedule O contains a response or no	ote to any line i	in this Part VIII			
		· · · · · · · · · · · · · · · · · · ·		(A)	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
ts s	1	a Federated campaigns 1a					
uni		b Membership dues 1b					
۵Ĕ		c Fundraising events					
ifts ar A		d Related organizations					
nii Gisi			3,200.				
Sig		f All other contributions, gifts, grants, and	<u>-,</u>				
her		similar amounts not included above <b>1f</b> 303	3,573.				
ğ		g Noncash contributions included in lines 1a-1f	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		316,773.			
<u> </u>			siness Code	01077701			
e	2						
, ki							
Ser							
Program Service Revenue							
Bag		a					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f					
_	3						
	Ū	other similar amounts)		7,612.			7,612.
	4						
	5	1 1					
	-		Personal				
	6	a Gross rents 6a 4,940.					
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 4,940.					
		d Net rental income or (loss)		4,940.			4,940.
			(ii) Other	-			
		assets other than inventory <b>7a 12,742.</b>					
		<b>b</b> Less: cost or other basis					
e		and sales expenses 7b 0 .					
/en		c Gain or (loss) 7c 12,742.					
Other Revenue		d Net gain or (loss)		12,742.			12,742.
ē		a Gross income from fundraising events (not		-			
ŧ	-	including \$ of					
		contributions reported on line 1c). See					
			0,426.				
			4,354.				
		· · · · · · · · · · · · · · · · · · ·		66,072.			66,072.
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		· · · · · · · · · · · · · · · · · · ·					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
s		Busi	siness Code				
e	11	a OTHER REVENUE 62	24100	25.	25.		
ane		b					
cell teve		c					
Miscellaneous Revenue		d All other revenue					
_		e Total. Add lines 11a-11d		25.			
	12	Total revenue. See instructions		408,164.	25.	0.	91,366.
23200	9 12-	-13-22					Form <b>990</b> (2022)

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10050208 809763 4391 2022.05040 WOMEN & FAMILY LIFE CENTER, 4391___1

Part IX Statement of Functional Expenses

WOMEN & FAMILY LIFE CENTER, INC.

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 022		25 672	10 102
6	trustees, and key employees Compensation not included above to disqualified	101,923.	56,058.	35,673.	10,192
0	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	312,678.	225,031.	36,913.	50,734
7 8	Pension plan accruals and contributions (include	512,070.	225,051.	50,515.	50,75
0	section 401(k) and 403(b) employer contributions)	8,032.	5,446.	1,406.	1.180
9	Other employee benefits	16,765.	11,366.	1,406. 2,935.	1,180 2,464
0	Payroll taxes	34,011.	23,059.	5,954.	4,998
1	Fees for services (nonemployees):				•
а	Management				
b	Legal				
с	Accounting	21,904.	14,850.	3,835.	3,219
d	Lobbying				
е					
f	Investment management fees	8,824.		8,824.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	16,851.	11,424.	2,950.	2,47
2	Advertising and promotion	2,975.	2,017.	521.	
3	Office expenses	6,025.	4,085.	1,055.	885
4	Information technology	16,333.	11,074.	2,859.	2,400
5	Royalties	14.065	10 000		0 1 0 1
6	Occupancy	14,867.	10,079.	2,603.	2,185
7	Travel				
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	2 /72	1 042	1,046.	385
9	Conferences, conventions, and meetings	2,473.	1,042.	1,040.	503
0					
1	Payments to affiliates	19,139.	12,976.	3,351.	2,812
2	Depreciation, depletion, and amortization	21,577.	14,628.	3,778.	3,171
3 4	Other expenses. Itemize expenses not covered	21,577.	11,020.	5,110.	5,171
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	19,386.	13,143.	3,394.	2,849
b	PROGRAM EXPENSES	9,380.	9,380.	0.	(
c	POSTAGE AND PRINTING	6,277.	730.	1,248.	4,299
d	SPECIAL EVENTS	5,269.	5,269.	0.	. (
е	All other expenses	12,865.	9,182.	1,918.	1,765
5	Total functional expenses. Add lines 1 through 24e	657,554.	440,839.	120,263.	96,452
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10050208 809763 4391

10050208 809763 4391

WOMEN & FAMILY LIFE CENTER, INC	WOMEN	&	FAMILY	LIFE	CENTER,	INC.
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22-3093815 Page 11

		Check if Schedule O contains a response or not	e to an	v line in this Part X			
				<u>,</u>	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			320,469.	1	250,582.
	2	Savings and temporary cash investments			445,689.	2	450,940.
	3	Pledges and grants receivable, net			140,872.	3	0 .
	4	Accounts receivable, net			135.	4	0 .
	5	Loans and other receivables from any current o	r former	r officer, director,			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges		4,549.	9	7,090.	
	10a	Land, buildings, and equipment: cost or other	I I				· · · · · · · · · · · · · · · · · · ·
		basis. Complete Part VI of Schedule D	10a	799,041.			
	ь	Less: accumulated depreciation		351,903.	466,277.	10c	447,138.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		553,935.	12	579,128.	
	13	Investments - program-related. See Part IV, line			13	•	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,931,926.	16	1,734,878.
	17	Accounts payable and accrued expenses			50,407.	17	58,916.
	18	Grants payable			18	•	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			50,407.	26	58,916.
		Organizations that follow FASB ASC 958, che	ck her	e X	,		•
Sec		and complete lines 27, 28, 32, and 33.					
ano	27	<b>.</b>			1,863,231.	27	1,658,617.
Bal	28	Net assets with donor restrictions		F	18,288.	28	17,345.
pu		Organizations that do not follow FASB ASC 9					•
Ë.		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current funds				29	
set:	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	1,881,519.	32	1,675,962.
~	33	Total liabilities and net assets/fund balances			1,931,926.	33	1,734,878
							, , , , , , , , ,

Form 990 (2022)
Part X Balance Sheet

Form **990** (2022)

Form	WOMEN & FAMILY LIFE CENTER, INC.	22	-3093815	Pag	ge <b>12</b>
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		<u>8,1</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,5	
3	Revenue less expenses. Subtract line 2 from line 1	3	-24		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,88		
5	Net unrealized gains (losses) on investments	5	4.	3,8	33.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 (7)	- 0	<u></u>
De	column (B))	10	1,67	5,9	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
				165	NU
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul		2a		Х
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>Za</b>		- 21
	separate basis, consolidated basis, or both:	Jona			
	Separate basis, consolidated basis, or both.				
h	Were the organization's financial statements audited by an independent accountant?		2b		Х
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	.0 04313	°,		
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit			
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
-			Form	<b>990</b> (	2022)

SCH	EDU	LE	Α

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name	of	the	organization	
				-

nploy	ər	ide	nti	fi	са	tie	on	n	umk	bei
	~	~	~	~	~	~	~		-	

LE.

nan	WOMEN & FAMILY LIFE CENTER, INC. 22-3093815								
Pa	rt I	Reason for Public					ee instruction		2 3093013
	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1									
2		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	$\square$	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
•									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
-		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		An organization that norma	•				. ,	ne deneral	public described in
		section 170(b)(1)(A)(vi). (C	•		5			5	
8		A community trust describe		(1)(A)(vi). (Complete Parl	: 11.)				
9		An agricultural research org				ed in conju	Inction with a	land-grant	college
		or university or a non-land-							
		university:						-	
10	Х	An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	oort from a	contributio	ons, membersh	nip fees, ar	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of it	ts support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the org	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See <b>s</b>	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	irry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section \$	509(a)(2).	See <b>section 5</b>	<b>09(a)(3).</b> C	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and	l 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org					-		-
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus							
с		☐ Type III functionally integration						ly integrate	ed with,
		its supported organizatio	.,,		-		-		
d		☐ Type III non-functionally		• •				-	
		that is not functionally int			•		-	an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а туре ї, туре	п, туре п	
functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations									
י מ		vide the following information							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	-	organization		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see in	structions)	support (see instructions)
				above (see instructions))					
			1	1		1	1		1

Schedule A	(Form 9	990)	2022
		550)	2022

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.)

See	ction A. Public Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 $\dots$						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (					14	%
	Public support percentage from 2021					15	%
<b>16</b> a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2021.</b> If the o						
	and <b>stop here.</b> The organization qua						
<b>1</b> 7a	10% -facts-and-circumstances tes	t - 2022. If the orc	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	o or more,
	and if the organization meets the fact	ts-and-circumstand	ces test, check thi	s box and <b>stop he</b>	e <b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the orc	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	mstances test, che	eck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ			-			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instructior	าร
						Schedule A	(Form 990) 2022

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### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Sei	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	328,202.	912,572.	827,667.	727,892.	316,773.	3113106.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	116,636.	114,989.	61,456.	102,156.	90,426.	485,663.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	444 000	1008501	000 100	000 040		250050
	Total. Add lines 1 through 5	444,838.	1027561.	889,123.	830,048.	407,199.	3598769.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	70,430.	506,154.	383,107.	200,671.	57,130.	1217492.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year	70,430.	506 154	383,107.	200,671.	57,130.	1217492.
	Add lines 7a and 7b	10,150.	500,1540	505,107.	200,0710	57,150.	2381277.
Sec	ction B. Total Support						20012//0
-	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	( <b>d)</b> 2021	(a) 2022	(f) Total
	Amounts from line 6	444,838.	(b)2019 1027561.	(c) 2020 889,123.	830,048.	(e)2022 407,199.	3598769.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,283.	3,774.	12,552.	17,609.
b	Unrelated business taxable income					-	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			1,283.	3,774.	12,552.	17,609.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			1,2000	577710	12,3321	
12	Other income. Do not include gain or loss from the sale of capital			5,192.	4,267.	25.	9,484.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	444,838.	1027561.		838,089.	419,776.	3625862.
	First 5 years. If the Form 990 is for th		rst, second, third,			501(c)(3) organizati	on,
	check this box and <b>stop here</b>	•			-		
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (	line 8, column (f), d	livided by line 13,	column (f))		15	65.67 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	55.12 %
See	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for <b>20</b> Investment income percentage from 2					17 18	.49 % .14 %
	<b>33 1/3% support tests - 2022.</b> If the						,,,
	more than 33 1/3%, check this box a						X
b	<b>33 1/3% support tests - 2021.</b> If the	-	•		• •		
	line 18 is not more than 33 1/3% , che						
20	Private foundation. If the organization						
	23 12-09-22		,	. ,			(Form 990) 2022
				16			. ,

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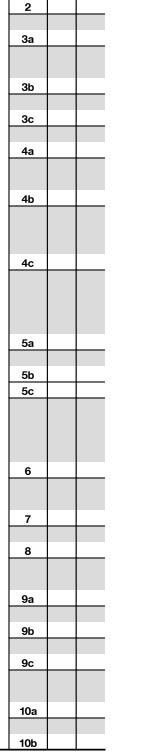
Yes No

1

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



Schedule A (Form 990) 2022

#### WOMEN & FAMILY LIFE CENTER, Schedule A (Form 990) 2022 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No

INC.

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction
--------------------------------------------------------------------------------------------------------------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b Schedule A (Form 990) 2022

2a

2b

3a

No Yes

18

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	(Form 990)	
Part V	Type III	Nor

(Form 990) 2022	WOMEN	&	FAMILY	LIFE	CENTER,	INC.
Type III Non-Funct	ionally Inte	egr	ated 509(a)	(3) Supp	porting Orga	nizations

1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu			,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Part VI Supplemental Information	MEN & FAMILY LIFE CENTER, INC.22-3093815On. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section B, and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part
Section D, lines 5, 6, and 8; and (See instructions.)	Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
2028 12-09-22	Schedule A (Form 99
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SCHEDULE [	)
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Department of the Treasury

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

WOMEN & FAMILY LIFE CENTER, INC. Employer identification number 22-3093815

Par	organizations Maintaining Donor Advise		S OF ACCOUNTS. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
_			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
-	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
-	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
-	,,,,,,, .		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par			other Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22	29	
		/ 4	

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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets         a Using the organization accession, and other records, check ary of the following that make significant use of its         a leptide coholition         b Explore exclusion         b Explore exclusion         c Dire coholition         b Explore exclusion         c Dire coholition         c Dire construction acceleration and coholition of the organization collection?         response         c Dire construction acceleration and coholition of the organization acceleration?         c Dire construction acceleration and coholition of the organization acceleration?         c Dire construction acceleration and coholition of the organization acceleration?         c Dire construction acceleration and coholition of the organization acceleration?         c Dire constructions acceleration and coholition of the organization acceleration?         c Dire construction acceleratin and coholition?         c		/ /	FAMILY LI				r Otho				Page <b>2</b>
collecton tems (check all that apply):       d       Loan or exchange program         a       Public exclusion       d       Data or exchange program         b       Scholarly research       e       Other										(continu	lea)
a       Public exhibition       d       Lean or exchange program         b       Scholarly research       e       Other	3		on, and other record	as, cneck	any of the	following that	t make sig	gnificant use	of its		
b       Scholary research       e       Other	_			. —.							
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         16       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       In a standard treat and the arrangement in Part XIII and complete the tollowing table:       Amount         c       Beginning balance       Intermediary for contributions or other assets not included on Form 990, Part X, line 21, for secrew or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Intermediary       Intermediary         c       Bedginning of year balance       (a) Current year       (b) Price year       (c) Three years back (e) Four years back (e)			C			nange progra	m				
Provide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collectors' or other similar assets     to be soid to raise funds rather than to be maintained as part of the organization's collectors'     Part V Escrow and Custodial Arrangements. Complete it the organization answered "Yes" on Form 980, Part X, Ine 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X, Ine 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X, Ine 21.     Is the organization include an amount on Form 980, Part X, Ine 21.     Is the organization include an amount on Form 980, Part X, Ine 21.     Is the organization include an amount on Form 980, Part X, Ine 21.     Distributions during the year     Ine     Ine organization include an amount on Form 980, Part X, Ine 21.     Part V Endowment Funds. Complete if the organization inabset of Vies' on Form 980, Part X, Ine 21.     Part V Endowment Funds. Complete if the organization include and			e		Jther						
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization angent. Itrustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Id         c       Beginning balance       1d       Id       Id         d       Additions during the year       1d       Id       Id         d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ves       No         b       If Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ves       No         b       If Yes,' explain the arrangement in Part XIII.       In error year       (o) Prior year       (o) Two years back       (d) Three years back       (e) Four years back         feart S       contributions </td <td></td> <td>-</td> <td>- 11 41</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		-	- 11 41								
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Intermediation's complete the following table:       Amount         c       Beginning balance       1d       Intermediation's complete the following table:       Amount       Intermediation's complete the following table:       Intermediatis completes table:       Intermediation's comple									i Part X		
Part IV       Escrow and Custodia Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediate intermedintermediate intermediat	5								┌┐,		
reported an anount on Form 990, Part X, line 21.         1a       Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         1d       1d       1d         1d       1d       1d         1d       1d       1d         2d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the expanzion has been provided on Part XIII.       Part X       Enclower (0) Prior year (0) Prior year (0) Prior years back (0) Three years back (e) Four years b	Dar										
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       16       Amount       16         d       Additions during the year       16       14       16       14         e       Distributions during the year       11       14       16       14       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16	Fai			ete if the	organizatio	n answered "	Yes" on I	-orm 990, Pa	τιν, iin	e 9, or	
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10.       Intere years back (e) Four years back (e) Four years back if a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back if a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back if (e) Four years back if a drama bac				dia manfana a				a a lu cal a al			
b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "res," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       The explanation has been provided on Part XIII       The explanation has been provided on Part XIII         Provide the estimated parcentage and bases       Id       Id       Id       Id         b       Contributions       Id       Id       Id       Id       Id         c       Net investment earnings, gains, and losses       Id	та			-					┌┐,		
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Check here in the part of the current year       (b) Prior year       (c) Two years back (c) Three years back (e) Four years back in the provided or gausing and losses         d       Contributions       Image: Check here in the provided or gausing and losses       Image: Check here in the provided or gausing and losses       Image: Check here in the provided or gausing and losses       Image: Check here in the provided or gausing and losses       Image: Check here in the provided or gausing and losses       Image: Check here in the provided or gausing and losses       Image: Check here in the provided or gausing and losses       Image: Check here in the provided or gausing and losses       Image: Check here in the provided or gausing and losses       Image: Check here in the provided or gausing and losses       Image: Check here in there in there in the provided in the provided or ganizati									[] `	res	
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "ves, veplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Twe years back         b       Contributions       (a) Current year       (b) Prior year       (c) Twe years back       (e) Four years back         a       Grants or scholarships	b	If "Yes," explain the arrangement in Part XIII	and complete the to	bliowing t	able:				^	mount	
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Ket investment earnings, gains, and losses       1       1       1       1       1         d Grants or scholarships       1       1       1       1       1       1         g End of year balance       9       1       1       1       1       1       1         g End of year balance       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1<										mount	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions											
f       Ending balance											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Control two strains of classing       (a)       (a)       (a)       (a)       (a)         1a       Control two strains       (b) Prior year       (c) Two years back       (e) Four year       (e) Four year       (e) Four ye											
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Administrative expenses       (a) Current year end balance (line 1g, column (a)) held as:       (a) Column (a) held as:       (a) Column (a) held as:         a       Board designated or quasi-endowment       %       %       %       %         The percentage on lines 2a, 2b, and 2c should equal 100%.       3       Are the readowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       (a) (ii)       (ii) Helded organizations       (a) (iii)         (i) Unrelated organizations       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         (ii) Prelated org											
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment eamings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment eamings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment eamings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Orther expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         d       Orther expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         g       Ind of year balance       (f) Two years back       (f) Two years back       (f) Two years back       (f) Two years back         g       Ind of years </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>y?</td> <td> 🖵 '</td> <td>Yes</td> <td></td>		-						y?	🖵 '	Yes	
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Contributions       (c) Two years back       (c) Two years back       (e) Four years back         Ia       Contributions       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Contributions       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Contributions       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Contributions       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Contributions       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Contributions       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Contributions       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Contribu										<u></u>	
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants       Grants       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants       Grants       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants       Grants       Image: Contributions       Ima	Fai			1					hack L	A) Fours	voare hack
b       Contributions			(a) Current year	(D) P	for year	(C) TWU years	S DALK (	a) milee years	UAUN (		years Dack
c       Net investment earnings, gains, and losses											
d Grants or scholarships											
e Other expenditures for facilities and programs											
and programs											
f       Administrative expenses	е	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       Term endowment%         The percentages on 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											
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on 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	g										
b       Permanent endowment      %         c       Term endowment      %         The percentages on 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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Unrelated organizations</li> <li>(iii) Related organizations</li> </ul> <ul> <li>(i) Unrelated organizations listed as required on Schedule R?</li> <li>(i) Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation depreciation depreciation</li> <li>(d) Book value basis (investment) basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated 104, 104, 104, 104, 104, 104, 104, 104,</li></ul>	2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1o	g, column (a	a)) held as:					
c       Term endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Acc</li></ul>	а	Board designated or quasi-endowment		_%							
The percentages on 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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated 104, 104.</li> <li>(d) Jo 4, 104.</li> <li>(d) So 4, 796.</li> <li>(d) Equipment</li></ul>	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations is endowment funds.</li> </ul> <ul> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> </ul> <ul> <li>104, 104.</li> <li>104, 104.</li> <li>104, 104.</li> <li>(b) Buildings</li> <li>(c) Easehold improvements</li> <li>(c) Sign 33, 623.</li> <li>(c) Argon 41, 876.</li> <li>(c) Argon 41, 876.</li> <li>(c) Argon 41, 876.</li> <li>(c) Argon 41, 876.</li> <li>(c) Argon 41, 410.</li> <li>(c) Argon 41, 410.</li> <li>(c) Argon 41, 876.</li> <li>(c) Argon 41, 410.</li> <li>(c) Argon 41, 410.</li> <li>(c) Argon 41, 876.</li> <li>(c) Argon 41, 410.</li> <li>(c) Argon 41, 410.</li> <li(c) 41,="" 410.<="" argon="" li=""></li(c)></ul>	С	Term endowment	%								
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4       Describe in Part XII the intended uses of the organization's endowment funds.       3b       3c         Part VI       Land, Buildings, and Equipment.       (b) Cost or other       (c) Accumulated       (d) Book value         0       Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated       104 , 104 .         1a       Land       104 , 104 .       104 , 104 .       104 , 104 .         b       Buildings       538 , 308 .       272 , 543 .       265 , 765 .         c       Leasehold improvements       98 , 419 .       33 , 623 .       64 , 796 .         d       Equipment       54 , 349 .       41 , 876 .       12 , 473 .         e       Other       3 , 861 .       3 , 861 .       0 .		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 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.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       104,104.       104,104.         b Buildings       538,308.       272,543.       265,765.         c Leasehold improvements       98,419.       33,623.       64,796.         d Equipment       54,349.       41,876.       12,473.         e Other       3,861.       3,861.       0.	3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	red for th	e		_	
(ii) Related organizations       3a(ii)         b If "Yes" on line 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.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on 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         1a Land       104,104.       104,104.       104,104.         b Buildings       538,308.       272,543.       265,765.         c Leasehold improvements       98,419.       33,623.       64,796.         d Equipment       54,349.       41,876.       12,473.         e Other       3,861.       3,861.       0.		organization by:								)	Yes No
(ii) Related organizations       3a(ii)         b If "Yes" on line 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.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on 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         1a Land       104,104.       104,104.       104,104.         b Buildings       538,308.       272,543.       265,765.         c Leasehold improvements       98,419.       33,623.       64,796.         d Equipment       54,349.       41,876.       12,473.         e Other       3,861.       3,861.       0.		(i) Unrelated organizations								3a(i)	
b       If "Yes" on line 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" on 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         1a       Land       104,104.       104,104.         b       Buildings       538,308.       272,543.       265,765.         c       Leasehold improvements       98,419.       33,623.       64,796.         d       Equipment       54,349.       41,876.       12,473.         e       Other       3,861.       3,861.       0.										3a(ii)	
Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on 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         1a Land       104,104.       104,104.       104,104.         b Buildings       538,308.       272,543.       265,765.         c Leasehold improvements       98,419.       33,623.       64,796.         d Equipment       54,349.       41,876.       12,473.         e Other       3,861.       3,861.       0.	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	chedule R?					3b	
Complete if the organization answered "Yes" on 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 value1a Land104,104.104,104.104,104.b Buildings538,308.272,543.265,765.c Leasehold improvements98,419.33,623.64,796.d Equipment54,349.41,876.12,473.e Other3,861.3,861.0.	4	Describe in Part XIII the intended uses of the	e organization's end	owment f	unds.						
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         104,104.         104,104.         104,104.           b Buildings         538,308.         272,543.         265,765.           c Leasehold improvements         98,419.         33,623.         64,796.           d Equipment         54,349.         41,876.         12,473.           e Other         3,861.         3,861.         0.	Par	t VI Land, Buildings, and Equipm	nent.								
Ia Land         basis (investment)         basis (other)         depreciation           1a Land         104,104.         104,104.           b Buildings         538,308.         272,543.         265,765.           c Leasehold improvements         98,419.         33,623.         64,796.           d Equipment         54,349.         41,876.         12,473.           e Other         3,861.         3,861.         0.		Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.			
1a Land       104,104.       104,104.         b Buildings       538,308.       272,543.       265,765.         c Leasehold improvements       98,419.       33,623.       64,796.         d Equipment       54,349.       41,876.       12,473.         e Other       3,861.       3,861.       0.		Description of property	(a) Cost or o	other	(b) Cost	or other	( <b>c)</b> Aco	cumulated	(c	<b>l)</b> Book	value
b Buildings       538,308.       272,543.       265,765.         c Leasehold improvements       98,419.       33,623.       64,796.         d Equipment       54,349.       41,876.       12,473.         e Other       3,861.       3,861.       0.			basis (invest	ment)	basis	(other)	depi	reciation			
b Buildings       538,308.       272,543.       265,765.         c Leasehold improvements       98,419.       33,623.       64,796.         d Equipment       54,349.       41,876.       12,473.         e Other       3,861.       3,861.       0.	1a	Land			10	4,104.					
c Leasehold improvements       98,419.       33,623.       64,796.         d Equipment       54,349.       41,876.       12,473.         e Other       3,861.       3,861.       0.							2	72,543.			
d Equipment         54,349.         41,876.         12,473.           e Other         3,861.         3,861.         0.	с	Leasehold improvements						33,623.			
e Other 3,861. 3,861. 0.											
				t X, colum						447	,138.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022 WOMEN & FAM Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	ILY LIFE CENTI		22-3093815 Page 3
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) POOLED FUND HELD BY CFGNH	579,128.	END-OF-YEAR M	ARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (b) must equal Form 000, Part V, col. (P) line 12.)	579,128.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	575,120.		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1. See Form 990 Part X line	- 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)	( )	( )	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	n Farma 000 Davit IV/ line 1	Ital Cas Farm 000 Dart V line	- 15
Complete if the organization answered "Yes" c	Description	TIO. See Form 990, Part X, Inte	(b) Book value
	escription		
(1)			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			-
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Par	t X, line 25.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under			37

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Sche	dule D (Form 990) 2022 WOMEN & FAMILY LIFE CENTER,	INC.		22-	3093815	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per F	leturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	451	,997.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	43,833.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,833.
3	Subtract line 2e from line 1			3	408	,164.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					,164.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<del></del>		
1	Total expenses and losses per audited financial statements			1	657	,554.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses					
Ь						
u	Other (Describe in Part XIII.)					•
e	Add lines 2a through 2d			2e		0.
е 3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>			2e 3	657	0. ,554.
-	Add lines 2a through 2d				657	• •
3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b				657	• •
3 4	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				657	,554.
3 4 a	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4a 4b		3 4c		,554.
3 4 b c 5	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		3		,554.

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

#### PART X, LINE 2:

THE ORGANIZATION IS A NON-STOCK, NOT-FOR-PROFIT CORPORATION, EXEMPT FROM
INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND
CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE WITHIN THE LIMITATIONS PRESCRIBED
BY THE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED
TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS
UNRELATED BUSINESS INCOME. THE ORGANIZATION HAS NOT ENGAGED IN ANY SUCH
UNRELATED BUSINESS ACTIVITIES AND BELIEVES THAT IT HAS APPROPRIATE SUPPORT
FOR ANY SUCH TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN
TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENT. EACH YEAR,
THE ORGANIZATION EVALUATES ITS TAX POSITIONS. AS OF JUNE 30, 2023. THE
ORGANIZATION DETERMINED IT HAS NO UNCERTAINTIES REGARDING INCOME TAXES.
232054 09-01-22 Schedule D (Form 990) 2022 32
050208 809763 4391 2022.05040 WOMEN & FAMILY LIFE CENTER, 43911

Schedule D (F	orm 990) 2022 Supplementa	I Infor	WOMEN mation (co	<b>&amp; FAM</b> Intinued)	ILY	LIFI	E CEN	FER, I	NC.		22-3093815 _{Pa}	ge <b>5</b>
					UBJ:	ECT 1	ro exa	AMINAT	ION B	Y <u>T</u> HE	E INTERNAL	
REVENUE	SERVICE	FOR	YEARS	PRIOR	. то	THE	YEAR	ENDED	JUNE	30,	2020.	
											Schedule D (Form 990)	2022
232055 09-01-22							33					_

SCHEDULE G	Suppleme	ental Information Regarding	Fund	drais	ing or Gaming	Activ	vities 0	OMB No. 1545-0047	
(Form 990)	Complete if the	or if the	2022						
Department of the Treasury	U	organization entered more than \$1 Attach to Form 990 o						Open to Public	
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.		Inspection	
Name of the organization			סי	TNO				entification number	
WOMEN & FAMILY LIFE CENTER, INC.       22-3093815         Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
	complete this par		ereu r	65 01	ri onn 990, Fait IV, I		7.10m 990-L		
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person sc</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations dicitations on have a written c red in Form 990, P		tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes		
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund		<b>(ii)</b> Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount to (or retained organizat		
			Yes	No					
Total				1					
		on is registered or licensed to solicit			s or has been notified	d it is	exempt from r	registration	

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

Schedule G (Form 990) 2022

232081 10-27-22

22-3093815 Page 2

Part II	
Γαιιπ	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 m 990-E7 lines 1 and 6b List events with ater the of fundraising event contributio and a ointo n \$5 000 . ...

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			EMPOWHER	SHERO	NONE	(add col. <b>(a)</b> through
0			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts	89,626.	800.		90,426.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	89,626.	800.		90,426.
	4	Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		2,790.		24,354.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			24,354.
D		Net income summary. Subtract line 10 from li				66,072.
Pa	art	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 off Form 990-EZ, lifte 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
evel						
œ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	└── Ì No	└── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1. column (d)			
		Het gaming meente eanimary. Eastract inter				
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ı Is t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	) If "	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
٥	• H *	Yes," explain:				
2320	82 10	0-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	WOMEN &	FAMILY	LIFE	CENTER,	INC.	22-3	3093815	Page 3
11	Does the organization conduct ga	aming activities	with nonmemb	ers?				Yes	No
12	Is the organization a grantor, ben	eficiary or trust	ee of a trust, or	a member	of a partnership	p or other entity	y formed		
	to administer charitable gaming?							Yes	No No
13	Indicate the percentage of gamin	g activity cond	ucted in:						
	The organization's facility							13a	%
	An outside facility							13b	%
14	Enter the name and address of th	e person who l	prepares the or	ganization'	s gaming/specia	al events book	s and records:		
	News								
	Name								
	Address								
15a	Does the organization have a con	tract with a thin	rd party from wl	hom the or	ganization recei	ives gaming rev	/enue?		🗌 No
b	If "Yes," enter the amount of gam	ning revenue rea	ceived by the o	rganization	\$		and the amount		
	of gaming revenue retained by th	e third party	\$						
С	If "Yes," enter name and address	of the third pa	rty:						
	Name								
	Address								
	Address								
16	Gaming manager information:								
10	Carning manager information.								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Employee	<b>_</b> [	Indepe	endent contracto	or			
						01			
17	Mandatory distributions:								
	Is the organization required unde	r state law to m	ake charitable	distributior	ns from the gam	ing proceeds t	0		
	retain the state gaming license?							🖂 Yes	No No
b	Enter the amount of distributions	required under	state law to be	distribute	d to other exem	pt organization	is or spent in the		
	organization's own exempt activit								
Ра	rt IV Supplemental Infor						(iii) and (v); and Pa	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Als	so provide any	additional i	nformation. See	e instructions.			
2320	83 10-27-22						Sched	ule G (Form	990) 2022
					36				

Schedule G (Form 990) WO: Part IV Supplemental Informati	MEN &	FAMILY	LIFE	CENTER,	INC.	22-3093815 Page 4
Part IV Supplemental Informati	<b>on</b> (continu	ued)				
						Schedule G (Form 990)
232084 04-01-22				37		
050208 809763 4391	:	2022.05	040 W	OMEN & I	FAMILY LIFE	E CENTER, 43911

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

WOMEN & FAMILY LIFE CENTER,

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

INC.



Employer identification number 22-3093815

FORM 990, PART VI, SECTION B, LINE 11B:

EXECUTIVE DIRECTOR AND FINANCE COMMITTEE REVIEWS THE 990 PRIOR TO FILING

AND RECOMMENDS APPROVAL TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

ORGANIZATION REVIEWS INDEPENDENTLY PUBLISHED PUBLICLY AVAILABLE DATA WHEN

DETERMINING COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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Schedule O (Form 990) 2022

232211 10-28-22