EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

ΑI	For the	2020 calendar year, or tax year beginning JU	${ m L}$ 1 , 2020 and	ending J	<u>UN 30, 2021</u>			
B	Check if applicable	C Name of organization			D Employer identifi	cation number		
	Addres change		TER, INC.					
	Name change	-			22-30938	15		
	Initial return Final return/	Number and street (or P.O. box if mail is not deliver 96 FAIR STREET	ered to street address)	Room/suite	E Telephone numbe 203-458-			
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	895,598.		
	Amend	GOIDFORD, CI 00437			H(a) Is this a group re			
L	Applica tion pendin	F Name and address of principal officer.	H BISHOP DELLA	VENTUR				
_		SAME AS C ABOVE	1 (1) 1 10 1 2 () ()		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c)() e: ► WWW.WOMENANDFAMILYLIFEC	(insert no.) 4947(a)(1)	or 527	1	list. See instructions		
			ociation Other	I Voor	H(c) Group exemption	n number ► M State of legal domicile: CT		
		Summary	OCIALIOII UII OLIIEI	L Year	oriorination. 1991	A State of legal doffliche. CI		
		Briefly describe the organization's mission or most s	ignificant activities: SIIPP	ORT FO	R WOMEN FA	MILIES AND		
Governance		CHILDREN	ignificant activities.	01(1 10	TO WOLLDING THE			
ern		Check this box 🕨 📖 if the organization discont	· ·		I			
<u>Ş</u>		Number of voting members of the governing body (F				12		
ø		Number of independent voting members of the gove				1 <u>2</u> 8		
Activities &		Total number of individuals employed in calendar ye				15		
ξį		Total number of volunteers (estimate if necessary)				0.		
Ą		Total unrelated business revenue from Part VIII, colu				0.		
Revenue	D	Net unrelated business taxable income from Form 9	90-1, Part I, IIIIe 11		Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)			912,572.	827,667.		
		Program service revenue (Part VIII, line 2g)			11,903.	2,476.		
e e		nvestment income (Part VIII, column (A), lines 3, 4, a			6,440.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			49,793.			
	1	Fotal revenue - add lines 8 through 11 (must equal P		980,708.				
	_	Grants and similar amounts paid (Part IX, column (A)			106,227.	76,930.		
		Benefits paid to or for members (Part IX, column (A),			0.	0.		
S	1	Salaries, other compensation, employee benefits (Pa			264,255.	333,416.		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), lin	e 11e)		0.	0.		
хbе	b -	Total fundraising expenses (Part IX, column (D), line	25) > <u>82,9</u>	13.				
ш	1/ (Other expenses (Part IX, column (A), lines 11a-11d, 1			153,549.			
		Total expenses. Add lines 13-17 (must equal Part IX,			524,031.			
. «	19	Revenue less expenses. Subtract line 18 from line 13	2		456,677.			
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year		
ssel Bala	20				1,456,376.	1,824,999.		
let A	21	Total liabilities (Part X, line 26)			128,077. 1,328,299.	1,774,530.		
	art II	Net assets or fund balances. Subtract line 21 from li Signature Block	ne 20		1,340,499.	1,774,330.		
_		ties of perjury, I declare that I have examined this return, in	cluding accompanying schedule	e and etatem	ents, and to the hest of m	v knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer)				y knowledge and belief, it is		
uuo	, 001100	, and complete. Declaration of property (ethor than emetr)	is based on an information of wi	mon propuror	nao any knowleage.			
Sig	n l	Signature of officer			Date			
Her	I	KATHLEEN DUNCAN, TREASU	RER					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN		
Pai	d	JOHN D. GORDON, CPA		0	5/12/22 if self-employ	P00168552		
Pre		Firm's name ► DONALD L PERLROTH			Firm's EIN	06-1073221		
Use	Only	Firm's address 250 STATE STREET,						
		NORTH HAVEN, CT 0	6473-2161		Phone no. (2	03)281-0522		
Ma	v the IF	RS discuss this return with the preparer shown above	e? See instructions			X Yes No		

ra	Check if Schedule O contains a response or note to any line in this Part III	
1	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?	Yes X No
	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?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported.	- 100
4a	(Code:) (Expenses \$ 366,014. including grants of \$ 76,930.) (Revenue \$ PROGRAMS FOR WOMEN AND ALL FAMILIES: DOMESTIC VIOLENCE, RAPE C DIVORCE AND SEPARATION, FAMILIES IN TRANSITION, REFERRAL SERVI	
	PROGRAMS AND SUPPORT GROUPS, RESOURCES AND EDUCATION FOR WOMEN	
	FAMILIES IN CRISIS.	AND ALL
4b	(Code:) (Expenses \$)
4 -		
4c	(Code:) (Expenses \$)
<u></u>	Other program services (Describe on Schedule O.)	
-t u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 366,014.	
	· · · · · · · · · · · · · · · · · · ·	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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,	0		
•	the any irrepresent historic land areas or historic structures? If "Voc." complete School u. D. Bort II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44.1		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplation report on amount for other liabilities in Part X, line 353 If "Yes," complete Schedule D, Part X	11d 11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 Ie	21	
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
0.4	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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?	00		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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 in Schedule O for Part VI, lines 11b and 19?	-07		
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2020) WOMEN & FAMILY LIFE CENTER, INC. Part V 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 8							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		Х				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a								
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	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).							
а	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?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37				
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	_						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f 7g						
g	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 							
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
Ü	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
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.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling 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?	13a						
	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							
С	Enter the amount of reserves on hand			37				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37				
	excess parachute payment(s) during the year?	15		Х				
40	If "Yes," see instructions and file Form 4720, Schedule N.			v				
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.	Eorm	990	(2020)				

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			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		Х			
14	Did the organization have a written document retention and destruction policy?	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	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	able			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	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 books and records						
	JAMIE CALLINAN - (203) 458-6699						
	96 FAIR STREET, GUILFORD, CT 06437						

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

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

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

- 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MEGHAN SCANLON	40.00	,,		,,				70 070	_	0
EXECUTIVE DIRECTOR	F 00	Х		Х				70,270.	0.	0.
(2) SARAH BISHOP DELLAVENTURA	5.00	. ,		\ \					0	0
CHAIR	5.00	Х		Х				0.	0.	0.
(3) ELENA DEPALMA VICE CHAIR	3.00	x		x				0.	0.	0.
(4) KATHLEEN DUNCAN	5.00	^		₽				0.	0.	<u> </u>
TREASURER	3.00	X		X				0.	0.	0.
(5) ALEXANDRA MIELE	5.00	25		<u> </u>				0.	0.	
SECRETARY	3.00	x		х				0.	0.	0.
(6) RUSSELL BRINN	1.00			 				0.	•	
BOARD OF DIRECTORS		x						0.	0.	0.
(7) LAURIE DESMET	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(8) BARBARA DUDLEY	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(9) ELIZABETH FECKO CURTIS	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(10) JESSICA FENNER	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(11) DIANE MCNAMARA	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(12) JOHN MICHAEL PARKER	1.00									
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(13) CHRISTINE STODDARD	1.00	١								•
BOARD OF DIRECTORS		Х						0.	0.	0.
		1								
				_	_		_			
		1								
		\vdash								
		ł								
					_	\vdash				
		1								
022007 10 02 00										Form 990 (2020)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box	Position (do not check more than obox, unless person is both officer and a director/trust				one h an	(D) Reportable compensation from	(E) Reportable compensatio	n	an	(F) stimate mount other	
	(list any 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)	organization (W-2/1099-MIS	ns compens			e ion ed
		_											
dh Cubbatal								70,270.		0.			0.
to Total from continuation sheets to Part	/II, Section A							70,270.		0.			0.
d Total (add lines 1b and 1c) Total number of individuals (including but							no re	•	l),000 of reportab		<u> </u>		
compensation from the organization 3 Did the organization list any former office	director truct		.		مردا		, bio	wheat componented amo	alayaa an			Yes	No
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the sand related organizations greater than \$1	50,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co. Section B. Independent Contractors					-		elat	ed organization or indiv			5		Х
1 Complete this table for your five highest of	-	-								npens	ation f	from	
the organization. Report compensation for (A)					vith	or w	rithir	(B)				C)	
Name and busines	s address	INC	INC	<u> </u>				Description of s	services		ompe	ensatio	
Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		se li:	stec	d above) who received n	nore than				

Form 990 (2020) WOMEN &
Part VIII Statement of Revenue WOMEN & FAMILY LIFE CENTER, INC.

		Chack if Schodula O contains a response	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response	or note to any lin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovolido	function revenue	business revenue	from tax under
							sections 512 - 514
nts	1 a	Federated campaigns 1a					
iral Our	b	Membership dues 1b					
ا څي	С	Fundraising events 1c					
iffs		Related organizations 1d					
اڦڙي		Government grants (contributions) 1e	62,427.				
Sis		All other contributions, gifts, grants, and					
uţi Je	'		765,240.				
등		similar amounts not included above 1f	703,240.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f 1g \$		007 667			
<u>a</u>	h	Total. Add lines 1a-1f		827,667.			
			Business Code				
9	2 a	PROGRAM REVENUE	624100	2,476.	2,476.		
ه <u>خ</u>	b						
Sal	С						
am	d						
Program Service Revenue	<u>.</u>						
Pro	f	All other program service revenue					
				2,476.			
-		Total. Add lines 2a-2f		2,4700			
	3	Investment income (including dividends, inter		1,283.			1,283.
		other similar amounts)		1,203.			1,203.
	4	Income from investment of tax-exempt bond p	· •				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	.,				
	h	Less: cost or other basis					
ø	b						
Ĭ.		and sales expenses 7b					
eve		Gain or (loss) 7c					
her Revenue		Net gain or (loss)	······				
	8 a	Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	61,456.				
	b	Less: direct expenses 8b	10,991.				
		Net income or (loss) from fundraising events		50,465.			50,465.
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		` ' " " " " " " " " " " " " " " " " " "					
	и а	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b)				
	С	Net income or (loss) from sales of inventory					
<u>o</u>			Business Code				
<u> </u>	11 a	OTHER REVENUE	624100	2,716.	2,716.		
an s	b						
Miscellaneous Revenue	С						
<u>3</u>		All other revenue					
2		Total. Add lines 11a-11d		2,716.			
	12	Total revenue. See instructions	<u> </u>		5,192.	0.	51,748.

032009 12-23-20

Part IX Statement of Functional Expenses

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

D:	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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	76,930.	76,930.		
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,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	306,806.	199,424.	46,021.	61,361
8	Pension plan accruals and contributions (include	,	,	,	
-	section 401(k) and 403(b) employer contributions)	471.		471.	
9	Other employee benefits				
0	Payroll taxes	26,139.	16,990.	3,921.	5,228
1	Fees for services (nonemployees):			7,5 == 1	- ,
' a	Management				
b		616.		616.	
C	Legal	19,721.		19,721.	
	Accounting	15 / 1214		25/1224	
d	Lobbying				
e	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	1,915.	1,245.	287.	383
		6,060.	781.	606.	4,673
12	Advertising and promotion	7,054.	3,527.	2,822.	705
13	Office expenses	14,461.	7,230.	7,231.	703
14	Information technology	14,401.	7,250.	7,251.	
15	Royalties	13,924.	10,443.	2,089.	1,392
16	Occupancy	13,924.	10,443.	2,009.	1,394
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	839.	209.	420.	210
9	Conferences, conventions, and meetings	6,265.	4,698.	940.	627
20	Interest	0,203.	4,090.	940.	027
21	Payments to affiliates	19,204.	14,403.	2,881.	1 020
22	Depreciation, depletion, and amortization	16,250.	4,875.	11,375.	1,920
.3	Insurance	10,230.	4,0/3.	11,3/3.	
!4	Other expenses. Itemize expenses not covered 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	10,324.	7,743.	1,549.	1,032
b	POSTAGE AND PRINTING	7,275.	4,386.	728.	2,161
С	DUES AND SUBSCRIPTIONS	5,416.	1,354.	1,354.	2,708
d	BANK FEES	5,385.		5,385.	
е	All other expenses	12,596.	11,776.	307.	513
5	Total functional expenses. Add lines 1 through 24e	557,651.	366,014.	108,724.	82,913
26	Joint costs. Complete this line only if the organization	-	-		<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	ILΛ	balance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			89,405.	1	164,102.
	2	Savings and temporary cash investments			443,059.	2	487,106.
	3	Pledges and grants receivable, net		3	25,525.		
	4	Accounts receivable, net	750.	4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri				6	
Ø	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	1	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		799,041.			
	l b	Less: accumulated depreciation		313,625.	504,620.	10c	485,416.
	11	Investments - publicly traded securities			,	11	,
	12	Investments - other securities. See Part IV, lin	418,542.	12	662,850.		
	13	Investments - program-related. See Part IV, lin	,	13	,		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			1,456,376.	16	1,824,999.
	17	Accounts payable and accrued expenses			12,718.	17	20,469.
	18	Grants payable	,	18	,		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or fo					
iţie		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to un			68,932.	23	
	24	Unsecured notes and loans payable to unrela			,	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	,	o o proto r di tar	46,427.	25	30,000.
	26	Total liabilities. Add lines 17 through 25			128,077.	26	50,469.
		Organizations that follow FASB ASC 958, o					,
Ses		and complete lines 27, 28, 32, and 33.		, <u> </u>			
au	27				1,313,100.	27	1,774,530.
Bal	28	Net assets with donor restrictions			15,199.	28	0.
nd		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current fun		29			
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,328,299.	32	1,774,530.
~	33	Total liabilities and net assets/fund balances			1,456,376.	33	1,824,999.
		and the same series are same series and the same series and the same series are same series are same series and the same series are same series are same series and the same series are same s					

	Check if Schedule O contains a response or note to any line in this Part XI						
1 Total	revenue (must equal Part VIII, column (A), line 12)	1			1,60		
2 Total	expenses (must equal Part IX, column (A), line 25)	2			7,65		
3 Reve	nue less expenses. Subtract line 2 from line 1	3		326,956			
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	1,328,29			
5 Net u	ınrealized gains (losses) on investments	5		119	, 2	75.	
6 Dona	ted services and use of facilities	6					
	tment expenses	7					
	period adjustments	8					
	Other changes in net assets or fund balances (explain on Schedule O)						
10 Net a	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
colur	column (B)) 10						
Part XII	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		Yes	No	
1 Acco	unting method used to prepare the Form 990: X Cash Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
If "Ye	es," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
sepa	rate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b Were	the organization's financial statements audited by an independent accountant?			2b		Х	
If "Ye	es," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,				
cons	olidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
c If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,				
revie	w, or compilation of its financial statements and selection of an independent accountant?			2c			
If the	organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O. [
3a As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit				
Act and OMB Circular A-133?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
or au	dits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WOMEN & FAMILY LIFE CENTER, INC. 22-3093815 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	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)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest.						
0	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	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						
	Gross receipts from related activities,	, etc. (see instructi	ions)			12	
	First 5 years. If the Form 990 is for the	•				501(c)(3)	
	organization, check this box and stor	•		•	•	. , . ,	
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				·
	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the						ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organi:	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check th	is box and stop he	ere. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, ch	eck this box and s	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circ		-	· ·			▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>ns</u>
					Sch	edule A (Form 99	0 or 990-EZ) 2020

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	634,643.	419,528.	328,202.	912,572.	827,667.	3,122,612.
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	100,441.	85,968.	116,636.	114,989.	61,456.	479,490.
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						
6	Total. Add lines 1 through 5	735.084.	505,496.	444.838.	1,027,561.	889,123.	3,602,102.
	Amounts included on lines 1, 2, and	700,0010	303,1301	111,000	2,027,002.	005,2201	0,002,1021
16	3 received from disqualified persons	28,649.	945.	18,000.	30,724.	30,000.	108,318.
ŀ	Amounts included on lines 2 and 3 received	20,013.	7131	10,000	3077210	30,0001	100/3101
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	339 322	165 448	125 248	527,148.	455 640	1,612,806.
	amount on line 13 for the year	367 971	166 393	1/3 2/8	557,872.	485 640	1,721,124.
	Add lines 7a and 7b	307,371.	100,393.	143,240.	331,012.	403,040.	
	Public support. (Subtract line 7c from line 6.)						1,880,978.
		(a) 0010	(h) 0017	(a) 0010	(4) 0010	(-) 0000	(f) Tatal
	endar year (or fiscal year beginning in)	(a) 2016 735, 084.	(b) 2017 505, 496.	(c) 2018 444, 838.	(d) 2019 1,027,561.	(e) 2020 889,123.	(f) Total 3,602,102.
	Amounts from line 6	733,004.	303, 470.	444,030 .	1,027,301.	005,125.	3,002,102.
IUa	dividends, payments received on						
	securities loans, rents, royalties,					1,283.	1,283.
	and income from similar sources					1,203.	1,203.
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					1,283.	1,283.
	Add lines 10a and 10b					1,203.	1,203.
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital					F 100	F 100
	assets (Explain in Part VI.)	725 004	FOF 40C	444 020		5,192.	5,192.
	Total support. (Add lines 9, 10c, 11, and 12.)		505,496.			895,598.	3,608,577.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
_	check this box and stop here						>
	ction C. Computation of Publ					1	<u> </u>
	Public support percentage for 2020 (column (f))		15	52.13 %
	16 Public support percentage from 2019 Schedule A, Part III, line 15						
	ction D. Computation of Inve						0.4
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.04 %
	8 Investment income percentage from 2019 Schedule A, Part III, line 17					%	
19a	19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box a	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	▶ X
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The organ	nization qualifies a	is a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Par	t IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		ı
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	71 11 5 5		Yes	No
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 Part VI 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
-	aon o. Type ii oupporting organizationo		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
1				
	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	4		
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u> </u>	uon B. Ali Type ili Supporting Organizations		V	Nia
			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 in 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	_		
<u>C</u>	supported organizations played in this regard.	3		
	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structioi		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b	<u> </u>	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explain in F	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.		
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	1a			
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 Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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					

Schedule A (Form 990 or 990-EZ) 2020

instructions).

_	t V Type III Non-Functionally Integrated 509			22-3093013 Page 7				
		(a)(3) Supporting Orga	amzations (continued)	Current Year				
	ion D - Distributions		1	_				
1	Amounts paid to supported organizations to accomplish exe		!					
2	Amounts paid to perform activity that directly furthers exemp	or purposes or supported						
	organizations, in excess of income from activity	2						
3_4		Administrative expenses paid to accomplish exempt purposes of supported organizations 3						
4_	Amounts paid to acquire exempt-use assets	ovide details in Davt VIII	4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.	h						
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2020 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount	(2)	10	(***)				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

Payments from Disqualified Persons Included on Part III, Line 7a

2020

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
STODDARD FAMILY					
FOUNDATION	28,649.	945.	18,000.	30,724.	30,000.
	+				
	+				
Total to Schedule A,	+				
Part III, Line 7a	28,649.	945.	18,000.	30,724.	30,000.

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2020

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
AMY & DAVID JAFFE	17,688.	19,662.	25,000.	44,724.	66,044.
BRANFORD COMMUNITY FOUNDATION	0.	0.	0.	37,324.	28 544
	0.	0.	0.	31,324.	28,544.
BREAKING THE CYCLE FOUNDATION	0.	0.	F 000	0.	11 044
CAROL BAILEY &	0.	0.	5,000.	0.	11,044.
LAURIE DESMET	7,749.	945.	17,430.	10,154.	7,304.
EDER FAMILY					
FOUNDATION	0.	15,945.	0.	0.	0.
ESTATE OF DOMENIC V					
CICCHETTI	0.	0.	0.	389,724.	252,891.
FOUNDATION FOR					
GREATER NH	22,112.	145.	15,000.	0.	0.
CFGNH COMMUNITY FUND					
FOR WOMEN & GIRLS	0.	0.	2,000.	0.	55,149.
GUILFORD COMMUNITY					
FUND	3,649.	5,945.	1,100.	0.	7,044.
GUILFORD FOUNDATION	0.	21,095.	3,350.	40,724.	22,444.
JOE & CINDY GOLDBERG					
F.F.	649.	10,945.	0.	0.	0.
JULIE					
LISTER-FEINBERG	0.	0.	5,000.	0.	0.
LIMELIGHT DANCE					
STUDIO	0.	0.	13,000.	0.	0.
PADRE PIO FOUNDATION	92,649.	0.	0.	0.	0.
PARTNER REINSURANCE	9,649.	0.	0.	0.	0.
SEEDLINGS FOUNDATION	147,649.	54,945.	0.	0.	0.
ST GEORGE CHURCH	0.	11,945.	0.	0.	0.
THE JAEGER FAMILY					•
FUND	0.	0.	0.	724.	1,044.
TOWN OF GUILFORD	149.	2,945.	4,000.	0.	2,044.
TYLER RIGG					
FOUNDATION	0.	0.	7,000.	0.	1,044.
UNCAS FOUNDATION	5,649.	0.	0.	0.	0.
BAUSCH & STROEBEL	0.	0.	0.	0.	1,044.
BREAKWATER BOOKS	0.	0.	695.	0.	0.
CT NATURAL GAS CORP	0.	4,229.	0.	0.	0.
Total to Schedule A, Part III, Line 7b					

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2020

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
DELANEY LUNDBERG	0.	0.	2,000.	0.	0.
EAGLES WING FOUNDATION	0.	0.	5,000.	0.	0.
EILEEN AND ANDREW EDER	0.	4,945.	0.	0.	0.
ESTATE OF ELIZABETH FISCHER	2,278.	0.	0.	0.	0.
EWOMEN NETWORK FOUNDATION	0.	1,002.	0.	0.	0.
GUILFORD SAVINGS BANK	324.	0.	605.	0.	0.
ANONYMOUS NEW ALLIANCE	11,479.	8,310.	19,068.	3,774.	0.
FOUNDATION	17,649.	2,445.	0.	0.	0.
Total to Schedule A, Part III, Line 7b	339,322.	165,448.	125,248.	527,148.	455,640.

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2020

Payer's Name	Amount Received in 2020	2020 Excess Payments
AMY & DAVID JAFFE	75,000.	66,044.
BRANFORD COMMUNITY FOUNDATION	37,500.	28,544.
BREAKING THE CYCLE FOUNDATION	20,000.	11,044.
CAROL BAILEY & LAURIE DESMET	16,260.	7,304.
ESTATE OF DOMENIC V CICCHETTI	261,847.	252,891.
CFGNH COMMUNITY FUND FOR WOMEN & GIRLS	64,105.	55,149.
GUILFORD COMMUNITY FUND	16,000.	7,044.
GUILFORD FOUNDATION	31,400.	22,444.
THE JAEGER FAMILY FUND	10,000.	1,044.
TOWN OF GUILFORD	11,000.	2,044.
TYLER RIGG FOUNDATION	10,000.	1,044.
BAUSCH & STROEBEL	10,000.	1,044.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		455,640.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

WOMEN & FAMILY LIFE CENTER, INC. 22-3093815

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

WOMEN & FAMILY LIFE CENTER, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	THE ESTATE OF DOMINIC V CICCHETTI 94 LINSEY LAKE ROAD NORTH BRANFORD, CT 06471	\$ 261,847.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	AMY & DAVID JAFFE 115 OLD QUARRY ROAD GUILFORD, CT 06437	\$ 75,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	THE GUILFORD FOUNDATION PO BOX 35 GUILFORD, CT 06437	\$31,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	THE BRANFORD COMMUNITY FOUNDATION PO BOX 462 BRANFORD, CT 06405	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	THE STODDARD FAMILY FOUNDATION 340 MOOSE HILL ROAD GUILFORD, CT 06437	\$ 30,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	CAROL BAILEY & LAURIE DESMET 34 SEASIDE AVENUE GUILFORD, CT 06437	\$ 16,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

WOMEN & FAMILY LIFE CENTER, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	TOWN OF GUILFORD 31 PARK STREET GUILFORD, CT 06437	\$11,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	THE JAEGER FAMILY FUND 75 OLD QUARRY ROAD GUILFORD, CT 06437	\$10,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	BREAKING THE CYCLE FOUNDATION 62 FRISBIE RD WASHINGTON, CT 06793	\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	BAUSCH & STROEBEL 101 KELSEY SPRINGS DR MADISON, CT 06443	\$10,000 .	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11	GUILFORD COMMUNITY FUND PO BOX 271 GUILFORD, CT 06437	\$16,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
12	COMMUNITY FOUNDATION FOR GREATER NEW HAVEN 70 AUDUBON ST NEW HAVEN, CT 06510	\$64,105.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
000450 11 0		Cabadula D /Farra	000 000 F7 000 PF\ (0000)				

WOMEN & FAMILY LIFE CENTER, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	TYLER RIGG FOUNDATION 28 ROUND HILL RD GREENWICH, CT 06831	\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

WOMEN & FAMILY LIFE CENTER, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		<u> </u>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		<u> </u>		

Employer identification number

Name of organization

NOMEN	& FAMILY LIFE CENTER,]	INC.		22-3093815
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ct Use duplicate copies of Part III if additional s	through (e) and the following line en naritable, etc., contributions of \$1,000 or	try For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4		nsferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WOMEN & FAMILY LIFE CENTER, INC.

Employer identification number 22-3093815

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(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 advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$		caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, 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) 2020

032051 12-01-20

Par		ollections of A				r Othe	r Simila	r Assa	te/continu	raye z
			_							ieu)
3	Using the organization's acquisition, accession	on, and other record	is, crieck	arry or trie	lollowing trial	. make si	grillicant u	se or its		
	collection items (check all that apply):		<u> </u>							
а	Public exhibition	d			hange progra	m				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further t	he organizatio	n's exem	npt purpos	e in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or othe	er similar a	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	n answered "	Yes" on F	Form 990,	Part IV,	line 9, or	
			l:							
ıa	Is the organization an agent, trustee, custodia on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on Fo							<u></u>	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided on l	Part XIII				
Par	t V Endowment Funds. Complete if	the organization an	swered '	'Yes" on Fo	orm 990, Part	IV, line 10	٥.			
	·	(a) Current year		ior year	(c) Two years		d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance	, ,				Ì				
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
е	. '									
	and programs									
	Administrative expenses					-				
g	End of year balance				<u></u>					
2	Provide the estimated percentage of the curre	ent year end balanc		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	ınd administer	red for th	e organiza	ition	_	
	by:								'	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									<u> </u>
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered). Part IV	. line 11a. S	See Form 990.	. Part X. I	ine 10.			
	Description of property	(a) Cost or o			or other		cumulated		(d) Book	value
	bescription of property	basis (investr		` '	(other)		reciation		(u) Dook	value
10	Land	`			4,104.	асрі	20,000		104	,104
	Land		+		8,308.	2	49,34	6		,962
	Buildings				8,419.		$\frac{49,34}{24,52}$,890
	Leasehold improvements		-		4,349.		$\frac{24,52}{35,88}$			
	Equipment								Тб	,460
	Other				3,861.		3,86	 _	405	0.
Total	. Add lines 1a through 1e. (Column (d) must eq	gual Form 990, Part	X, colum	n (B), line 1	10c.)			▶	485	,416.

Ochodula D./Farra 000) 0000 WOMEN & FAM:	ILY LIFE CENTE	PD TNC	22-3093815 _{Page}
Schedule D (Form 990) 2020 WOMEN & FAM: Part VII Investments - Other Securities.	IDI DIFE CENTE	ik, ik.	ZZ-3093013 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1b. See Form 990. Part X. line	e 12.
(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			
(B) FOUNDATION	662,850.	END-OF-YEAR M	ARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	662,850.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: 0	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (<u> </u>	1d. See Form 990, Part X, line	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			

Part X Other Liabilities.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

(9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SBA PPP LOAN	30,000.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	30,000.

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

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	n Revenue per R	eturr).
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,003,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	119,275.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	119,275.
3	Subtract line 2e from line 1			3	884,607.
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.)			5	884,607.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	557,651.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а					
b	Prior year adjustments	2b			
С	Other losses				
d		•			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	557,651.
4	Amounts included on Form 990, Part IX, line 25, 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.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	557,651.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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, 2021. THE ORGANIZATION DETERMINED IT HAS NO UNCERTAINTIES REGARDING INCOME TAXES.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	s and	the latest informat			Inspection	
Name of the organization	- · ·								
		FAMILY LIFE CENTE					22-3093		
	ing Activities, complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
1 Indicate whether the	e organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply				
a Mail solicitat	ions				overnment grants				
b Internet and	email solicitations			-	nment grants				
c Phone solicit	tations	g L Special	fundra	aising	events				
d L In-person so									
		or oral agreement with any individual							
		art VII) or entity in connection with p					Ye لـــا مفاد مناسمان میں		
compensated at le		viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the tu	ndraiser is to	De	
	east \$5,000 by the	r organization.							
(i) Name and addres	s of individual		(iii)	Did raiser ustody	(iv) Gross receipts	(v) /	Amount paid	(vi) Amount paid	
or entity (fund		(ii) Activity	have c	ustody ntrol of	from activity	f	or retained by) fundraiser	to (or retained by)	
, (,		contributions?			list	ted in col. (i)	organization	
			Yes	No					
						<u> </u>			
						<u> </u>			
						\vdash			
Total									
		on is registered or licensed to solicit		outions	s or has been notified	d it is	exempt from	registration	

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups.				
		<u> </u>	(a) Event #1 MEN WHO COOK (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	54,769.		,	61,456.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	54,769.	6,687.		61,456.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment Other direct expenses	7,055.	•		10,991.
		Direct expense summary. Add lines 4 through			_	10,991. 50,465.
Da	ırt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a		2000 Port IV line 10 or		50,405.
1 0		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Fait IV, line 19, or	reported more than	
		+ · · · · · · · · · · · · · · · · · · ·	(a) Din sa	(b) Pull tabs/instant	(a) Oth an aramin a	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	Carlor direct experience	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line 7	from line 1, column (a)			
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a	_	states?		Yes No
b	lf "I	No," explain:				
	_					
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	
b) I† "`	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 WOMEN & FAMILY LIFE CENTER, INC. 22-3	3093815	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
• •	Enter the harte and address of the person who propared the organization of garming, openial events become and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	└── Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			-

Schedule G	G (Form 990 or 990-EZ)	WOMEN &	FAMILY	LIFE	CENTER,	INC.	22-3093815 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (contin	nued)				
		· · · · · · · · · · · · · · · · · · ·	,				
-							
						<u> </u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization							Employer identification number
Dt-l			E CENTER, 1	INC.				22-3093815
Part I	General Information on Grants a							
	pes the organization maintain records							
cri	iteria used to award the grants or assi	stance?						Yes X No
Part II	escribe in Part IV the organization's pro-						· · · · · · · · · · · · · · · · · · ·	
Faitii		-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (2)	recipient that received more than Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
ı (a)	or government	(b) EIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
	nter total number of section 501(c)(3) a			ne line 1 table		<u> </u>		>

Part III can be duplicated if additional space is needed.		(a) Amount of	(d) Amount of non	(a) Mathad of valuation	(f) Description of penageh assistance
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		-			
CONTD. 10. AGGTGMANGE	185	76 020	0.		
COVID-19 ASSISTANCE	165	76,930.	. 0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	n (b); and any other a	dditional information.	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WOMEN & FAMILY LIFE CENTER, 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.

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

Schedule O (Form 990 or 990-EZ) 2020

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BUILDING	01/01/99	SL	39.00	MM17	132,497.				132,497.	69,205.		3,397.	72,602.
2	BUILDING IMPROVEMENTS	07/01/99	SL	39.00	MM17	11,913.				11,913.	6,401.		305.	6,706.
3	BATHROOM FLOOR HOUSE	07/07/98	SL	39.00	MM17	1,125.				1,125.	634.		29.	663.
4	ELECTRICAL SYSTEM UPGRADE	01/01/00	SL	39.00	MM17	1,695.				1,695.	889.		43.	932.
5	BROWN INSULATION HOUSE	02/02/02	SL	39.00	MM17	1,108.				1,108.	522.		28.	550.
6	PLUMBING IMPROVEMENTS HOUSE	03/03/01	SL	39.00	MM17	1,275.				1,275.	631.		33.	664.
7	BUILDING ADDITIONS CARRIAGE HOUSE	03/03/01	SL	39.00	MM17	125,918.				125,918.	58,401.		3,229.	61,630.
8	NEW SEPTIC SYSTEM	03/03/01	SL	39.00	MM17	2,800.				2,800.	1,385.		72.	1,457.
9	BUILDING IMPROVEMENTS LANDSCAPING	03/03/01	150DB	20.00	ну17	2,599.				2,599.	2,534.		65.	2,599.
10	ROOF REPAIR AND REPLACEMENT	03/05/02	SL	39.00	MM17	8,465.				8,465.	3,970.		217.	4,187.
11	ROOF REPLACEMENT	03/05/02	SL	39.00	MM17	8,465.				8,465.	3,970.		217.	4,187.
12	GUTTERS	05/01/09	SL	39.00	MM17	2,300.				2,300.	656.		59.	715.
13	SOUNDSAFE SECURITY	03/03/13	200DB	7.00	НУ17	4,220.				4,220.	4,220.		0.	4,220.
14	LAND	01/01/99	L			104,104.				104,104.			0.	
15	BUILDING IMPROVEMENTS	07/01/15	SL	39.00	MM17	75,422.				75,422.	75,422.		0.	75,422.
16	COMPUTERS	07/02/15	200DB	5.00	НУ17	2,004.		2,004.					0.	
17	SOFTWARE	09/23/14		36 M	НУ43	1,857.				1,857.	1,857.		0.	1,857.
18	EQUIPMENT	07/01/15	200DB	7.00	ну17	24,414.		24,414.					0.	

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	e Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	IMPROVEMENTS	07/01/15	SL	39.00	MM17	7,478.				7,478.	951.		192.	1,143.
20	PARKING/SIDEWALK	09/30/17	150DB	20.00	ну17	90,941.				90,941.	12,504.		5,407.	17,911.
21	RENOVATION	12/31/17	SL	39.00	MM17	149,030.				149,030.	9,712.		3,821.	13,533.
22	FURNITURE	08/23/17	200DB	5.00	ну17	29,935.			14,968.	14,967.	10,349.		1,847.	12,196.
23	WINDOWS	10/23/19	SL	39.00	MM17	9,475.				9,475.	172.		243.	415.
	* TOTAL 990 PAGE 10 DEPR & AMORT					799,040.		26,418.	14,968.	757,654.	264,385.		19,204.	283,589.