GRANDIZIO, WILKINS, LITTLE & MATTHEWS 1122 KENILWORTH DRIVE, SUITE 413 TOWSON, MD 21204

THE WOMEN'S HOUSING COALITION, INC. 119 EAST 25TH STREET BALTIMORE, MD 21218

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

GRANDIZIO, WILKINS, LITTLE & MATTHEWS, LLP THE EXCHANGE, 1122 KENILWORTH DRIVE, SUITE 413 TOWSON, MARYLAND 21204 (410) 494-0885

THE WOMEN'S HOUSING COALITION, INC. 119 EAST 25TH STREET BALTIMORE, MD 21218

THE WOMEN'S HOUSING COALITION, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2016 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

GRANDIZIO, WILKINS, LITTLE & MATTHEWS, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2016

Prepared for	THE WOMEN'S HOUSING COALITION, INC. 119 EAST 25TH STREET BALTIMORE, MD 21218
Prepared by	GRANDIZIO, WILKINS, LITTLE & MATTHEWS 1122 KENILWORTH DRIVE, SUITE 413 TOWSON, MD 21204
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2017. NOTE: ENCLOSED IS AN EXTRA COPY OF FORM 990. THE FORM SHOULD
	BE SIGNED, DATED, AND MAILED TO: STATE OF MARYLAND SECRETARY OF STATE CHARITABLE DIVISION STATE HOUSE ANNAPOLIS, MARYLAND 21411-0001 THE STATE OF MARYLAND IMPOSES ADDITIONAL REPORTING REQUIREMENTS IF YOUR ORGANIZATION SOLICITS CHARITABLE CONTRIBUTIONS FROM INDIVIDUALS, CORPORATIONS OR OTHER ENTITIES; OR RECEIVES INCOME FROM SPECIAL FUND RAISING EVENTS. THE REPORTING REQUIREMENTS ARE BASED ON THE AMOUNT OF

pecial estructions	
	CONTRIBUTIONS YOUR ORGANIZATION RECEIVED DURING THE YEAR. PLEASE CONTACT US IF YOU NEED ASSISTANCE WITH FILING THESE ADDITIONAL REPORTS.
·	

THIS IS NOT A FILEABLE COPY

IRS e-file Signature Authorization

tor an Exempt	Organization	
or calendar year 2016, or fiscal year beginning	, 2016, and ending	, 20

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer identification number Name of exempt organization 52-1189812 THE WOMEN'S HOUSING COALITION, INC. Name and title of officer ELIZABETH A. BENNER EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 1a Form 990 check here X b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) _____ 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) 5b 5a Form 8868 check here ▶ L **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize GRANDIZIO, WILKINS, LITTLE & MATTHEWS Enter five numbers, but ERO firm name do not enter all zeros as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶ Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Form 8879-EO

Department of the Treasury

EXTENDED TO NOVEMBER 15, 2017

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

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ДΙ	or the 2	016 calendar year, or tax year beginning and e	nding		
_	Check if	C Name of organization		D Employer identific	ation number
۱ م	applicable:				
Г	_Address _change	THE WOMEN'S HOUSING COALITION, INC.			00010
F	Name change	Doing business as		52-11	89812
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	NAE E 70 0
ī	Final return/	119 EAST 25TH STREET			235-5782
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,058,988.
	Amended	4 BALTTMORE MD 21218		H(a) Is this a group rei	turn
	Applica-	F Name and address of principal officer:ELIZABETH A. BENNER	<u> </u>	for subordinates	Yes X No
	pending	SAME AS C ABOVE			cluded? Yes No
$\overline{\perp}$	Tax∙exen	npt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	r 527	H(c) Group exemption	list. (see instructions)
J	Website	WWW.WOMENSHOUSING.ORG Trust Association Other ▶	I Vear	of formation: 1980 M	State of legal domicile; MD
		ganization. [25] Surportation [1] Trust [1]			
P	art I	Summary riefly describe the organization's mission or most significant activities: THE W	OMEN'	S HOUSING CO	DALITION IS
ø	1 B	riefly describe the organization's mission or most significant activities. EDICATED TO BREAKING THE CYCLE OF	101111		
Activities & Governance	<u> </u>	heck this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
/err	2 0	theck this box		ا ق ا	
် ဗိ	3 N	lumber of voting members of the governing body (Latt Vi, iiile 1d)		.,	13
00	4 N	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	11
ties	5 T	otal number of volunteers (estimate if necessary)		6	87
žį.	727	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ă	h N	let unrelated business taxable income from Form 990-T, line 34		7b	0.
_	 		<u> </u>	Prior Year	Current Year 402,077.
6	. 8 0	Contributions and grants (Part VIII, line 1h)		612,761.	920,954.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		920,440.	119,872.
970	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		38,853. 111,012.	68,245.
α	111 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,683,066.	1,511,148.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,003,000.	0.
-	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		611,563.	662,591.
Ġ	3 15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
000000000000000000000000000000000000000	2 16a F	Professional fundraising fees (Part IX, column (A), line 11e) 159, 3	87.		
Š	} b]	Total fundraising expenses (Part IX, column (D), line 25) 159, 3 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		869,842.	861,320.
-	117	Other expenses (Part IX, column (A), lines 114-114, 117-249) Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	1,481,405.	1,523,911.
	18	Revenue less expenses. Subtract line 18 from line 12		201,661.	-12,763.
_	<u>्र</u> 19 ।	Revenue less expenses, Subtract line to from line 12	В	eginning of Current Year	End of Year
ets o	20 21 21	Total assets (Part X, line 16)		2,287,437.	2,150,509.
ASS	R 21	Total liabilities (Part X, line 26)		318,776.	234,904.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,968,661.	1,915,605.
	Coleman St. 14 sec.	Cimpatura Plack			I la
Ü	nder pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments, and to the best of n	ny knowleage and beller, it is
tr	ue, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar	er nas any knowledge.	<u></u>
				Date	
S	ign	Signature of officer ELIZABETH A. BENNER, EXECUTIVE DIRECT	מטי		
۲	lere	ELIZABETH A. BENNER, EXECUTIVE DIRECT Type or print name and title	. OI		
_				Date Check	PTIN
_		Print/Type preparer's name Preparer's signature		if self-empto	P00040061
	aid	HENRY A. GRANDIZIO Firm's name GRANDIZIO, WILKINS, LITTLE & MA	TTHEW		52-2334868
	reparer	Land Company of the c	.3		
ι	lse Only	Firm's address 1122 KENILWORTH DRIVE, SUITE 41 TOWSON, MD 21204		Phone no. 4	10-494-0885
-	Any tha !	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
ľ	viay tile i	TO GIOCAGO ABO TOTATI THAT THE PERFECT OF THE TOTAL THE PERFECT OF			Farm QQD (2016)

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE WOMEN'S HOUSING COALITION IS DEDICATED TO BREAKING THE CYCLE OF HOMELESSNESS FOR WOMEN AND CHILDREN BY PROVIDING AFFORDABLE HOUSING AND SUPPORTIVE SERVICES TO ENABLE THEM TO SUSTAIN SOCIAL AND FINANCIAL INDEPENDENCE.	Form (Page 2 Page 2
Check it Sobedulo Contains a response or note to any line in this Part III Bitlely describe the organization mission: THE WOMEN'S HOUSING COALITION IS DEDICATED TO BREAKING THE CYCLE OF HOMELESSNESS FOR WOMEN AND CHILDREN BY PROVIDING AFFORDABLE HOUSING AND SUPPORTIVE SERVICES TO ENABLE THEM TO SUSTAIN SOCIAL AND FINANCIAL INDEPENDENCE. Bit the organization undertake any significant program services during the year which were not listed on the prior form 300 or 998-527. If yes, SCHOOL these charges on Schodule O. Did the organization cases conducting, or make significant changes in how it conducts, any program sorvices, as measured by expenses. Section 501(6) and 501(6)(6) and 501(6)(6) and 501(6)(6) generated and encycled to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expended (code	Darl	Statement of Program Service Accomplishments
Betoky describe the complication's nession: THE WOMEN'S HOUSTING COALITION IS DEDICATED TO BREAKING THE CYCLE OF THE WOMEN'S HOUSTING COALITION IS DEDICATED TO BREAKING THE CYCLE OF HOMBLESSNESS FOR WOMEN AND CHILDREN BY PROVIDING AFFORDABLE HOUSTING AND SUPPORTIVE SERVICES TO ENABLE THEM TO SUSTAIN SOCIAL AND FINANCIAL INDEPENDENCE: 2 Did the organization undertake any significant program services during the year which were not lated on the prior Form \$90 or 998-F27 If Yes, 'describe these rew services on Schedule O. Did the organization case controller, or make significant changes in how's conducts, any program services. If Yes, 'describe these changes on Schedule O. 18 Cooks (Persons of the Cooks of the C	rau	Otal Cities to the Constraint or response or note to any line in this Part III
THE WOMEN'S HOUSING COALITION IS DEDICATED TO SEARCH ALL THE HOUSING AND SUPPORTIVE SERVICES TO ENABLE THEM TO SUSTAIN SOCIAL AND FINANCIAL INDEPENDENCE. 2 Did the organization undertake any significant program services during the year which were not lated on the prior form 950 or 950 E?? 3 Did the organization undertake any significant program services during the year which were not lated on the prior form 950 or 950 E?? 4 Describe the organization or scales conducting, or make significant changes in how it conducts, any program services. If Year, describe these changes on Schedule O. 4 Describe the organization's program service accomplishment for each of its three largest program services, as measured by expenses. Section 50 (160) and 501(46) granizations are required to report the ancount of grants and stocations to others, the total expenses, and neverus, if any, for each program service reported. 4 Conce		
HOMBLESSINES FOR WOMEN AND CHILDREN BY PROVITION AT PROPERTY. AND SUPPORTIVE SERVICES TO ENABLE THEM TO SUSTAIN SOCIAL AND FINANCIAL TODEPHIDENCE. Did the organization understake any significant program services during the year which were not listed on the prior Form 990 or 990-627. If Yes, describe these new services on Schedule C. If Yes, describe these new services on Schedule C. If Yes, describe the organizations are reducted to accomplishments for each of its three largest program services, as measured by expenses. Section 50 (19(8) and 50 (6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revorues, far you for each program service soft or specific the amount of grants and allocations of others, the total expenses, and revorues, far you for each program service soft or specific and allocations to others, the total expenses, and revorues, far you for each program service soft or specific and allocations to others, the total expenses, and revorues, far you for each program services of the services. 40 (Code:) (Described 19 (8) (19) (19) (19) (19) (19) (19) (19) (19		HEALTH DILLEGARING CONTINUED TO DEDICATE TO DECEMBER OF CHARLES
AND SUPPORTIVE SERVICES TO ENABLE THEM TO SISTAIN SOCIAL AND TEXAS. INDEPENDENCE. Did the organization undertake any significant program services during the year which were not listed on the pitor form 930 or 990-E2? Ves (X) No If Yes, "describe these areas verices on Schedule O. 3 Did the organization causes conducting, or major end splitfoant changes in how it conducts, any program services, as measured by expenses. Becefits the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(69) and 501(6)(4) generated or required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service recorded. Society of the program service of the program service recorded or expense of the program services of the program services of the program services of the program service or services. The FIGURE OF THE WOMEN 'S HOUSING COALITION PROVIDES PERMANENT SUPPORTIVE HOUSING AND OTHER SUPPORTIVE SERVICES TO THISTUPUNIALS AND FAMILIES WHO HAVE EXPERIENCED HOMELESSNESS AND OTHER DISABILITIES THAT EFFECT THEIR ABILITY TO MAINTAIN HOUSING. SEE ADDITIONAL INFORMATION REGARDING THIS PROGRAM ON SCHEDULE O. Installing grants of \$		
TNDEPENDENCE. Dot the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? Dot the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schodule O. If "Yes," describe the organizations are required to report the amount of grants and allocations to others, the total exponses, and revenue, is any, for each program service accounts of report the amount of grants and allocations to others, the total exponses, and revenue, is any, for each program service accounts of revenue, is any, for each program service accounts of the services, and revenue, is any, for each program service program services, as measured by exponses, and revenue, is any, for each program services, as a service of the services, as a services, as		HOMELESSNESS FOR WOMEN AND CHIADLE THEM TO SUSTAIN SOCIAL AND FINANCIAL
2 Did the organization undertake any significant program services during the year which were not fisted on the prior Form 990 or 990 FZ? 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, as measured by expenses. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(69) and 501(69) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1 (Social) (Pensess 1, 1717, 41, teaching grants of), (sevenue 4, 99 9, 725 -), 1717, 1741, teaching grants of 3, (sevenue 4, 99 9, 725 -), 1717, 1741, teaching grants of 3, (sevenue 4, 99 9, 725 -), 1741, 1741, teaching grants of 3, (sevenue 4, 99 9, 725 -), 1741, 1741, teaching grants of 3, (sevenue 4, 99 9, 725 -), 1741, 1741, teaching grants of 3, (sevenue 4, 99 9, 725 -), 1741, 1741, teaching grants of 3, (sevenue 4, 99 9, 725 -), 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741, 1741,		AND SUPPORTIVE SERVICES TO ENABLE THEM TO SUBJECT:
prior Form 990 or 990-072 If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these changes on Schedule O. If 'Yes,' describe these changes on Schedule O. Describe the organization cease conducting, or make significant changes in how it conducts, any program services?		INDEPENDENCE.
prior Form 990 or 990-072 If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these changes on Schedule O. If 'Yes,' describe these changes on Schedule O. Describe the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the
If "Yes," describe these new services on Schedule O. 10 bid the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 40 bear-the three organization's program service excomplishments for each of its three largest program services, as measured by expenses. Section 5016(8) and 5016(8) and 5016(8) and 5016(8) and 5016(8) and 5016(8) and 5016(8) are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 11.17.741. helating grants of \$\frac{1}{1}\$ (Coste \$\frac{1}{1}\$) (Repenses \$\frac{1}{1}\$) (Reports \$\frac{1}{1}		prior Form 990 or 990-EZ?
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services. If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service and the services and services and services and services and services. In the services of the services and services are services and services and services are services. In the services are services and services are services and services are services. The services are services and services are services. 40 (Code:		
# Ves.* describe three changes on Schedule U. Bescribe three changes and Schedule on Second Part of its three largest program services, as measured by expenses. Section SOI(s)8 and SOI(s)9 organizations are required for report the amount of grants and allocations to others, the total expenses, and revolence, if any for each program service reported. 1, 171,741. including grants of \$\frac{1}{2}\$ \$93.725.} 1, 171. When the second Part of the Se	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by Aparticus Section 501(o)(5) and 501(o)(4) organizations are required to report the amount of grants and allocations to others, the total exponses, and revenue, if any, for each program service reported. 4		
Section SOI(c)(8) and SOI(c)(4) organizations are required to report the amount of grants and smootabols so Versions are required to report the amount of grants and smootabols so Versions and Soil(c)(4) organization are required to report the smootabols of the Versions and Soil (c) (code:	4	to the service accomplishments for each of its three largest program services, as measured by expenses.
reverue, if any, for each program service reported. 48 (Code) (properties 1_1/17_41. including grants of \$) (Proverties \$ 998,725.) 49 (Code) (Properties 1_1/17_41. including grants of \$) (Proverties	4	Coating 501(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40 (Code:		
THE WOMEN'S HOUSING COALITION PROVIDES PERMANENT SUPPORTIVE HOUSING AND OTHER SUPPORTING SERVICES TO INDIVIDUALS AND FAMILIES WHO HAVE EXPERIENCED HOMELESSNESS AND OTHER DISABILITIES THAT EFFECT THEIR ABILITY TO MAINTAIN HOUSING. SEE ADDITIONAL INFORMATION REGARDING THIS PROGRAM ON SCHEDULE O. 4b (Code:) (Expenses \$		
OTHER SUPPORTING SERVICES TO INDIVIDUALS AND FARILIES THAT EFFECT THEIR EXPERIENCED HOMELESSNESS AND OTHER DISABILITIES THAT EFFECT THEIR ABILITY TO MAINTAIN HOUSING. SEE ADDITIONAL INFORMATION REGARDING THIS PROGRAM ON SCHEDULE O. 4b (Code) (Expenses \$	4a	HOUSING AND PROVIDES PERMANENT SUPPORTIVE HOUSING AND
EXPERIENCED HOMELESSNESS AND OTHER DISABILITIES THAT EFFECT THATE ABILITY TO MAINTAIN HOUSING. SEE ADDITIONAL INFORMATION REGARDING THIS PROGRAM ON SCHEDULE O.		ATTENDANCE OF THE PROPERTY OF
ABILITY TO MAINTAIN HOUSING. SEE ADDITIONAL INFORMATION REGARDING THIS PROGRAM ON SCHEDULE O. 4b (Code:) (Expenses \$		OTHER SUPPORTING SERVICES AND OTHER DISABILITIES THAT EFFECT THEIR
SEE ADDITIONAL INFORMATION REGARDING THIS PROGRAM ON SCHEDULE O.		EXPERIENCED HOMELESBRESS AND CHARLES THE CONTROL OF
4b (Code:) (Expenses \$		ABILITY TO MAINTAIN HOUSING.
4b (Code:) (Expenses \$		PEGADDING BUIG PROGRAM ON SCHEDULE O.
4c (Code:) (Expenses \$		SEE ADDITIONAL INFORMATION REGARDING THIS PROGRAM ON BOMILDO
4c (Code:) (Expenses \$		
4c (Code:) (Expenses \$	41:	(a) (Ference \$ including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)	40	(Code:) / trxbatases 4
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$,	4c	(Code:) (Expenses \$
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ including grants of \$) (Revenue \$,		
(Expenses \$ Including grants of \$ 741.	40	
4e Total program service expenses ► 1,1/1,/41.		(Expenses \$ including grains of \$\frac{1}{2} = 7.4.1
	4	e Total program service expenses ► ±, ±1,±, 1,±±. Form 990 (2016)

	THE WOMEN'S HOUSING COALITION, INC. 52-11898	<u>12</u>	Pi	age 3	_
Form 9	990 (2016) THE WOMEN B 11000 2110 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\overline{}$	Yes	No	-
		-+	162	100	-
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X	1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (office trial a product of trial a product	2	X	\vdash	-
	If "Yes," complete Schedule A	-		\vdash	-
2	Is the organization required to complete Schedule B, Schedule of Contributors Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x	
3	Did the organization engage in direct or indirect political campaign activities of the public office? If "Yes," complete Schedule C, Part I			\vdash	
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying doubles, sometimes of the section 501(c)(3) organizations. Did the organization engage in lobbying doubles, assessments, or during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II during the tax year?			+-	_
	during the tax year? If "Yes," complete Schedule C, Part II during the tax year? If "Yes," complete Schedule C, Part II s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or is the organization as section 501(c)(6) organization that receives membership dues, assessments as the organization as section 501(c)(6) organization that receives membership dues, assessments are considered as the organization of the organization as the organization of the organization as the organization of th	5		x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization trial receives included in Sevenue Procedure 98-19? If "Yes," complete Schedule C, Part III similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-		+-	_
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule 9, Fath Indian amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule 9, Fath Indiana, and the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I	6		x	
6	Did the organization maintain any donor advised funds or any similar funds of accounts of which the Did the organization maintain any donor advised funds or any similar funds of accounts? If "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts?	-0_	├	+=	_
	provide advice on the distribution or investment of amounts in such tands of about the provide advice on the distribution or investment of amounts in such tands of about the provide advice on the distribution or investment of amounts in such tands of about the provide advice on the distribution or investment of amounts in such tands of about the provide advice on the distribution or investment of amounts in such tands of about the provide advice on the distribution or investment of amounts in such tands of about the provide advice on the distribution or investment of amounts in such tands of about the provide advice on the distribution or investment of amounts in such tands of about the provide advice on the distribution or investment of amounts in such tands of about the provide advice of the provide a	-	1	x	
7	Did the organization receive or hold a conservation easement, including easements to proceed a process of the process of the conservation easement, including easements to proceed a process of the proce	7_	┼─	+=	_
				X	-
8	Did the organization maintain collections of works of art, historical account liability, serve as a custodian for	8	+-	+	<u>-</u> -
	Schedule D, Part IIIserve dial account liability, serve as a custodian for	1	1		
9	Did the organization report an amount in Part X, line 21, for escrow or customar account management, or debt negotiation services? amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		X	7
	amounts not listed in Part X; or provide credit courseling, door manage	9	+-	- -	-
	If "Yes," complete Schedule D, Part IV	1		١,	X.
10	Did the organization, directly or through a related organization, note assets in the property of the organization, directly or through a related organization, note assets in the property of the organization	10	55 B66	303 303	L Seeved
	Did the organization, directly or through a related organization, floid assets in temporary defectly or through a related organization, floid assets in temporary defectly or through a related organization, floid assets in temporary defectly or through a related organization, floid assets in temporary defectly or through a related organization, floid assets in temporary defectly or through a related organization, floid assets in temporary defectly or through a related organization, floid assets in temporary defectly or through a related organization, floid assets in temporary defectly or through a related organization, floid assets in temporary defectly defectly or through a related organization, floid assets in temporary defectly d				
11	If the organization's answer to any of the following questions is red, attended to	100			2014
	as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		١,	,	
;	a Did the organization report an amount for land, buildings, and equipment in the drop, into a contract of the organization report an amount for land, buildings, and equipment in the drop, into a contract of the organization report an amount for land, buildings, and equipment in the drop, into a contract of the organization report an amount for land, buildings, and equipment in the organization report an amount for land, buildings, and equipment in the drop, in the organization report and a contract of the organization report an	112	a Z	`- -	
	Part VI	1			7.7
	b Did the organization report an amount for investments of the second of	111	b L	 -	<u>X</u>
	b Did the organization report an amount for investments - other securities it r at X, into 12 and 15 and 16		1	-	~-
	c. Did the organization report an amount for investments - program reasons.	11	드		<u>X</u>
	Did the organization report an amount for investments - program related in a tax, into a tax, into a sasets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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		1.	_	
	d. Did the organization report an amount for other assets in Fart X, and 10 state 10.	. 11		X	
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% and 15%	. 11	le .	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, complete concern and amount for other liabilities in Part X, line 25? If Yes, com			İ	
	e Did the organization report an amount for other liabilities in Part X, line 257 in 166, sometimes of the part X and the organization's separate or consolidated financial statements for the tax year include a footnote that addresses bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses because the property of the	. 1	1f	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a restricted a restriction of the tax year include a restricted property of the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete tax year? If "Yes," complete			ı	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)1 17 100, to the tax year? If "Yes," complete 2a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	2a 📗		X
1.	2a Did the organization obtain separate, independent audited in anticial diagonal statements for the tax year?	Ì			
	Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? b Was the organization included in consolidated, independent audited financial statements for the tax year?	1	2b		X
	b Was the organization included in consolidated, independent audited financial statements for the target and XII is optional	¨ ¬	13		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule 2,7 at least 18 and if the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 3 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	1	4a		X
1	 Is the organization a school described in section 170(b)(1)(A)(II)? If Yes, Complete Companies Is the organization as school described in section 170(b)(1)(A)(II)? If Yes, Complete Companies Is the organization a school described in section 170(b)(1)(A)(II)? If Yes, Complete Companies Is the organization a school described in section 170(b)(1)(A)(II)? If Yes, Complete Companies Is the organization a school described in section 170(b)(1)(A)(II)? If Yes, Complete Companies Is the organization a school described in section 170(b)(1)(A)(II)? If Yes, Complete Companies Is the organization a school described in section 170(b)(1)(A)(II)? If Yes, Complete Companies Is the organization a school described in section 170(b)(1)(A)(II)? If Yes, Complete Companies Is the organization maintain an office, employees, or agents outside of the United States? 	<i>"</i>			
1	Did the organization maintain an office, employees, or agents outside of the office of]		
	b Did the organization have aggregate revenues or expenses of more than \$10,000 investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment (\$100,000) investment (\$	1	14b		Х
	investment, and program service activities outside the United States, or aggregate to a grants or other assistance to or for any				Ī
	or more? If "Yes," complete Schedule F, Parts I and IV		15		X
	Did the organization report on Part IX, column (A), line 3, more trial 35,000 of grants or other assistance to	'''			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		16		X
,	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or aggregate 5 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV				
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		17	į	X
	Did the organization report a total of more than \$15,000 or expenses for protoscent and contributions on Part VIII, lines column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	···· ├			1
			18	Х	
	Did the organization report more than \$15,000 total of fundraising events greatly activities on Part VIII, line 9a? If "Yes,"	}	10		+-
			19		x
	19 Did the organization report more than \$15,000 or gross income from games complete Schedule G, Part III	<u></u>		990	
	complete Schedule G, Part III		rom	1000	(20

Par	Checklist of Required Schedules (continued)		Yes	No
		20a	163	X
:0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	-		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		$\overline{}$	
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	23		Х
	Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
	Schedule K. If "No", go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		j
25a	Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			72"
	transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	ls the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule I Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Tes,			77
	complete Schedule L. Part II	26	↓	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3,7
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1 30,000,000	X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
L	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Fall IV	28b	╄	1-
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29	Did the examplestion receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	x
	contributions? If "Yes," complete Schedule M	30	_	\perp
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		X
	# #Ven complete Schedule N. Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	Х
	Schodule N. Part II	. 32	-	+
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	and tone 201 7701-2 and 301 7701-32 if "Yes." complete Schedule R, Part I	. 33		+*
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		X	
	Part V line 1	. 34	77	+-
35	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a	1 4	+-
j	of "Ves" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		X	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b) <u>^</u>	+-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Х
	# "Yes " complete Schedule B. Part V. line 2	36	+	+^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		.]	х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	+	+
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O		m 990	

Form **990** (2016)

Part V Statements Regarding Other IRS Fillings and Tax Compliance Check it Schedule O contains a response on role to any line in this Fart V	Form	990 (2016) THE WOMEN'S HOUSING COALITION, INC.		<u>52-1189</u>	<u> 312</u>	Pa	ge 5
Check if Schedule O contains a response or note to any fine in this Part V 10 Enter the number reported in Box 3 of Form 1096, Enter -0-1 for 1 on applicable 10 0 0 1 10 0 0 1 10 0 0 10 0 10 0 10		V Statements Regarding Other IRS Filings and Tax Compliance					
1a Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable 1b 10 0 0 1b 1c 10 0 0 1c	4,000,000,000	Check if Schedule O contains a response or note to any line in this Part V				l	
be Enter the number of Forms W-2G included is nine fall. Enter of in not applicable Determination comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the celendary ware and employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the sum of lines at and 24 is greater than 250, you may be required feederal employment fax returners? 3b If a fleat such core is reported on line 2a, did the organization file all required feederal employment fax returners? 3c Ed the organization have unrelated business gross income of \$1,000 or more during the year? 3a If If Yes, "thas If filed a Form 990°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 30°T for this year? If Yes, "to fill the 50°T for this year? If Yes, "to fill the 50°T for this year? If Yes, "to fill the 50°T for the 50°T for this year? If Yes, "to fill the organization for Foreign country (such as a bank account, scounties account, or other fill fill the 30°T for this year? If Yes, "to fill the organization for Foreign country (such as a bank account, scounties account, or other fill fill the year. 5a Was the organization have a partial for Fill Fill Fill Fill Fill Fill Fill Fil				0.05	v-0.000 (0.000)	Yes	No
b Enter the number of Forms W-20 included in line 1e. Enter 0-if not applicable [16] V C Did the organization comply with backsy witholding rules for preparable payments to vendors and reportable gaming (gambing) winnings to prize withness? 1. C X S T A T T T T T T T T T T T T T T T T T	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
c Did the organization compty with backup withholding rules for reportable gamming (gambling) winnings to prize wimen? 2a Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements, flad for the calendary year ending with or within the year covered by this return 1b if at liessot one is reported on in c2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-166 (see instructions) 3b If "Yea," has if filed a Form 990-T for this year? If 'No, '10 line 3b, provide an explanation in Schedule O. 3b If "Yea," has if filed a Form 990-T for this year? If 'No, '10 line 3b, provide an explanation in Schedule O. 3c At any stime during the calendary evar, dif the organization have interest it, 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?) 3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization in contract of the organization file Form 8888 and year year per party to a prohibited as whether transaction? 5c Was the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organization that may receive deductible earchibutions under section 170(c). 8 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 9 Did the songanization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 C Was the organization	h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
grambing) winnings to prize winner? 8 Earter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 9 If at least one is reported on fine 2a, did the organization file all required federal employment tax returns? 2 2 X 3 Dot the organization have unreleted business gross income of \$1,000 or more during the year? 3a Dot the organization have unreleted business gross income of \$1,000 or more during the year? 3a Dot the organization have unreleted business gross income of \$1,000 or more during the year? 3a L X 8 If Yes, 1 as it filed a form 9500 Tof this year? If YNo, 10 line 30, provide an explanation in Schedule O 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 (see has a barik account; securities account, or other financial accountry over, a financial account in a foreign country (see has a barik account; securities account, or other financial accountry over, a financial account in a foreign country (see has barik account securities account, or other financial account (FBAFI). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Uff Yes, 1 to line be or 5b, did the organization file Form 8898-17? 6c Does the organization have around gross receipts that are normally greater than \$100,000, and did the organization solicite any contributions but were not tax deductible? 6c Does the organization have around gross receipts that are normally greater than \$100,000, and did the organization solicite any contributions of the security of the organization solicite any contribution and express attement that such contributions or gifts were not tax deductible? 6c Did the organization state that may receive deductible contributions under section 170(c). 8d If Yes, 1 the organization state of that deduction of the value of the post o	c	Did the organization comply with backup withholding rules for reportable payments to vendors and a	eportal	ole gaming			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the Calendar year enting with or within the year covered by this return. b (f at least one is reported on line 2a, did the organization file at required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4A At any time during the calendary 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)? 5a Was the organization a party to a prohibited tax sheller transaction at any time during the lax year? 5a Was the organization a party to a prohibited tax sheller transaction at any time during the lax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited ax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited axy shelter transaction? 5c If "Yes," did the organization had the were special to the prohibited tax shelter transaction? 5c If "Yes," did the organization had with every solicitation and express statement that such contributions solicit any contributions that ware not tax deductible as charitable contributions? 5c If "Yes," did the organization nedule with every solicitation and sparty for goods and solvices provided to the payor? 5c If "Yes," did the organization receive about this down and the services and the	•	(gambling) winnings to prize winners?	,		1c	X	
bif at loads on as reported on line 24, did the organization field required feed and employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If I'ves, "last filed a Form 990 For this year? If "No," to line 30, provide an explanation in Schedule O 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 in a foreign country (such as a bank account, securities account), or other financial accountry? 4a X X X X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Us did any toxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," on line 5a of 5b, did the organization life Form 8895. To line 5a of 5b, did the organization in Ferom 8895. To line 5a of 5b, did the organization life Form 8895. To line 5a of 5b, did the organization life Form 8895. To line 5a of 5b, did the organization life Form 8895. To line 5a of 5b, did the organization life Form 8895. To line 5a of 5b, did the organization life Form 8895. To line 5a of 5b, did the organization life Form 8895. To line 5a of 5b, did the organization line of the did the schedulation of the size of the second lite of the organization line of the size of the second lite organization line of the size of the second lite organization line of the size of the second lite organization line of the size of the second lite organization line of the size of the second lite organization line or lite organization line or the size of the goods or services provided? 5b If "Yes," lidition that may receive deductible contributions under section 170(c). 5c If the organization self, exchange, or otherwise dispose of targible personal property fo	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
b if at least one is reported on line 2s, did the organization file all required fedoral employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 4-like (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b if "Yes," has it filed a From 990-T for this year? If "No." for line 3b, provide an explanation in Schedule 0 4c At any time during the calendary year, did the organization have an interect 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 accounts? 5c Was the organization a party to a prohibited tax shelter transaction as a the financial account of the financial accounts? 5b If "Yes," the line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization to like the wide event of Foreign Bank and Financial Accounts (FBAR). 5a Was the congruent of the prohibited tax shelter transaction at any time during the tax year? 5a Does the organization shelt it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization to like the wide event of the foreign Bank and Financial Accounts (FBAR). 5a X 5b Did any tuzuble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization to file form 8886-17 6a Dess the organization shelt at may receive deductible contributions under section 170(c). 6b If "Yes," did the organization notify the chorn of the value of the goods or services provided? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization shell, with a contribution in evidence of the prohibit of the organization file of the prohibit of the		filed for the calendar year ending with or within the year covered by this return	2a	11			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	.,	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has if lield a Form 900-T for this year? If "No," to find 3b, provide an explanation in Schedulu O 3b A at any time during the calendar year, did the organization have an interest in, or a signature or other authority ower, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for filing requirements for filing requirements and part of the filing f	~	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calondar 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 accountly? 5b if "Yes," erriter the name of the foreign country. See instructions for filing equiements for FinCeN Form 114, Ripport of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction of the year? 5b Id any tuxable party notify the organization file Form 888-1? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the verification and express statement that such contributions or gifts were not tax deductibles exhaultable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 8d If "Yes," did the organization neave a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? 7a If Yes If did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8292 filed during the year 6b If "Yes," indicate the number of Forms 8292 filed during the year 7b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-C7 h file the organization make any taxable distributions under section 4966? 9c Sponsoring organization make any taxable distributions under section 4966? 9d bid the sponsoring organization make a distribution to a denor, donor advised fund maintained by the sponsoring organization make a distribution to a denor, donor advised fund maintained by the sponsoring organization make any taxable d	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>
4a A any time during the catendar 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 accounts (FBAR). 5 Was the organization or approximation provided to the period of the organization shall be period of the period of the period of the organization received a contribution of care, bacts, alignates or other verbicles, did the organization shall be period of period of the organization received a contribution of care, bacts, alignates or other verbicles, did the organization shall be period of the period of the organization received a contribution of care, bacts, alignation of care bosts, alignation of the organization received a contribution of care, bacts, alignation of care bosts, alignation of the organization received a contribution of care, bacts, alignation of the organization received a contribution of care, bacts, alignation of the organization received a contribution of care, bacts, alignation of the organization received a contribution of care, bacts, alignation of the organization of the period of care of the period of the organization of the period of care of the period of the organization received a contribution of care, bacts, alignation of the organization of the period of the organization of the period of the organization received a contribution of care, bacts, alignation of the organization file a Form 1098-C7 and the organization received a contribution of care, bacts, alignates, or other vehicles, did the organization file a Form 1098-C7 and the organization where the period of the p	h	If "Yes" has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
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 sheller transaction at any time during the tax year? 5b IV was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5c II "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c II "Yes," to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5c II "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c II "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notity the donor of the value of the goods or services provided? 9d II "Yes," indicate the number of Forms 8282 filed during the year of bit is foreign and party to goods and services provided to the payor? 9d II "Yes," indicate the number of Forms 8282 filed during the year of bit is organization received a contribution of qualified intellectual property, did the organization flies of the programization and party to goods and services provided? 9d If the organization and party to goods and services provided? 10d If the organization and party to goods and services provided to the payor? 10d If the organization sell, exchange, or otherwise dispose of sangible personal property for which it was required 10d II "Yes," indicate the number of Forms 8282 filed during the year 10d II the organization sell or through the year year year year year year year yea	49	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a	İ		
by if "Yes," enter the name of the foreign country. See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 6a or 5b, did the organization file Form 8886-7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Diff the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization noted with every solicitation and partly for goods and services provided to the payor? 9 If "Yes," did the organization proteive deductible contributions under section 170(c). 10 Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year 10 Id the organization and partly for goods and services provided to the payor? 11 Did the organization may be considered to a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 8282 filed during the year 12 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 8290 as required? 12 The sponsoring organization maintaining donor advised funds. 13 Just the sponsoring organization make any taxable distributions under section 4966? 14 Sponsoring organization make any taxable distributions under section 4968? 15 Did the sponsoring organization make any taxable distributions under section 4966? 16 Did the sponsoring organization make a	-144	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAF), 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 58 X S Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 X S Did the organization for organization file form 8886-17 S Did the organization shall wave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	h						
bill was the organization a party to a prohibited tax shelter transaction at any time during the tax year? bill dany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? cit "Yes," to line 5a or 5b, did the organization file Form 8886-17 bill one to creative the reganization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have not tax deductible as charitable contributions? bill "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? organizations that may receive deductible contributions under section 170(c). bill of yes," did the organization notify the donor of the value of the goods or services provided? cities organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? dill "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? file the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? filt the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. bild the sponsoring organization make any taxable distributions under section 4966? bild the sponsoring organization make any taxable distributions under section 4966? bild the sponsoring organization make any taxable distributions under section 4966? bild the sponsoring organization make any taxable distributions under section 4966? bild the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? bild the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? bild the sponsoring organization m		See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts (FBAR).			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5 If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Use the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 If Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 If X X gonosoring organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-C? 11 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund funds. Did a donor advised fund by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund by the states in which the organization receive any particular	50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
c if "Yes," to line be aor 5b, did the organization lie Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 in ade partly as a contribution and partly tor goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 B Sponsoring organization maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under sec	h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b_		X
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a lid the organization receive a payment in excess of \$75 made parily as a contribution and parily for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? d if "Yes," indicate the number of forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 o X g if the organization freeling and the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 if the organization received a contribution of qualified intellectual property, did the organization file Form 8999 a required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advised, or related person? 9 b John the sponsoring organization make any taxable distributions in the sponsoring organization make any taxable d		If "Vos " to line 5a or 5h, did the organization file Form 8886-T?			5c_		
any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a lid the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 De	62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he org	anization solicit			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 6282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The property of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make and sistributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from themson or shareholders By Gross income from themson or shareholders Gross income from themson or shareholders By Gross income from themson or shareholders By Gross income from themson or shareholders By Gross income from themson or shareholders By Gross income from themson or shareholders By Gross income from themson or shareho	υa	any contributions that were not tax deductible as charitable contributions?			6a		_X_
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(2) organizations. Enter: a Initiation fees and capital contributions under section 4966? b If *Yes,** enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization incensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is	h	If "Ves." did the organization include with every solicitation an express statement that such contribu	itions o	r gifts			
Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The property indicates the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, on a personal benefit contract? The property in the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for the organization make any taxable distributions under section 4966? Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations. Enter: Initiation fees and capital contributions under section 4966? Did the organization the property of the organization file property of the organization file	D				6b		
a Did the organization receive a payment in excess of \$76 made parity as a contribution and parity for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	7	Organizations that may receive deductible contributions under section 170(c).					
b If "Yes," idid the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices p	provided to the payor?	7a		
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities foross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) qualified nonprofit health insurance issuers. Is the organization illicensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Enter the amount of reserves on hand c Enter the amount of reserves on hand c Enter the amount of reserves on hand c Enter the amount of reserves on hand		If "Ves " did the organization notify the donor of the value of the goods or services provided?		***********	7b	X	
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year		Did the organization sell, exchange or otherwise dispose of tangible personal property for which it	vas rec	uired			
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? 70	·	to file Form 82822			7c		X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the organization flormation the organization flormation flor	ч	If "Ves " indicate the number of Forms 8282 filed during the year	7d				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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-C7 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 in more than one state? Did the proparization received any payments for indoor tanning services during the tax year? 14a Did the proparization received any payments for indoor tanning services during the tax year?		Did the organization receive any funds directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		
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 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 14a Did the organization received any payments for indoor tanning services during the tax year? 14a X		Did the organization, during the year, nav premiums, directly or indirectly, on a personal benefit con	tract?	***************************************	7f		Х
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 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 1 Enter the amount of reserves on hand 1 Did the organization receive any payments for indoor tanning services during the tax year?		If the organization received a contribution of qualified intellectual property, did the organization file	Form 8	899 as required?	7g	<u> </u>	
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the arganization receive any payments for indoor tanning services during the tax year?		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation t	ile a Form 1098-C?	7h		
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year?		Spansoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ie			
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance Issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	0	sponsoring organization have excess business holdings at any time during the year?			8		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 Section 501(c)(2) qualified nonprofit health insurance Issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2 Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year?	۵						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	2	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2 Did the organization receive any payments for indoor tanning services during the tax year? 14a X	u h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>	
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2 Ind the organization receive any payments for indoor tanning services during the tax year? 14a X							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Initiation fees and capital contributions included on Part VIII, line 12	10a				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X		Gross receipts included on Form 990. Part VIII, line 12, for public use of club facilities	10b				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X							
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 filing Form 990 in lieu of Form 1041? 15a Section 501(c)(29) qualified nonprofit health insurance issuers. 15a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 15b 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 15c Enter the amount of reserves on hand 16c Enter the amount of reserves on hand 17d Did the organization receive any payments for indoor tanning services during the tax year? 17d X			11a				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?		Gross income from other sources (Do not net amounts due or paid to other sources against					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	~	amounts due or received from them.)	11b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m _. 1041	?	12a	ļ	100000000000000000000000000000000000000
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?	ŀ	If "Yes " enter the amount of tax-exempt interest received or accrued during the year	12b				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?		Section 501(c)(29) qualified nonprofit health insurance issuers.			2003		
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	,0	Is the organization licensed to issue qualified health plans in more than one state?			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	•	Note. See the instructions for additional information the organization must report on Schedule O.			10000		
organization is licensed to issue qualified health plans	ı	Enter the amount of reserves the organization is required to maintain by the states in which the					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		organization is licensed to issue qualified health plans	_ <u>13</u> b				
14a Did the organization receive any payments for indoor tanning services during the tax year?						1800	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	14:	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	1-76	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	lule O		14b		

Form 990 (2016) THE WOMEN'S HOUSING COALITION, INC. 52-1189812 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Part	to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		r	v l
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	X
ecti	on A. Governing Body and Management		T	
		201/2010	Yes	No
ta I				
	f there are material differences in voting rights among members of the governing body, or if the governing			
1	pody delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
	to the function members included in line 1a, above, who are independent [10]			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
	the standard or key amployee?	_2		
_	Did the expeniention delegate control over management duties customarily performed by or under the direct supervision			Х
	or key employees to a management company or other person?	3		X
	Exist the expeniention make any significant changes to its governing documents since the prior Form 990 was med :	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
_	Did the experiencian have members or stockholders?	6		27
70	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		Х
		7a_		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l I		х
	It will be approximated by the approximate the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the approximated by the	7b	50.000.000	A.
٥	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		~	
_	The governing hody?	8a	X	
,	Table assembles with authority to act on behalf of the governing body?	8b	X	
9	to the second director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
	weightig and dross? If "Yes " provide the names and addresses in Scredule C	9		Λ_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T., 1	
		Г	Yes	No_
102	Did the organization have local chapters, branches, or affiliates?	10a	-	
h	It I'Ves I' did the organization have written policies and procedures governing the activities of such chapters, anniates,			
	their exerctions are consistent with the organization's exempt purposes?	10b	- -	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form	11a	X	28/4/52/4
ı ıa	Describe in Schedule O the process, if any, used by the organization to review this Form 950.	20000	V	
	to the house a written conflict of interest policy? If "No." go to line 13	12a	X	
_	More efficient directors, or trustees, and key employees required to disclose annually likelests that could give rise to commute:	12b	<u> </u>	
r.	Did the organization regularly and consistently monitor and enforce compliance with the policy? If it res, describe	1	X	
·	in Schedule O how this was done	12c	X	<u> </u>
13	5: 14 reprinction have a written whistlehlower policy?	13	$\frac{\hat{x}}{x}$	
14	Did the aggregation have a written document retention and destruction policy?	14	A	
15	Bit the except for determining compensation of the following persons include a review and approval by independent			
.0	percens, comparability data, and contemporaneous substantiation of the deliberation and decision?		X	
а	The organization's CFO. Executive Director, or top management official	15a	-	Х
h	Other officers or key employees of the organization	15b		A
.,	It IVes! to line 15a or 15h, describe the process in Schedule O (see instructions).			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	100000		x
		16a		^_
h	If "Voc " 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	100000		
	exempt status with respect to such arrangements?	16b	<u> </u>	
Se	ction C. Disclosure	<u> </u>		
17	11 Link a required to be filed MU			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9901 (Section 5016)(5) 301) availa	apie	
10	for public inspection. Indicate how you made these available. Check all that apply.			
	Y Anathor's probeits X I Inon request Uniner (explain in Schedule O)	,	4	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ınd fina	ancial	
13	to a supplie to the public during the fax year			
20	State the name address, and telephone number of the person who possesses the organization's pooks and records.			140
20	ELTZABETH A. BENNER - 410-235-5762			
	119 EAST 25TH STREET, BALTIMORE, MD 21218		OO	0 (2016
			22	U (2010

52-	11	Ω	981	12	Page 7

THE WOMEN'S HOUSING COALITION, INC.

Form 990 (2016)

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

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 officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiza	(B)	ya	, <u>. u</u>	íC	::	.,		(D)	(E)	(F)
(A) Name and Title	Average hours per week	box, offic	not ch unles	ss net	nore son i	than c s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	(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)	organizations (W-2/1099-MISC)	from the organization and related organizations
1) JEFF STERN	1.00	Х		X				0.	0.	0
2) SANFORD M. GOODMAN	1.00	х		x				0.	0.	0
3) KARA BEVERLY	1.00	х	_	х				0.	0.	0
4) LINDA STONE	1.00	X	-					0.	0.	0
DIRECTOR 5) DANIELLE KOCH	1.00	X						0.	0.	(
6) JESSICA KUHN	1.00	X						0.	. 0.	
OIRECTOR (7) BETH RONNENBURG	1.00	X						0	. 0.	
OIRECTOR (8) KELLY CANTLEY	1.00	X						0	. 0.	
OIRECTOR (9) PAUL EDWARDS	1.00	x		1	-			0	. 0.	
OIRECTOR (10) KATHLEEN LECHLEITER	1.00	X	1	 				0	. 0.	
OIRECTOR (11) DALE R. MCARDLE	1.00		1	+				0	. 0	
DIRECTOR (12) KRISTA M. NORTH	1.00					 		0	. 0	•
OIRECTOR (13) NANCY S. RASE	1.00					T		0	. 0	
DIRECTOR (14) ELIZABETH A. BENNER EXECUTIVE DIRECTOR	40.00			X	:			103,000		•
		1			_		_			
						_	1			
		-								Form 990 (2

632008 11-11-16

Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees,	, and	iH E	igne	st C	ompensated Employee		
(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	I (do not check more than one I					ane	Reportable	Reportable	Estimated
•	hours per	box	, unle	ss pe	rson	is bot	han	compensation	compensation	amount of
	week	-	uer an	o a d	recto	or/trus	reg)	from	from related	other
	(list any	rector						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	ar di	eg.			ated		organization (W-2/1099-MISC)	(VV-2/1088-1VIIOC)	organization
	organizations	ustee	trust		gp.	ngu u		(44-5/1099-141190)		and related
	below	ual tr	tional		tploye	yee yee				organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Ростег			-
	 	キ <u>ਁ</u>	╘	۳	×	= *	Ë			
		1								
		+	 	-	┢	╫				
		-								
		+	-	├	\vdash	 				
		-			İ					
		┼-		-	┡	╄				-
		-								
		-	-	_	├-	+				
		4								
		_	<u> </u>	<u> </u>	1_	_	_			
		1								
		1_	_	ļ	<u> </u>	_	<u> </u>			
			L		L					
							ļ			
		7			1	1				
		T	Τ							
		1								
1b Sub-total				<u> </u>	•		▶	103,000.	0.	. 0
c Total from continuation sheets to Part	VII. Section A	•••••					•	0.	0.	
d Total (add lines 1b and 1c)								103,000.	0.	. 0.
	t not limited to 1	hos	e list	ed a	shov	ve) v	ho i	received more than \$10	0,000 of reportable	
2 Total number of individuals (including but compensation from the organization						,				
compensation from the organization										Yes No
3 Did the organization list any former office	or director or t	riiota	a k	ov e	mn	love	or e	highest compensated e	emplovee on	
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J formation	er, airector, or t	า เนอเต	36, N	еу с	шþ	loyed	, OI	nigilost compensatou (5,11p.10 y 00 0.1.	3 X
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	r such manuada	₩ blo.e			otic	n ar	d o	ther compensation from	the organization	
4 For any individual listed on line 1a, is the and related organizations greater than \$	sum of reporta	Die C	mn	pers Voto	الله	u ai	la I	for each individual	THO Organization	4 X
and related organizations greater than \$	150,000? II re	S, C	omp	nece 	301	reau	10.0	tod organization or indi	idual for services	
5 Did any person listed on line 1a receive	or accrue comp	ensa	tton	Trof	n ar	ıy ur	ireia	ned organization or mar	Vidual for Scrvices	5 X
rendered to the organization? If "Yes," c	omplete Scheal	ue J	tor:	sucr	pe	rson				1 3 1
Section B. Independent Contractors								11	- #100 000 of compor	eation from
1 Complete this table for your five highest	compensated i	ndep	oend	lent	cor	itrac	tors	that received more than	1 \$ 100,000 of comper	isation nom
the organization. Report compensation	for the calendar	yea	reno	gnit	wit	n or	with		year.	(C)
(A)	11		703 7	·				(B) Description of	services	(C) Compensation
Name and busine	ess address		ION	上				Description of	361 VIOC3	Componibation
							_			
					-					
2 Total number of independent contracto	rs (including but	t not	limi	ted 1	to th	nose	liste	ed above) who received	more than	
2 Total number of independent contractors \$100,000 of compensation from the org						0		•		
\$100,000 or compensation from the org	jai iizatiVII									Form 990 (201

orm 990	OO (2016) THE WOMEN S F					
Part V	Check if Schedule O contains a response	or note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f:\$	21,150. 57,900.	402 077			
	h Total. Add lines 1a-1f	531110	920,954	53223355		
Program Service Revenue	b c d e f All other program service revenue		920,954	•		
	g Total. Add lines 2a-2f Investment income (including dividends, information other similar amounts) Income from investment of tax-exempt bor	d proceeds	33,135	14,321	•	18,814.
	5 Royalties	(ii) Personal				
	c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 5 27, 47	es (ii) Other 9 896	•			
venue	b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 57,900. of contributions reported on line 1c). See	bt	86,73	7. 890	5.	85,841
Other Revenue	part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising eve 9 a Gross income from gaming activities. Se Part IV, line 19	b 20,302 ents	5,69	1.		5,691
	b Less: direct expenses c Net income or (loss) from gaming activiti 10 a Gross sales of inventory, less returns and allowances	esa				
	b Less: cost of goods sold c Net income or (loss) from sales of invening Miscellaneous Revenue 11 a MANAGEMENT FEES b DEVELOPER FEES	Business C 53131 53131	$\begin{array}{c c} 0 & 41,60 \\ \hline 0 & 20,0 \end{array}$	00. 20,00	10. 00.	
	c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.		0 9 62,5 1,511,1	54.		0. 110,34 Form 990 (2)

Form 990 (2016) THE WOMEN'S HO
Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response	or note to any line in u	115 1 att 1/2	(C)	(D)
o no	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
(Grants and other assistance to domestic organizations		1		
	and domestic governments. See Part IV, line 21				
: (Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
, (Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		1		
	individuals. See Part IV, lines 15 and 16				
ŀ	Benefits paid to or for members				
;	Compensation of current officers, directors,	103,000.	66,977.	18,972.	17,051.
	trustees, and key employees	105,000.			
}	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	440,542.	286,466.	81,146.	72,930.
7	Other salaries and wages	440/5741			<u>-</u>
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	58,296.	37,907.	10,738.	9,651.
9	Other employee benefits	60,753.	39,506.	11,190.	10,057.
0	Payroll taxes	00,,300			
1	Fees for services (non-employees):				
а	Management	3,295.	1,231.	1,127.	937
b	Legal	18,500.	6,909.	6,329.	5,262
C	Accounting				
d	Lobbying				
е	Professional fundralsing services. See Part IV, line 17		AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	54,885.	20,496	18,777	15,612
	column (A) amount, list line 11g expenses on Sch O.)	13,559.	184		12,427
12	Advertising and promotion	43,366.	22,938		9,128
13	Office expenses				
14	Information technology				
15	Royalties	614,453.	605,974	4,690.	3,789
16	Occupancy	3,336.	1,337		212
17	Travel	3,3301			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	7,316		7,316.	
22	Depreciation, depletion, and amortization	9,941		9,616.	
23	Insurance	J, 341			
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	0.4s amount avenage 10% of line 25. Colline LAI				
	amount list line 24e expenses on Schedule U.)	79,098	78,641	. •	457
i	a CLIENT ASSISTANCE	6,151		1,544	1,757
İ	TELEPHONE PRICE	5,137		5,137	•
	c INVESTMENT FEES	2,283		2,166	. 11
	d POSTAGE	2,203	`		
	e All other expenses	1,523,911	1,171,741	192,783	159,38
25	Total functional expenses. Add lines 1 through 24e		-/		
26	Joint costs. Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 213,333. 194,040. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 76,417. 112,036. 3 Pledges and grants receivable, net 87,982. 91,081. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 938,321. 924,000. 7 Notes and loans receivable, net _____ 8 Inventories for sale or use _____ 44,542. 44,590. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 170,506. basis. Complete Part VI of Schedule D _____ 10a 54,359. 49,243 116,147. 10c b Less: accumulated depreciation 10b 560,401. 701,445. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 172,055. 174,101. 15 Other assets. See Part IV, line 11 15 2,150,509. 2,287,437. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 88,477. 140,628. 17 Accounts payable and accrued expenses ______ 17 18 Grants payable _____ 18 24,033. 19 Deferred revenue _____ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 145,341. 145,341. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 1,086. 8,774. 25 Schedule D 234,904. 318,776. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 1,903,105. Net Assets or Fund Balances 1,925,480. 27 Unrestricted net assets 12,500. 43,181. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,915,605. 1,968,661. 33 Total net assets or fund balances 33 2,150,509. 2,287,437. 34 Total liabilities and net assets/fund balances Form 990 (2016)

	THE WOMEN'S HOUSING COALITION, INC.	52 <u>-1</u>	189812	Page	12
orm !	730 (2010)			г	
Par	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			L	<u></u>
	Check if Schedule O contains a response of note to any instance.	1	1 511	1 /	ρ
	Total revenue (must equal Part VIII, column (A), line 12)	1 _	$\frac{1,511}{1,523}$	01	1
1	Total revenue (must equal Part VIII, column (A), line 75) Total expenses (must equal Part IX, column (A), line 25)	2	1,34	76	3
2	- the Charm line 1	3	$\frac{-1}{1,968}$	5 66	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,960	$\frac{3,00}{29}$	12.
4	Net assets or fund balances at beginning of year (must equal that a continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequential continuous sequentia	5),43	3.
5	Net unrealized gains (losses) on investments Donated services and use of facilities	6			
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O)	9			0.
9	Other changes in net assets or fund balances (explain in Schedule 9) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			- ~,	1 E
10		10	1,91	5,6	15.
	column (B))				\mathbf{x}
Pa	TAXII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			Yes	No.
			26/03/2006	169	140
	Accounting method used to prepare the Form 990: Cash X Accrual Other Other explain in Schedul			336 33	
1	Accounting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash	eO.			X
			2a	V65/35	
2a	Were the organization's financial statements compiled of reviewed by an interest were compiled or reviewed if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed in the statements for the year were compiled or reviewed by an interest whether the financial statements for the year were compiled or reviewed by an interest whether the financial statements for the year were compiled or reviewed by an interest whether the financial statements for the year were compiled or reviewed by an interest whether the financial statements for the year were compiled or reviewed by an interest whether the financial statements for the year were compiled or reviewed by an interest whether the financial statements for the year were compiled or reviewed by the property of the year were compiled or reviewed by the property of the year were compiled or reviewed by the property of the year were compiled or reviewed by the property of the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the year were compiled or reviewed by the	ed on a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			X	35505000
	Separate pasis Contestated by an independent accountant?		2b	25	180 - 350 A
h	Were the organization's financial statements audited by an independent decommendation were audited on a separal "Yes," check a box below to indicate whether the financial statements for the year were audited on a separal	ate basis	,		
	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s				
	consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis				
	Separate pasis	the audit	'	X	
•					98 (560)
	If the organization changed either its oversight process or selection process dating and a set forth in the a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Au	ıdit	X	
3	Act and OMB Circular A-133?		3a	A	+
		quired au	ıdit	x	
	b If "Yes," did the organization undergo the required audit of audits? If the organization undergo the required audits or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3k		(2016)
	or audits, explain why it scrieding of and documents		t-or	(I) 99L	(2016)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 52-1189812 THE WOMEN'S HOUSING COALITION, Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, 3 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in city, and state: section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 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). (vi) Amount of other (iv) Is the organization listed (v) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN support (see instructions) support (see instructions) (described on lines 1-10 Nο organization <u>above (see instructions))</u>

Schedule A (Form 990 or 990-EZ) 2016 THE WOMEN'S HOUSING COALITION, INC. 52-11898 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.)

	fails to qualify under the tests	ilated below, piede		<u> </u>			
	ion A. Public Support		(h) 2012	(a) 2014	(d) 2015	(e) 2016	(f) Total
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014_	(u) 2010	(5) - 3.10	
1 (Gifts, grants, contributions, and						
	nembership fees received. (Do not	İ				ļ	
	nclude any "unusual grants.")	-					
2	Tax revenues levied for the organ-						
:	zation's benefit and either paid to	1		ı			
	or expended on its behalf						
	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				9-8-8-5-9-8		
	by each person (other than a			222330			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					6 8 8 8 8 8 8	
	amount shown on line 11,			(p. 5) (b. 5) (b. 6)			
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support				1 4 8 6 9 4 5	(e) 2016	(f) Total
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2010	(i) i otal
7	Amounts from line 4			<u> </u>		 	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					1	
	and income from similar sources						
9	Net income from unrelated business				[1	
·	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						
		a ata laga instruc	tions)			12	
13	First five years. If the Form 990 is for	or the organization	n's first, second, ti	urd, fourth, or titt	in tax year as a seco	ion 501(c)(3)	
		on here		<u> </u>		***************************************	
Se	etion C. Computation of Pub	olic Support P	ercentage		<u> </u>	14	9
14	Public support percentage for 2016	(line 6, column (f)	divided by line 11	, column (f))			9
			II I:00 1 / I				
16	was	a organization did i	not check the box	on line 13, and I	line 14 is 33 1/370 U	Hibre, Chook and a	DOX ARIU
	1 00 4/00/	organization did ı	not check a box c	n line 13 of Ioa,	and the 12 is 60 iv	370 01 1110101 011	. —
		P.E muchlials	u cunnatted AMA	1175111(31)			*******
17		0016 Iftho o	raanization did no	at check a box of	1 mie 13, 10a, 01 101	, and mic in a re-	· · · · · · · · · · · · · · · · · · ·
	ter was the line was to the life	incte-and-circumst:	ances" test, chec	K tilis dox and si	ob liele: cybian		
		- U.s L. This average	es settiles an actor	: a numiciv suduv	UHEU OFGANIZAGON .		
		OO4E If the c	vaanization did ne	of check a box of	n iine is, ida, idu, '	of the and min to	0 1010 -
		a tha "faata and cir	zumetances" test	: cneck trus box	SHO STOP HELE! FYP	united and and and	
		-tura unanton agail tai	rt. The organizatio	nn arraintes as a i	JUDININ SUPPORTOR S	1941 III-441-41	
	organization meets the "facts-and-organizate foundation. If the organizate foundation is a second control of the organizate foundation.	ation did not check	a box on line 13,	16a, 16b, 17a, o	I I D, CHECK THE DC	A BLIG GOO INCLINE	
_1	8 Private foundation. If the organiza	ition did not check	a box on line 13,	ioa, iou, ira, u	Se	chedule A (Form 9	90 or 990-EZ) 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 alify under the tests listed below, please complete Part II.)

	qualify under the tests listed be	low, please comp	lete Part II.)				
<u> </u>	tion A. Public Support	aou, piodeo sers				(-) 0016	(f) Total
Sec	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(i) Total
Gale	Gifts, grants, contributions, and						
1	membership fees received. (Do not			000 043	381,761.	344.177	. 1665633.
	include any "unusual grants.")	273,717	293,235.	372,743.	301,701	3 4 4 7 4 7 7	
_	Gross receipts from admissions,				<u> </u>		
2	marchandise sold or services per-	· 			ļ		
	formed or facilities furnished in			200 512	880,915.	920,954	. 4826181.
	any activity that is related to the organization's tax-exempt purpose	981,735.	1053064.	989,513.	800,313.	3207302	
_	Gross receipts from activities that]	
3	are not an unrelated trade or bus-			ļ			
	iness under section 513		l		 	 	
_	- Levied for the organ-			1]
4	ization's benefit and either paid to						
	or expended on its behalf	†					
	or experience or facilities				ļ	1	
5	The value of services or facilities furnished by a governmental unit to			l l			
	the organization without charge				. 1262676	126513	1. 6491814.
	the organization without online	1255452	. 1346299	. 1362256	. 1262676	120010.	
6	Total. Add lines 1 through 5 A Amounts included on lines 1, 2, and					ļ	0.
7	a Amounts included of lines 1, 2, and 3 received from disqualified persons					 	
	b Amounts included on lines 2 and 3 received				ţ	1	
	from other than disqualified persons that						0.
	exceed the greater of \$5,000 or 1% of the					+	0.
	amount on line 13 for the year						6491814.
	c Add lines 7a and 7b						
_	8 Public support. (Subtract line 7c from line 6.) ection B. Total Support				 	(-) 0016	(f) Total
2	alendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015 5. 1262676	(e) 2016 . 126513	1. 6491814.
G	9 Amounts from line 6	7 0 0 0 0 1 0	1346299	1362256	1202070	120323	
	a - Gross income from interest.						
٦	dividends payments received on				9. 38,853	14,32	21. 257,946.
	securities loans, rents, royalties and income from similar sources	83,783	54,540	66,449	30,03		
	b Unrelated business taxable income				•	1	
	(less section 511 taxes) from business	es		1			
	acquired after June 30, 1975				9. 38,85	3. 14,32	21. 257,946.
	c Add lines 10a and 10b		3. 54,54	0. 66,44	9. 30,00.	11/01	
	44 Net income from unrelated busine	SS				1	•
	activities not included in line 100,				-		
	whether or not the business is regularly carried on						
	42 Other income Do not include gain	i l			1	į	
	or loce from the sale of capital				5. 130152	9. 12794	52. 6749760.
	accete (Evolain in Part VI.)	133923	5. 140083	9. 142870	5. 13013Z		
	13 Total support. (Add lines 9, 10c, 11, and 1 14 First five years. If the Form 990 is	fully avganizat	ion's first_second	, third, fourth, or fi	fth tax year as a se	ection 507(c)(3) c	irganization,
	and aton here						
							96.18 %
				13, column (f))		15	95.65 %
	L from '	2015 Schedule A.	Part III, line 15		<u></u>	16	30,00
							3.82 %
		0040 (line 100)	column in nividea.	DA SILIE LO COLOUR	າ (f))	17	4.35 %
	17 Investment income percentage f18 Investment income percentage f	rom 2015 Schedu	le A. Part III, line 1	7		18	
	18 Investment income percentage f 19a 33 1/3% support tests - 2016.	the organization	did not check the	box on line 14, ar	nd line 15 is more ti	nan 33 1/3%, an	Ma line 17 is not
	19a 33 1/3% support tests - 2016. I more than 33 1/3%, check this b	nov and ston here	. The organization	qualifies as a pub	olicly supported or	ganization	1/00/ ond
	more than 33 1/3%, check this to b 33 1/3% support tests - 2015.	on and deprior	did not check a b	ox on line 14 or lir	ne 19a, and line 16	is more than 33	1/3%, and
	b 33 1/3% support tests - 2015. line 18 is not more than 33 1/3%	check this how	and stop here. The	e organization qua	alifies as a publicly	supported organ	nzation
	line 18 is not more than 33 1/3% 20 Private foundation. If the organ	ization did not che	eck a box on line 1	4, 19a, or 19b, ch	eck this box and s	ee instructions .	000 or 000-F71 201
	20 Private foundation. It the organ	REAUOTI GIG HOLOT				Schedule A (Fo	orm 990 or 990-EZ) 201

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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 (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 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.)

	١	'es	:	No
1	10000000000000000000000000000000000000		l	
	(ANSENTERAL)		SASSESSACIONS	
2 3a	- ASSESS		200000	
Ou	****		September 12 miles	
3b 3c	2775583			
4a	100001		20000	
- Tu	MANAGEMEN		7/50/1/A-14-14-14-14-14-14-14-14-14-14-14-14-14-	
4b	Constant School School States		100 (SGE 24 A 24 C) 1 C C C C C C C C C C	
4c	1		Services Selection (Personal Selection)	
5a			_	
5b 5c	+			
6	ŀ			
7				
8				
9a				
9b				1
9c		Į		1
10a				
		925E		

	t IV Supporting Organizations (continued)			
	, Continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the cont		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	9.00		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		 1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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,	101125135		
	describe how the powers to appoint and/or remove 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	2000 1000 1000 100	Today con consider
2	Did the organization operate for the benefit of any supported organization other than the supported	6 9 9		
	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,	101110111111		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		ventre de la como	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	\$1.450.650		Man A
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			г
			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	Silveria.	50000000
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	Sintern.	angereid.
3	By reason of the relationship described in (2), did the organization's supported organizations have a	8.00		
	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	200000000000000000000000000000000000000		
	supported organizations played in this regard.	3	L	Щ_
Sec	ction 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).	•		
8	The organization satisfied the Activities Test. Complete line 2 below.			
k	The organization is the parent of each of its supported organizations. Complete line 3 below.	sta intina	-1	
C		SUUCUOIR		No
2	Activities Test. Answer (a) and (b) below.	8-85-858	Yes	No
ε	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	20		
	that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described in (a) 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	1	
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
•	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		e seekasi
	trustees of each of the supported organizations? Provide details in Part VI.	3a	8 100000	4 V897549
l	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.	s Paritie	s 484466
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

	instructions).		Schedule A (Form 990 or 990-EZ) 2016
7	Check here if the current year is the organization's list as a normal district.	., 0	
	emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functional	lv integ	rated Type III supporting organization (see
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	6	
5	Income tax imposed in prior year		
4	Enter greater of line 2 or line 3	5	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	4	
2	Enter 85% of line 1	3	

2

Enter 85% of line 1

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

	(Form 990 or 990-EZ) 2016	. क्षमः स्र	NEN'S	HOUSING	COALITI	ON,	INC.	<u>52-11</u>	89812	Page 8
Schedule A Part VI	(Form 990 or 990-EZ) 2016 Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Pro , 2, 3b, 3c, 4b	ovide the ex	planations requ 9a, 9b, 9c, 11a,	, 11b, and 11c;	Part IV, S	Section B, lines 1	Section B	line 1e; Par	C, t V,
									"	
									······	
			<u></u>							
			·			<u> </u>				<u> </u>
						<u>. </u>				
				<u></u>						
										
								.44-	_,	
			····							
<u> </u>										
			· <u>·</u>							
				<u></u>		<u></u>				
				<u> </u>			<u> </u>		_	<u></u>
										<u>,</u>
				· -						
									····	
		. <u></u>								
						<u> </u>				-
		· <u>·</u>								
		<u></u>		· · · · · · · · · · · · · · · · · · ·						
									<u>,,,,</u>	,
				100						<u> </u>

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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

T	HE WOMEN'S HOUSING COALITION, INC.	52-1189812								
Organization type (check	cone):									
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
Check if your organization Note: Only a section 501	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	I Rule. See instructions.								
General Rule										
X For an organizate property) from a	tion filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu	nling \$5,000 or more (in money or utor's total contributions.								
Special Rules										
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the an EZ, line 1. Complete Parts I and II.	16a, or 16b, and that received from								
year, total conti	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr ributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or e of cruelty to children or animals. Complete Parts I, II, and III.	om any one contributor, during the ducational purposes, or for								
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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year										
but it must answer "No	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF), its Form 990-PF, Part I, line 2, to								

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) (2016)

Name of organization

Employer identification number

	TATOMETRIAL ! C	DOMETNO	COALITION,	TNC
тиг	MIOMEN S	HOUSLING	CONDITION	T71 C 4

52-1189812

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	T.R. PRICE FOUNDATION 100 EAST PRATT STREET BALTIMORE, MD 21202	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	MERRITT PROPERTIES, LLC 2066 LORD BALTIMORE DRIVE BALTIMORE, MD 21207	5,000·	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
15	THE DUKER/MCARDLE FAMILY CHARITABLE FUND 2101 UFFINGTON ROAD BALTIMORE, MD 21209	\$\$,000.	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
8	HOMES FOR AMERICA 318 SIXTH STREET SUITE 2 ANNAPOLIS, MD 21403	_ _ \$5,711.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	UNITED WAY OF CENTRAL MARYLAND 100 S. CHARLES STREET 5TH FLOOR BALTIMORE, MD 21201	\$5,875.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN J LEIDY FOUNDATION 305 W. CHESAPEAKE AVE STE 308 TOWSON, MD 21204	\$\$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

52-1189812 THE WOMEN'S HOUSING COALITION, INC. Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) Type of contribution (a) Total contributions Name, address, and ZIP + 4 No. X Person THE JUDY FAMILY FOUNDATION 6 Payroll 7,500. Noncash 19 MAYO AVENUE (Complete Part II for noncash contributions.) ANNAPOLIS, MD 21403 (d) (c) (b) Type of contribution (a) **Total contributions** Name, address, and ZIP + 4 No. WILLIAM F. AND CAROLINE HILGENBERG X Person FOUNDATION 11 Pavroll Noncash 3500 BOSTON STREET STE. 400, MS 76 7,500. (Complete Part II for noncash contributions.) BALTIMORE, MD 21224 (d) (c) (b) Type of contribution **Total contributions** (a) Name, address, and ZIP + 4 No. THE DAVID AND BARBARA B. HIRSCHHORN Person FOUNDATION 2 Payroll Noncash 10,000. ONE SOUTH STREET SUITE 2900 (Complete Part II for noncash contributions.) BALTIMORE, MD 21202 (d) (c) (b) Type of contribution (a) Total contributions Name, address, and ZIP + 4 No. BENNETT HOUSE C/O K. MARGARET J. X Person DOUGLAS POTTER 4 Payroll 10,000. Noncash 401 WASHINGTON AVE, STE. 402 (Complete Part II for noncash contributions.) TOWSON, MD 21204 (d) (c) (b) Type of contribution (a) **Total contributions** Name, address, and ZIP + 4 No. BANK OF AMERICA CHARITABLE FOUNDATION, X Person INC. 1 Payroil Noncash 20,000. 100 S CHARLES STREET (Complete Part II for noncash contributions.) BALTIMORE, MD 21201 (d) (c) (d) Type of contribution Total contributions (a) Name, address, and ZIP + 4 No. Person WHITING-TURNER CONTRACTING COMPANY 9 Payroll Noncash 20,000. 300 E. JOPPA ROAD STE. 900 (Complete Part II for noncash contributions.)

BALTIMORE, MD 21286

Name of organization

Employer identification number

THE WOMEN'S HOUSING COALITION, INC.

52-1189812

Part I	Contributors (See instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	THE ZANVYL & ISABELLE KRIEGER FUND 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DEVITO FAMILY TRUST 2 VILLAGE SQUARE SUITE 220 BALTIMORE, MD 21210	\$\$	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
10	HARRY AND JEANETTE WEINBERG FOUNDATION/ THE 7 PARK CENTER COURT OWINGS MILLS, MD 21117	\$75,000.	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
			Person Payroll Oncash 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
623452 10-		Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

THE WOMEN'S HOUSING COALITION, INC.

52-1189812

rt II	Noncash Property (See instructions). Use duplicate copies of Part	If if additional space is necessi.		
(a) No. rom	(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
Part!				
		\ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
Part I				
		\$		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
Part I				
		\$ Schedule B (For	m 990, 990-EZ, or 990-PF)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		Page 4						
Name of orga	nization								
THE WOI	MEN'S HOUSING COALITION	N, INC.	52-1189812						
Part III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the following lines, charitable, etc., contributions of \$1,000 or less for	ion 501(c)(7), (8), or (10) that total more than \$1,000 for early. For organizations the year. (Enter this info. once.)						
	Use duplicate copies of Part III if additional	al space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee						
	Hansleree Stlame, add ess,								
•									

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.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 52-1189812

ame of t	the organization THE WOMEN'S HOUSING	G COALIT	ION, INC.			52-1189812
	THE WOMEN'S HOUSING Organizations Maintaining Donor Advise	d Funds or	Other Similar F	Funds or Ac	coun	ts.Complete if the
art I	Organizations Maintaining Donor Adviso	06				
	organization answered "Yes" on Form 990, Part IV, lin	(a) Dong	or advised funds	(b)	Funds	and other accounts
- 						
1 Tota	al number at end of year					
Δας	gregate value of contributions to (during year)					
a And	regate value of grants from (during year)					
4 Agg	gregate value at end of year	11 - 15 - 1 th o	accete held in don	or advised fund	s	
			assets floid in doi.			Yes No
are	the organization inform all donors and donor advisors in the organization's property, subject to the organization's	exclusive legal	CONTROL	can he used 0	niv	
6 Did	the organization's property, subject to the organization s I the organization inform all grantees, donors, and donor	advisors in white	ig that grant lunds	ournose conferr	ing	,—
for	I the organization inform all grantees, donors, and donor charitable purposes and not for the benefit of the donor	or donor advisor	r, or lor arry outer p	3u.pu-		Yes No
imi	charitable purposes and not for the benefit of the donor permissible private benefit?		wared "Ves" on For	m 990. Part IV.	line 7.	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1 Pu	(a) of concernation easements held by the organiza	ation (check an a	nat apply).	of a historically	import	ant land area
İ	rpose(s) of conservation cases when the properties of the properties of land for public use (e.g., recreation or	education)	Preservation	of a certified his	storic s	tructure
F	Protection of natural habitat		Preservation	Of a Gertifica (in	0.0110	
F	Preservation of open space			the form of a cc	nsen/a	tion easement on the last
•	Preservation of open space omplete lines 2a through 2d if the organization held a qua	alified conservati	ion contribution in	the form of a cc	i i aci ve	Held at the End of the Tax Year
					2a	
	11 annomente				2b	
					2c	
					20	
	accoments included in (C) acquire	alter or tribos	Citica File File		2d	
d N	sted in the National Register					during the tax
168	sted in the National Registerlumber of conservation easements modified, transferred,	released, exting	juished, or termina	ted by the orga	nizatioi	I during the tex
-	ear Jumber of states where property subject to conservation	easement is loc	ated >			
4	Number of states where property subject to conservation to be stated as where property subject to conservation to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	periodic monitor	ring, inspection, ha	ındling of		Yes No
5 I	Does the organization have a written policy regarding the riolations, and enforcement of the conservation easemen	ts it holds?				
٧	violations, and enforcement of the conservation easemen Staff and volunteer hours devoted to monitoring, inspecti	ng, handling of v	violations, and enfo	ording conserva	tion ea	sements during the year
6 5	Staff and volunteer nours devoted to monitoring, well-	.				
)	Amount of expenses incurred in monitoring, inspecting, h	andling of violat	ions, and enforcing	g conservation e	easeme	ents during trie year
7 /	Amount of expenses incurred in monitoring, inspecting,					
}	➤ \$	above satisfy the	e requirements of s	ection 170(h)(4)	(B)(i)	□ ves □ No
8	Does each conservation easement reported on line 2(4) of and section 170(h)(4)(B)(ii)?					100
	and section 170(h)(4)(B)(ii)?	rvation easemer	its in its revenue ar	nd expense stat	ement,	and balance sneet, and
9	In Part XIII, describe how the organization reports conser include, if applicable, the text of the footnote to the organ	nization's financ	ial statements that	describes the	organiz	ation's accounting for
	include, if applicable, the text of the footnote to the organ	THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO TH				N. A. a. a. to
	conservation easements. Conganizations Maintaining Collection West on F	s of Art, His	torical Treasu	res, or Othe	r Sim	ilar Assets.
Par	Complete if the organization answered "Yes" on F	Form 990, Part N	√, line 8.			
	Complete if the organization answered "Yes" on F If the organization elected, as permitted under SFAS 116	6 (ASC 958), not	to report in its rev	enue statement	and b	alance sheet works of art,
1a	If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public	e exhibition edu	cation, or research	n in furtherance	of pub	lic service, provide, in Part XII
	historical treasures, or other similar assets field for public	C C/G HE ICIO I				
	the text of the footnote to its financial statements that of	Cachibee mean		a statement an	d halar	ice sheet works of art, historic
b	the text of the footnote to its financial statements that d If the organization elected, as permitted under SFAS 11 treasures, or other similar assets held for public exhibition	on education of	r research in furthe	erance of public	service	e, provide the following amour
	treasures, or other similar assets held for public exhibition	Off, Calabation,				
	relating to these items;				•	▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X				>	\$
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historic		other cimilar accet	s for financial da	ain, pro	vide
	the proprietion received or held works of art, historic	cal treasures, or	Onter Stimal assets	. 't	, .	
2	If the organization receives -		ray valating to thee	e items		
2	the following amounts required to be reported under SF	FAS 116 (ASC 9)	58) relating to thes	e items;	h	\$
	If the organization received or neid works of air, instantion the following amounts required to be reported under SF Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	FAS 110 (ASO S	00, 100000)	> \$
	IL THE AVAIDATION FOR CHINESI OF HOLD TO THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE			*I		

	THE WOME	N'S HOUSIN	IG COA	LITIO	N, INC.		52-118			ge 2
	IIII C Maintaining Co	Mections of Ar	t. Histor	rical Trea	asures, or	Other S	imilar Asset	s (contin	ued)_	
r all	sing the organization's acquisition, accession	n, and other records	s, check ar	ny of the fo	ollowing that a	re a signif	icant use of its o	ollection	n items	;
		.,	•							
)	check all that apply): Public exhibition	d	Loa	an or excha	ange program	s				
a		e								
b l	Scholarly research	•								
C i	Preservation for future generations rovide a description of the organization's col	loctions and explain	how they	further the	e organization	's exempt	purpose in Part	XIII.		
4 F	Provide a description of the organization s col During the year, did the organization solicit or	ections and explain	of art histo	rical treas	ures or other	similar as:	sets			_
5 D	ouring the year, did the organization solicit or	receive domaions (ho organiz	ation's col	lection?			Yes		No_
	be sold to raise funds rather than to be ma Screw and Custodial Arrang	intained as part of t	to if the or	manization	answered "Y	es" on Fo	m 990, Part IV,	line 9, o	r	
Part	Escrow and Custodial Arrang	yerrierris. Comple Y line 21	ite ii tiie Oi	garnzation	anonorou .		•			
	reported an amount on Form 990, Parts the organization an agent, trustee, custodia	m or other intermed	liany for co	ntributions	or other asse	ets not inc	luded			_
1a	s the organization an agent, trustee, custodia	W Ot Other Infermed	ilary ioi co	IIIIIDation	, 0, 01			Yes		No
C	on Form 990, Part X?		 Havrina tak							
b l	f "Yes," explain the arrangement in Part XIII a	and complete the to	nowing tac	JIE.				Amoun	it	
						i	1c			
c l	Beginning balance						1d			
d /	Additions during the year						7			
e l	Distributions during the year						1e			
	T. Jin h. alamaa						1f	Yes	1	No
	ni i i i i i i i i i i i i i i i i i i	orm 990. Part X. line	: 21. for es	crow or cu	istodiai accod	HE HADINLY	/∟		<u> </u>	1 10
h	15 Vee evoluin the arrangement in Part XIII.	Check here if the e	xplanation	has been	provided on F	an Am		*********		
Parl	V Endowment Funds. Complete it	f the organization ar	nswered "\	res" on Fo	[[[] 330, 1 all I	y, III 10 10.				haale
in of a receive		(a) Current year	(b) Prid	or year	(c) Two years	back (d)	Three years back	(e) FOL	ır years	Dack
	Beginning of year balance									
	-							<u> </u>		
	Contributions	-	1					<u> </u>		
	Net investment earnings, gains, and losses							<u> </u>		
	Grants or scholarships		 							
	Other expenditures for facilities		1		ļ					
	and programs		-							
	Administrative expenses		 							
g	End of year balance		<u> </u>					_1		
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1g	i, column (a	a)) nelu as.					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The average on lines 2a 2h and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the possi	ession of the organi	zation that	t are held a	and administer	red for the	organization		Vac	No
-	by:							<u> </u>	Yes	No_
	(i) unrelated organizations			,				3a(i		-
	(1)l-tl exceptrations							<u> Out</u>		
	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	uired on So	chedule Ri	?			<u>[_3b</u>		
	Describe in Part XIII the intended uses of th	e organization's en	dowment f	unds.				<u></u>		
4 Do	4 VI Land Buildings and Equipt	nent.								
ra	Complete if the organization answer	ed "Yes" on Form 9	90. Part IV	, line 11a.	See Form 990), Part X, li	ne 10.			
		(a) Cost or	other	(b) Cos	at or other	(c) Acc	cumulated	(d) B	ook va	lue
	Description of property	basis (inves			s (other)		reciation			
	Land			1	34,200.	and the Street Street Street	91,389.		42,	811.
	Buildings				,					
C	Leasehold improvements				36,306.		24,758.		11,	548.
d	Equipment				30,3001					
е	Other			(2) [10-1				54.	359.
Tota	i. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	art X, colur	nn (B), line	100.)		Sched	ıle D (Fı		

Schedule D (Form 990) 2016 THE WOMEN'S F	HOUSING COAL	JITION, INC.	52-1	189812 Page 3
Schedule D (Form 990) 2016 THE WOMEN S F Part VII Investments - Other Securities.		THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RE		
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. See Form 990, Pa	art X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	uation: Cost or end-of-	year market value
(1) Financial derivatives				
(2) Closely-held equity interests			<u></u>	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	·····			
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	E 000 E 184 E-	- dda Can Farm 000 B	tort V line 19	
Complete if the organization answered "Yes" on	h Form 990, Part IV, IIn (b) Book value	e 11c. See Form 990, P	uation: Cost or end-of	-year market value
(a) Description of investment	(b) Book value	(C) Welliod of Val	idadion, odot or one o	,
(1)				
(2)				
(3)				
(4)				
(5)				······································
(6)				
		.,,,		,
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		1 special property and a second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of the second property of t		
Part IX Other Assets. Complete if the organization answered "Yes" or	n Form 990 Part IV lir	ne 11d. See Form 990. I	Part X. line 15.	
Complete if the organization answered Tes Or	escription	10 1141 555 1 5111 555 1		(b) Book value
DUGMDIGMED CACH				62,175
TATIFICONIEND IN LIMITUDED DADO	NERSHIP			109,880
\Z)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	<u> </u>			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			172,055
Part X Other Liabilities.			· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11e or 11f. See Forn	n 990, Part X, line 25.	
. Jal Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO AFFILIATES		1,086.		
(2) 2011 20 1111				

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2) DUE TO AFFILIATES
1,086.

(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(b) Book value

1,086.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2016

THE 2013 THROUGH 2015 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE IRS.

THE ORGANIZATION DOES NOT BELIEVE THAT ANY REASONABLY POSSIBLE CHANGES

WILL OCCUR WITHIN THE NEXT TWELVE (12) MONTHS THAT WILL HAVE A MATERIAL

	THE WOMEN'S	HOHETME	COALTTION.	INC.	52-1 <u>189812 Page 5</u>
Schedule D (Form 990) 2016 Part XIII Supplemental Info	THE WOMEN'S	TIOUSTING	COLIZIA 2 2 C21/		
Part XIII Supplemental Info	rmation (continued)				
	-				
					

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STOTIC CONTITUTON TATO

Employer identification number 52-1189812

THE WOME	N'S HOUSING COAL.	LTTOI	v ,	INC.	32 2205.	filore are not
required to complete this part.	Complete if the organization answ					miers are not
Indicate whether the organization raise	e L Solicità f Solicità g Specia oral agreement with any individua rt VII) or entity in connection with duals or entities (fundraisers) purs	ation of a ation of a al fundra al (includ professi	on-go goven ising o ling of onal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or con	(iii) Did fundralser have custedy or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		l _				
		_				
		_				
		+-			-	
					A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND	
		_				-
<u>Total</u>		ait contr	📐	ne or has been notifi	ed it is exempt from	registration
3 List all states in which the organization or licensing.	n is registered of licensed to solid	CIL COPPLI	DUILIO	IIS OF TIAS DECIT HOUSE	od icio oxempene	
of motions.						
	-					

	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising events.	e organization answered bess income on Form 990-1	EZ, lines 1 and 6b. List e	(c) Other events	(d) Total events
		(a) Event #1	SPECIAL	NONE	(add col. (a) through
		ANNUAL EVENT	EVENTS (event type)	(total number)	col. (c))
		(event type) 72,587.	11,366.		83,953.
1	Gross receipts	57,900.			57,900.
2	Less: Contributions		11 266		26,053.
3	Gross income (line 1 minus line 2)	14,687.	11,366.		
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	·			
7	Food and beverages				
ε			2,984.		20,362
Ş	Other direct expenses				20,362 5,691
ar	1 Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.			T	(d) Total gaming (add
T	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(a) Other gaming	(d) Total gaming (add col. (a) through col. (c
an	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add col. (a) through col. (c
ממלפותם	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add col. (a) through col. (c
Expenses	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add col. (a) through col. (c
מימותם	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes	(a) Bingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add col. (a) through col. (c
Ct Expenses	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Ct Expenses	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
ot Expenses	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thro	(a) Bingo Yes9 No Dugh 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
ot Expenses	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(a) Bingo Yes9 No Dugh 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Direct Expenses heveruse	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thro 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization could be street organization licensed to conduct gaming	Yes9 Yes9 No ough 5 in column (d) ne 7 from line 1, column (conducts gaming activities in each of the	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Direct Expenses heveruse	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	Yes9 Yes9 No ough 5 in column (d) ne 7 from line 1, column (conducts gaming activities in each of the	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Direct Expenses Revenue	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thro 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization could be street organization licensed to conduct gaming	Yes 9 Yes 9 No ough 5 in column (d) ne 7 from line 1, column (d) onducts gaming activities in each of the	(b) Pull tabs/instant bingo/progressive bingo Yes	(c) Other gaming	col. (a) through col. (c

Schedule G (Form 990 or 990 EZ) 2016 THE WOMEN'S HOUSING COALITION, INC. 52	-1189812 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:	
a The organization's facility	13a %
h An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b 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:	
Allerea N	
Name	
Gaming manager compensation > \$	
Carring thanager compensation of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried states of the carried	
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	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	the
b Enter the amount of distributions required under state law to be distributed to other example organizations of the tax year.	
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III organization and (v) and Part III organization.	t III, lines 9, 9b, 10b, 15b,
Supplemental Information. Provide the explanations required by Part 1, line 2b, columns (iii) and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 and (v), and 1 an	
150, 10, and 170, as approved to provide any	

01 41 0	/Farry 000 or 000 E7\	THE WOMEN'S	HOUSING	COALITION,	INC.	52-1189812	Page 4
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			***************************************		
	- Cappionionian inion		-				
	<u> </u>						
							
**							
					<u> </u>		
						- Marie - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Aller - Alle	
							
		<u></u>					
		<u> </u>	<u></u>				
			,				
					<u></u> .		
	-						
				<u> </u>			

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 16

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 5 2 - 1 1 8 9 8 1 2

Name of the organization THE WOMEN'S HOUSING COALITION, INC.	52-1189812
	SSTON:
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	TOTAL MONATING
HOMELESSNESS FOR WOMEN AND CHILDREN BY PROVIDING AFFORDA	BPE HOOSING
AND SUPPORTIVE SERVICES TO ENABLE THEM TO SUSTAIN SOCIAL	AND FINANCIAL
INDEPENDENCE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE	BOARD OF DIRECTORS
AND COMPARED TO THE AUDIT PRIOR TO BEING FILED.	
FORM 990, PART VI, LINE 12B:	
OFFICERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONF	FLICT OF
INTEREST.	
100	
FORM 990, PART VI, SECTION B, LINE 12C:	TI TOWN OF INTERPRET
OFFICERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CON	FLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS DETERMINES THE SALARY OF THE EXE	CUTIVE DIRECTOR.
THE BOARD OF SELECT	
THE TOTAL TIME 19.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE ON-SITE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM THE PRIOR YEAR	

FORM 990, PART III, LINE 4A, PROGRAM DESCRIPTION (CONTINUED): THE WOMEN'S HOUSING COALITION HAS BEEN WORKING WITH HOMELESS WOMEN IN BALTIMORE FOR MORE THAN 30 YEARS. FROM OUR GRASSROOTS BEGINNING, WE HAVE GROWN OVER THE YEARS INTO A RELIABLE AND EFFECTIVE FORCE IN BALTIMORE'S MOSAIC OF ORGANIZATIONS DEDICATED TO ENDING HOMELESSNESS. WE HAVE DEVELOPED AND NOW MANAGE FOUR MULTI-FAMILY RESIDENCES THAT ARE HOME FOR 67 WOMEN AND 4 FAMILIES. WE LEASE AN ADDITIONAL 27 SCATTERED SITE RENTAL HOMES WITHIN BALTIMORE CITY. WE PROVIDE PERMANENT SUPPORTIVE HOUSING; THEREFORE WOMEN AND THEIR FAMILIES CAN STAY AS LONG AS THEY NEED AND DESIRE. HOWEVER, EACH YEAR, ON AVERAGE, 20% OF THE WOMEN DO MOVE ON TO MORE INDEPENDENT HOUSING SITUATIONS. THIS MAY BE ATTRIBUTED TO THE WIDE ARRAY OF LIFE SKILLS TRAINING WE PROVIDE. WHICH INCLUDE; SAFETY, FINANCIAL EDUCATION, ART THERAPY, ACUPUNCTURE, BOOK CLUB, NUTRITION CLASS AND ACCESS TO ONE OF TWO GYMS. EACH RESIDENT ALSO HAS ACCESS TO A CASE MANAGER TWICE A MONTH TO ASSIST WITH THEIR WOMEN'S HOUSING COALITION TYPICALLY PROVIDES HOUSING INDIVIDUAL NEEDS. AND SERVICES TO APPROXIMATELY 115 WOMEN AND 40 CHILDREN ANNUALLY. OF THE 98 WOMEN WE SERVE AT ANY ONE TIME, 21 HAVE DEPENDENT CHILDREN LIVING WITH THEM. IN 2015, WE SERVED 124 ADULTS AND 44 CHILDREN. 100% OF OUR RESIDENTS, LOW-INCOME WOMEN WHO WERE HOMELESS AND HAVE A DIAGNOSED DISABILITY, REMAINED STABLY HOUSED WITH WOMEN'S HOUSING COALITION. 24 OF THOSE ADULTS MOVED ON TO INDEPENDENT LIVING IN MARKET-RATE APARTMENTS, SUBSIDIZED HOUSING OR WITH FAMILY AND FRIENDS. 95% OF RESIDENTS MAINTAINED OR INCREASED THEIR INCOME, AND OF THOSE RECEIVING INCOME, 49% INCREASED THEIRS. OVER 70% OF OUR RESIDENTS HAVE MET AT LEAST 2 OF THEIR GOALS THIS YEAR, AND 22 WOMEN VOLUNTEER

chedule O (Form 990 or 9	90-EZ) (2	2016)				Page:
lame of the organization						Employer identification number 52-1189812
laine of the organization	THE	WOMEN'S	HOUSING	COALITION,	INC.	52-1107012
						
· · · · · · · · · · · · · · · · · · ·						
				,		
						
			-			
				<u> </u>		
					. <u> </u>	
·						
_						

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37. Attach to Form 990.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Sender

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number 52-1189812 Name of the organization THE WOMEN'S HOUSING COALITION, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income Direct controlling End-of-year assets of disregarded entity entity foreign country) WHC RESERVOIR HILL, LLC - 52-1636366 119 EAST 25TH STREET OMEN'S HOUSING BALTIMORE, MD 21218 REAL ESTATE MARYLAND DEVELOPMENT, INC. Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) **(f)** (g) Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or **Exempt Code** Public charity Direct controlling status (if section 501(c)(3)) of related organization section entity entity? foreign country) No WOMEN'S HOUSING DEVELOPMENT, INC. -52-1636366, 119 EAST 25TH STREET, BALTIMORE, OMEN'S HOUSING MD 21218 LINE 12B, II COALITION, INC. DEVELOPMENT MARYLAND 501(C)(3) X

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

Schedule R (Form 990) 2016

632161 09-06-16 LHA

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (e) Code V-UBI amount in box 20 of Schedule (d) Percentage ownership (b) eneral Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of end-of-year assets Disproportionati Share of total income Direct controlling entity partner? Name, address, and EIN of related organization Primary activity allocations? K-1 (Form 1065) Yes No Yes No BENNETT LIMITED PARTNERSHIP N/A 52-2079278, 119 RAST 25TH MDSTREET, BALTIMORE, MD 21218 REAL ESTATE CALVERTON LIMITED PARTNERSHIP N/A - 52-1656258, 119 EAST 25TH MD N/A STREET, BALTIMORE, MD 21218 REAL ESTATE JENKINS HOUSE LIMITED PARTNERSHIP - 20-5791654, 119 N/AEAST 25TH STREET, BALTIMORE, MDREAL ESTATE MD 21218 WOMEN S WOMEN'S HOUSING INVESTMENT HOUSTNG II, LLC - 75-3051440, 119 INVESTMENT, N/A EAST 25TH STREET, BALTIMORE MD 21218

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (i) Section 512(b)(13) controlled entity? (c) (b) Percentage ownership Share of end-of-year assets (a) Type of entity (C corp, S corp, or trust) Share of total Direct controlling egat domic (state or (oreign country) Primary activity Name, address, and EIN of related organization income entity Yes No WOMEN'S WOMEN'S HOUSING INVESTMENT, INC. -HOUSING X 52-1656257, 119 EAST 25TH STREET, BALTIMORE REAL ESTATE CORP COALITION MD INVESTMENT MD 21218 WOMEN'S GREENSPRING INVESTMENT, INC. - 84-1693378 ROUSING X EAL ESTATE 119 EAST 25TH STREET COALITION CORP INVESTMENT BALTIMORE, MD 21218 Schedule R (Form 990) 2016

632162 09-06-16

SEE PART VII FOR CONTINUATIONS

Part V	Transactions With Related Organizations. Complete if the organization ar	iswered "Yes" on Forn	1990, Part IV, line 34, 350	, 61 36.			r		
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				(Assess	Yes	No		
1 0	uring the tax year, did the organization engage in any of the following transaction	ons with one or more re	elated organizations listed	in Parts II-iV?		3000	SEMESE!		
a F	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled ent	tity			1a	X	х		
b G	iff, grant, or capital contribution to related organization(s)	,,,,,		***************************************	1b		X		
	iff, grant, or capital contribution from related organization(s)					X			
d L	cans or loan guarantees to or for related organization(s)				1d	Δ.	х		
e L	oans or loan guarantees by related organization(s)				1e	22000	A		
f D	f Dividends from related organization(s)								
g S	ale of assets to related organization(s)	***************************************			1g	\vdash	X		
h F	urchase of assets from related organization(s)				·····	 	X		
i E	xchange of assets with related organization(s)					 	X		
jl	j Lease of facilities, equipment, or other assets to related organization(s)								
k L	k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundralsing solicitations for related organization(s)								
I F	Performance of services or membership or fundralsing solicitations for related or	rganization(s)			1m	!	X		
m F	Performance of services or membership or fundraising solicitations by related organization(s)								
	naring of facilities, equipment, mailing lists, or other assets with related organization(s) naring of paid employees with related organization(s)								
0 8	Sharing of paid employees with related organization(s)						388		
	Reimbursement paid to related organization(s) for expenses				1p		X		
p t	telimbursement paid to related organization(s) for expenses.			***************************************	1g	X	П		
q ł	delimbursement paid by related organization(s) for expenses	***************************************							
	Other transfer of cash or property to related organization(s)				1r	X			
r	Other transfer of cash or property to related organization(s) Ther transfer of cash or property from related organization(s)				1s		X		
2	oner transfer or cash or property from related organization (s) f the answer to any of the above is "Yes," see the instructions for information or	n who must complete t	his line, including covered	relationships and transaction thresholds.	1				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amoun	nt involved				
		type (a·s)							
(1) B	ENNETT LIMITED PARTNERSHIP	A	14,321.	COST/CASH					
(D	ENNETT LIMITED PARTNERSHIP	R	18,036.	36.COST/CASH					
(2) D	PMMRII DIMIIBD IAMINDMBI								
(3) B	ENNETT LIMITED PARTNERSHIP	Q	38,006.	COST/CASH					
(4) C	ALVERTON LIMITED PARTNERSHIP	K	18,000.	COST/CASH					
(5) C	ALVERTON LIMITED PARTNERSHIP	Q	17,713.	COST/CASH					
(6) C	ALVERTON LIMITED PARTNERSHIP	R	7,697.	COST/CASH					
	09-06-16			Sche	dule R (Fo	m 99	3) 201		

	ON THE		52-1189812
Schedule R (Form 990) THE WOMEN'S HOUSING COALITI	ON, INC.		
Part V Continuation of Transactions With Related Organizations (Schedule R (F (a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)JENKINS HOUSE LIMITED PARTNERSHIP	Ω	27,298.	COST/CASH
(8)JENKINS HOUSE LIMITED PARTNERSHIP	R		COST/CASH
(9)WOMEN'S HOUSING INVESTMENT, INC.	D		COST/CASH
(10)WOMEN'S HOUSING INVESTMENT II, LLC	D	200,000	COST/CASH
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h)	(i)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispropor Bonale	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	totai income	end-of-year assets	res No	2 of Schedule K-1 (Form 1065)	Yes NO	Ownership
		oounity;	36640113 3 32-3 14)	Yes No	,		Yes No	S (Funit 1000)	Yes No	
									Ш	
				\vdash	-		++			
		1								
				1	1					
				\vdash			++		+	
			<u> </u>							
			1							
				┼┼-			++		├- ├-	
								F		
							1 1	1		
		<u> </u>	<u> </u>		<u> </u>	J				000) 0040

Schedule R (Form 990) 2016 THE WOMEN'S HOUSING COALITION, INC. 52-1189812 Page 5
EDGREWIE CHANIAMANTAL INTORMATION.
Provide additional information for responses to questions on Schedule R. See instructions.
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:
NAME OF RELATED ORGANIZATION:
WOMEN'S HOUSING INVESTMENT II, LLC
DIRECT CONTROLLING ENTITY: WOMEN'S HOUSING INVESTMENT, INC.
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:
NAME OF RELATED ORGANIZATION:
WOMEN'S HOUSING INVESTMENT, INC.
DIRECT CONTROLLING ENTITY: WOMEN'S HOUSING COALITION, INC.
NAME OF RELATED ORGANIZATION:
GREENSPRING INVESTMENT, INC.
DIRECT CONTROLLING ENTITY: WOMEN'S HOUSING COALITION, INC.

Form **8868** (Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868,

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or 52-1189812 print THE WOMEN'S HOUSING COALITION, INC. Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date fo 119 EAST 25TH STREET filing your return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21218 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Return Application Code Code Is For Is For 07 Form 990-T (corporation) 01 Form 990 or Form 990-EZ 80 Form 1041-A Form 990-BL 09 Form 4720 (other than individual) 03 Form 4720 (individual) 10 Form 5227 04 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 06 Form 990-T (trust other than above) ELIZABETH A. BENNER The books are in the care of ▶ 119 EAST 25TH STREET - BALTIMORE, MD 21218 Telephone No. ► 410-235-5782 Fax No. If the organization does not have an office or place of business in the United States, check this box . If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box > . If it is for part of the group, check this box > . and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2017 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or , and ending tax year beginning Final return If the tax year entered in line 1 is for less than 12 months, check reason: 🕹 Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. За nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 30 by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev. 1-2017)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.