Form 990
Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AI	For th	e 2018 calendar year, or tax year beginning and e	018 calendar year, or tax year beginning and ending					
B	Check if applicab	e: C Name of organization	C Name of organization					
	Addre	THE MILWAUKEE WOMEN'S CENTER, INC.						
	Name chang		32-02	211087				
	Initial		Room/suite	E Telephone number				
	Final	728 NORTH JAMES LOVELL STREET		414-2	270-2970			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,276,510.			
	Amer	MILWAOKEE, WI 55255		H(a) Is this a group re	turn			
	Appli tion		IOTT	for subordinates	? Yes X No			
	pend			H(b) Are all subordinates ind	cluded? Yes No			
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1) or	r 🔝 527	lf "No," attach a	list. (see instructions)			
		te: WWW.COMMUNITYADVOCATES.NET/WOMEN/		H(c) Group exemption				
		f organization: X Corporation Trust Association Other ►	L Year of	of formation: 2007	I State of legal domicile: WI			
Pa	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities: THE M INC., A WISCONSIN NOT-FOR-PROFIT CORPORATI						
Governance								
/ern	2	Check this box			18			
ğ	4	Number of independent voting members of the governing body (Part VI, line Ta)		18				
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		0				
ties	6	Total number of volunteers (estimate if necessary)		18				
Activities &	-			7a	0.			
Ă		Net unrelated business taxable income from Form 990-T, line 38			0.			
		, ,		Prior Year	Current Year			
•	8	Contributions and grants (Part VIII, line 1h)		1,127,892.	1,275,375.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	1,135.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,127,892.	1,276,510.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,391.	17,970.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\hfill \ldots$		0.	0.			
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.			
Expenses	b	· · · · · · · · · · · · · · · ·	0.	1 242 001	1 /11 222			
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,242,981. 1,251,372.	<u>1,411,333.</u> 1,429,303.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-123,480.	-152,793			
	19	Revenue less expenses. Subtract line 18 from line 12			· · · · ·			
ts or	200	Total associa (Dart V. Jiao 16)		jinning of Current Year 80 •	End of Year 0.			
Assets	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		3,915.	156,628.			
Net /		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		-3,835.	-156,628.			
	1 22			5,055•	100,020.			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Cignotium of officer	Data							
Sign	Signature of officer	Date							
Here	SANDRA SAMSE, BOARD TREASURER								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature Date	Check PTIN							
Paid	KRISTINA M ODERMANN, CPA KRISTINA M ODERMANN, 08/29	9/19 self-employed P01246844							
Preparer	Firm's name 🕒 WIPFLI LLP	Firm's EIN 39-0758449							
Use Only	Firm's address 🕨 10000 INNOVATION DRIVE, SUITE 250								
	MILWAUKEE, WI 53226-4837	Phone no. 414. 431. 9300							
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No							
832001 12-3	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2018)							
~									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	THE MILWAUKEE WOMEN'S CENTER, INC. 32-0211087 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE MILWAUKEE WOMEN'S CENTER, INC. IS TO PROVIDE
	HOLISTIC CARE TO EMPOWER WOMEN AND FAMILIES WHO ARE EXPERIENCING ABUSE
	TO LIVE SAFE, INDEPENDENT, AND HEALTHY LIVES.
	-
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 301, 516. including grants of \$17, 970.) (Revenue \$1, 135.)
та	THE MILWAUKEE WOMEN'S CENTER TOUCHED THE LIVES OF 1,951 MEN, WOMEN, AND
	CHILDREN IN 2018. SERVICES PROVIDED INCLUDE: EMERGENCY TRANSPORTATION
	AND SHELTER FOR INDIVIDUALS AND FAMILIES AFFECTED BY DOMESTIC VIOLENCE
	AND HOMELESSNESS; A 24-HOUR CRISIS HOTLINE; FOOD, CLOTHING, TOILETRIES,
	AND PERSONAL ITEMS; COUNSELING/SUPPORT GROUPS TO ADDRESS DOMESTIC
	VIOLENCE, SUBSTANCE USE DISORDERS, AND HEALTHY PARENTING; SPECIALIZED
	SERVICES AND SUPPORT FOR CHILDREN AND OLDER ABUSED WOMEN; CASE
	MANAGEMENT TO MEET HOUSING, EMPLOYMENT, LEGAL, AND OTHER BASIC NEEDS;
	BATTERERS' PREVENTION AND INTERVENTION EDUCATION; FATHERHOOD
	PROGRAMMING; INTENSIVE OUTPATIENT SUBSTANCE ABUSE TREATMENT; AND FREE
	CLOTHING AND JOB READINESS ASSISTANCE TO MEN AND WOMEN ENTERING OR
	RE-ENTERING THE WORKFORCE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	
4c	Other program services (Describe in Schedule O.)

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 Form 990 (2018)
 THE MILWAUKEE WOMEN'S CENTER, INC.

 Part IV
 Checklist of Required Schedules

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

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 Form 990 (2018)
 THE MILWAUKEE WOMEN'S CENTER, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05 -	Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>^</u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512/b)(12)2. If IVes II security Octoorful D. Part I/ line 0.	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 07		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		1

Form 990 (2018)		MILWAUKEE				
Part V Statements	Regard	ing Other IRS F	ilings and	Тах	x Complian	nce (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	<u>)</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u></u>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b		5b		
C Fo	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	04		
0		6b		
7	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?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c				
	to file Form 8282?	7c		x
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a r	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against Image: Comparison of the sources against	-		
u				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

THE MILWAUKEE WOMEN'S CENTER, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?		-		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			F	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			[7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			[8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form	1?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	′es," d	escribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		<u> </u>
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed WI		- /				<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)s (only) a	availab	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	flict of	interest policy	, and f	inanci	al	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records				
	WILLIAM KOCH - 414-270-2945	2					
	728 NORTH JAMES LOVELL STREET, MILWAUKEE, WI 53233)					

Form 990 (2018)	THE MILWAUKEE	WOMEN'S CENTER,	INC.	32-0211087	Page 7
Part VII Compens	ation of Officers, Director	s, Trustees, Key Employ	ees, Highe	st Compensated	
Employee	es, and Independent Contr	actors			
Check if Sch	edule O contains a response or no	ote to any line in this Part VII			
Section A. Officers, D	irectors, Trustees, Key Employee	es, and Highest Compensated	Employees		
1a Complete this table f	or all persons required to be listed	. Report compensation for the c	alendar year e	nding with or within the organization's	s tax year.
 List all of the organ 	nization's current officers, director	s, trustees (whether individuals	or organizatio	ns), regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)	gu		(0	C)		oure	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per week		box, unless person is both an officer and a director/trustee)			compensation	compensation from related	amount of other		
	(list any	tor	et e		from the	organizations	compensation			
	hours for	r direc				ed		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			bensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal ti		ployee	comp				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARQUETTE BAYLOR	1.00	-			×	1 e	ш			
BOARD MEMBER	1.00	х						0.	Ο.	0.
(2) TIMOTHY CHAREK	1.00									
BOARD MEMBER	1.00	Х						0.	0.	Ο.
(3) ANNE DELEO	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(4) VALERIE GABRIEL	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(5) DR. STEPHEN HARGARTEN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) ERIN HENRY	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) BETSY HOYLMAN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) GARY INGRAM	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) MORIAH IVERSON	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) SHARON JORDAN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) PAMELA KLEIN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) JIM LIEDTKE	1.00									_
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) ESTHER SHIN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) KATE VENNE	1.00									_
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) SHEREE DALLAS-BRANCH	1.00									-
PRESIDENT	1.00	Х		Х				0.	0.	0.
(16) JODI WIRE	1.00									_
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
(17) BRYAN HOUSE	1.00							_	<u>^</u>	^
SECRETARY	1.00	Х		Х				0.	0.	0.

Form 990 (2018) THE MILW									32-023	L1087	7 р	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Comp							, ,					
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an			an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;) or a	mpensa from th rganizat and relat ganizati	e ion ed
(18) SANDRA SAMSE TREASURER	1.00	x		x				0.	().		0.
(19) ANDREA MALLMANN-ELLIOTT	3.00											
CHIEF EXECUTIVE OFFICER	42.00			X				0.	134,513	3.	8,1	78.
(20) WILLIAM KOCH CHIEF FINANCIAL OFFICER	3.00			x				0.	109,290).	12,0	19.
(21) MAUDWELLA KIRKENDOLL	3.00			x				0.	116,558		7,4	60
CHIEF OPERATING OFFICER	42.00			^				0.	110,550	`	/,4	09.
										_		
		-								—		
1b Sub-total								0.	360,361		27,6	<u>66.</u> 0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.	360,361).	27,6	
2 Total number of individuals (including but							o re			-• 4	<u>.</u>	<u></u>
compensation from the organization											<u> </u>	0
3 Did the organization list any former office	director or tru	ister	e ke	ven	nnlo	vee	or	highest compensated er	nplovee on		Yes	No
line 1a? If "Yes," complete Schedule J for										. 3		х
4 For any individual listed on line 1a, is the s			•						•			x
and related organizations greater than \$15Did any person listed on line 1a receive or										. 4		
rendered to the organization? If "Yes," col	-				-			-		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest or	ompensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of compe	nsation f	from	
the organization. Report compensation for	•	•						n the organization's tax y	•			
(A) Name and busines	s address							(B) Description of s	ervices		(C) pensatio	n
GARRISON THOMAS CONSULTI P.O. BOX 1682, MILWAUKEE	-							GROUP FACILI SERVICES	TATOR	1 '	28,9	94
	<u>, 11 552</u>	<u> </u>									10,5	
							_					
	in a la caltra es 1 - 1	-+ "			41a -	- "						
 2 Total number of independent contractors \$100,000 of compensation from the organ 	•	στ lin	nitec	i to '	thos 1		led	above) who received me	ore than			

				-
\$1	00,000 of compe	nsation from the	organization	

	n 990 (i			WOMEN'S	CENTER, IN	NC.	32-0211	087 Page 9
Pa	rt VII	Statement of Reven	nue					
_		Check if Schedule O cont	ains a response	or note to any lin			(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<i>6</i> 0	1 0	Federated campaigns	1a	50,856.		Tevende	levende	512-514
ant		Membership dues		,				
ي ق		Fundraising events						
ifts, r A		Related organizations						
s, G nila		Government grants (contributi		1,224,519.				
ŝ		All other contributions, gifts, gran						
buti		similar amounts not included abor						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
aŭ	h	Total. Add lines 1a-1f		►	1,275,375.			
				Business Code				
e	2 a	WOMEN'S CENTER REVENUE		624100	1,135.	1,135.		
ervi	b							
en S	С							
Program Service Revenue	d							
roç	e							
	f	1 0			1,135.			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including			1,100.			
	5	other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraising						
anı	0 4	including \$	•					
Other Revenue		contributions reported on line						
r B		Part IV, line 18	,					
the	b	Less: direct expenses						
0		Net income or (loss) from func		►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		►				
	10 a	Gross sales of inventory, less						
	Ŀ	and allowances						
		Less: cost of goods sold						
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
		Total revenue. See instructions			1,276,510.	1,135.	0.	0.

Form 990 (2018)

THE MILWAUKEE WOMEN'S CENTER, INC. Part IX Statement of Functional Expenses

32-0211087 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Chock if Schodulo O oto to line in this Dort IV ntair

Check if Schedule Q contains a response or note to any line in this Part IX. (D) B) or of incide and on lines 60. 7b, 8b, 9b, and 10b of Part VII. Total expenses Programses Management and peneral surpanses Fundamental peneral surpanses Fundamental peneral surpanses Programses Managemental peneral surpanses Programses	Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response			npiete column (A).	X
DD Ion House Building System Total expenses Program service expenses Management and general expenses Fundrals expenses 1 Grants and other assistance to domestic individuals. See Part V, line 22 17,970. 17,970. 17,970. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 23 17,970. 17,970. 4 Benefits paid to or for members 2 2 17,970. 17,970. 5 Compensation or four-ent folders, directors, trustees, and key employees 2 2 2 6 Compensation nut include above, to disqualified persons declined under settion 4958(r)(19) and persons decl			(A)	(B)	(C)	(D)
1 Grants and other assistance to domestic organizations and domestic overnments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to domestic organizations, foreign governments, and foreign individuals. See Part IV, line 51 and 16 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 9 Pension plan accruals and contributions (include section 4956(k)(1)) and persons (described in section 4956(k)(1)) and person feastribed in section 495(k)(1) and esciented addet above, to disqualified person (additional current officers, directors, trustees, and all control members. 9 Other employee benefits 10 Payoolita sets 9 Grants and contributions (include section 495(k)(1)) 11 Frees for services (non-employees): a Management 10 Payoolita sing services. See Part IV, line 17 11 Frees for services (non-employees): a Management fees 9 Other, (Ine 113 anomat cecks 10% of line 25, contern) 10 Othice expenses 050			Total expenses			Fundraising
and domestic governments. See Part IV, line 21 17,970. 17,970. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 17,970. 17,970. 4 Benefits paid to of for members 9 9 17,970. 17,970. 5 Compensation of current folders, directors, trustees, and key employees 9 1 1 6 Compensation of current folders, directors, trustees, and key employees 9 1 1 7 Other satisfies and wages 9 9 1 1 9 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 962,048. 877,022. 85,026. 9 Payrolit taxes 9 962,048. 877,022. 85,026. 1 1 Fees for services (non-employees): a Management 9 9 243,971. 223,289. 20,682. 1 Hordstain technology 77,789. 69,846. 7,943. 1 14 Informatio technology 92,894. 83,012. 9,882. 1 1 15 Royattiss 92,894. 83,012. 9,882. 1				0,1000	general expenses	<u>cripeneee</u>
2 Grants and other assistance to domestic individuals. See Part IV, line 22 17,970. 17,970. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 1 1 4 Benefits paid to or for members 0 1 1 5 Compensation of current officers, directors, trustees, and key employees 1 1 6 Compensation not included above, to disqualified persons (as delined under section 4958(r)(1)) and persons (as delined under section 4958(r)(1)) and to Payolit taxes persons (as delined under section 4958(r) and persons (as delined underesection 4958(r) and persons (as delined under sect	-	-				
individuals. See Part IV, line 22 17,970. 17,970. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 1 4 Benefits paid to or for members. 5 5 Compensation of current officers, directors, trustees, and key employees 1 6 Compensation of current officers, directors, trustees, and key employees 1 7 Other satiefs and vages 1 8 Pension plan acruats and contributions (include section 405(k) and 403(k) employee contributions) 1 9 Other employee benefits 9 9 Payroli taxes 9 9 Payroli taxes 9 9 Other employee benefits 1 10 Payroli taxes 9 9 Other employee benefits 1 11 Fees for services (non-employees): 1 12 Advertising and promotion 1 13 Office expenses 77,789. 14 Information technology 1 15 Royalties 1 16 Occupancy 22,894. 17,7789. 69,846. 16 Occupancy 1 17 Tarvel 10,016. 16 Occupancy 1 17	2					
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organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Image: Section 400 current officers, directors, trustees, and key employees 5 Compensation of unrent officers, directors, trustees, and key employees Image: Section 400 current officers, directors, trustees, and key employees 7 Other salaries and wages Image: Section 400 current officers, directors, trustees, and wages Image: Section 400 current officers, directors, trustees, and key employees 8 Pension plan accruats and contributions (include section 401 cl) and 402(t) (and 403(t) (and 403(t) current/ballions) Image: Section 401 current officers, directors, direc	3		·			
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, trustees, and key employees 6 Compensation of turnet officers, trustees, and key employees 7 Other salaries and wages 9 Persons described in section 4588(c)(3)(8) 7 Other salaries and wages 9 Person plan accruals and contributions (include section 4588(c)(3)(8) 9 Other employee benefits 10 Payonit Laxes 11 Feess for services (non-employees): a Management 14 Lobbying 15 Logal 16 Accounting 17 forvestment management fees 9 Other, (I'ine 11g anouncexceds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royattes 92, 894. 83, 012. 92, 894. 8, 913. 10, 016. 8, 913. 11 Feeson colcal public officials		ç I				
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons (exercine 401(k)) and 402(k) and 403(b) employer contributions) 7 Other salaries and wages 8 Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroli taxes 11 Fees for services (non-employees): a Management begal						
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6 Compensation not included above, to disqualified persons (as defined under section 4958(1/1)) and persons described in section 4958(1/1) and unstantiation of the employee contributions) 7 Other salaries and wages 8 Pension plan accurates and contributions (include section 4938(c) (3/16) 9 Other employee contributions) 9 Other employee contributions) 9 Payroll taxes 10 Payroll taxes 11 Fees for services (non-employees): 12 Management 14 Lobbying 15 Rogaties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Other sepress of covered above, ick inside above, to discuss the sepress on sch covered above, ick inside above, ick i		-				
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7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management 962,048. b Legal		persons (as defined under section 4958(f)(1)) and				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management 962,048. b Legal		persons described in section 4958(c)(3)(B)				
section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits	7	Other salaries and wages				
9 Other employee benefits	8	Pension plan accruals and contributions (include				
10 Payroll taxes 94yroll taxes 11 Fees for services (non-employees): 962,048. 877,022. 85,026. a Management 962,048. 877,022. 85,026. b Legal		section 401(k) and 403(b) employer contributions)				
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11 Fees for services (non-employees): 962,048. 877,022. 85,026. a Management 962,048. 877,022. 85,026. b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 13 Office expenses 77,789. 69,846. 7,943. 14 Information technology 15 Royalties	10					
b Legal	11					
c Accounting	а	Management	962,048.	877,022.	85,026.	
d Lobbying	b	Legal				
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14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a	12	-		<u> </u>		
15 Royalties 92,894.83,012.9,882. 16 Occupancy 92,894.83,012.9,882. 17 Travel 10,016.8,913.1,103. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,304.6,097.207. 19 Conferences, conventions, and meetings 6,304.6,097.207. 20 Interest 10,594.15,367.1,227. 21 Payments to affiliates 16,594.15,367.1,227. 23 Insurance 16,594.15,367.1,227. 24 Other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 16 a	13		77,789.	69,846.	7,943.	
16 Occupancy 92,894. 83,012. 9,882. 17 Travel 10,016. 8,913. 1,103. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10,016. 8,913. 1,103. 19 Conferences, conventions, and meetings 6,304. 6,097. 207. 20 Interest 16,594. 15,367. 1,227. 21 Payments to affiliates 16,594. 15,367. 1,227. 23 Insurance 16,594. 15,367. 1,227. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 4 4 4	14					
17 Travel 10,016. 8,913. 1,103. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,304. 6,097. 207. 19 Conferences, conventions, and meetings 6,304. 6,097. 207. 20 Interest 10,594. 15,367. 1,227. 21 Payments to affiliates 16,594. 15,367. 1,227. 23 Insurance 10 16,594. 15,367. 1,227. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a a			00.004	02 010	0.000	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,304. 6,097. 207. 19 Conferences, conventions, and meetings 6,304. 6,097. 207. 20 Interest 1 20. 20. 21 Payments to affiliates 1 20. 22 Depreciation, depletion, and amortization 16,594. 15,367. 1,227. 23 Insurance 1 20. 20. 20. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 1 1 20. a	16					
for any federal, state, or local public officials 6,304.6,097.207. 19 Conferences, conventions, and meetings 6,304.6,097.207. 20 Interest 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 16,594.15,367.1,227. 23 Insurance 0 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a a			10,016.	8,913.	1,103.	
19 Conferences, conventions, and meetings 6,304.6,097.207. 20 Interest	18					
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a		· · · · · · · · · · · · · · · · · · ·	6 204	6 007	207	
21 Payments to affiliates		-	0,304.	0,09/.	207.	
22 Depreciation, depletion, and amortization 16,594. 15,367. 1,227. 23 Insurance 16,594. 15,367. 1,227. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a a						
23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a			16 501	15 267	1 227	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) Image: Column (A) amount, list line 24e expenses on Schedule 0.) a			10,094.	10,007.	±,44/•	
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a						
amount, list line 24e expenses on Schedule 0.) ´ a	24	above. (List miscellaneous expenses in line 24e. If line				
a						
	а	, , , ,				
- I I I I I I I I I I I I I I I I I I I						
c						
d						
e All other expenses 1,717. 1,717.			1,717.		1,717.	
25 Total functional expenses. Add lines 1 through 24e 1,429,303. 1,301,516. 127,787.		· · · · · · · · · · · · · · · · · · ·		1,301,516.		0.
26 Joint costs. Complete this line only if the organization			, , , , -			
reported in column (B) joint costs from a combined	- 2					
educational campaign and fundraising solicitation.						
Check here ▶ if following SOP 98-2 (ASC 958-720)						

тне	MILWAUKEE	WOMEN'S	CENTER	TNC.
1111	MIDWAOKEE	MOLTER D	CERTER,	THC.

32-0211087 Page 11

		Check if Schedule O contains a response or no	te to any lir	ie in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			80.	1	0.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensi	ated emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in sectior					
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ŝ		employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ąs	8	Inventories for sale or use		8			
	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	836,243.			
	b	Less: accumulated depreciation	10b	836,243.	0.	10c	0.
	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	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			80.	16	0.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme					
Liabilities		key employees, highest compensated employed					
iab		Complete Part II of Schedule L		22			
-	23	Secured mortgages and notes payable to unrela		·····		23	
	24	Unsecured notes and loans payable to unrelate		24			
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). Co	omplete Part X of	2 015		150 000
		Schedule D			3,915.	25	156,628.
	26	Total liabilities. Add lines 17 through 25			3,915.	26	156,628.
		Organizations that follow SFAS 117 (ASC 958		ere 🕨 🛕 and			
ses	07	complete lines 27 through 29, and lines 33 ar			-3,835.	07	-156,628.
anc	27	Unrestricted net assets			-3,033.	27 28	-130,020.
Bal	28 29	Temporarily restricted net assets		20 29			
pu	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A		haak hara		29	
ц		and complete lines 30 through 34.	13C 930), C				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
set	30 31	Paid-in or capital surplus, or land, building, or e				31	
t As	32	Retained earnings, endowment, accumulated in				32	
Nei	33	Total net assets or fund balances			-3,835.	33	-156,628.
	34	Total liabilities and net assets/fund balances			80.	34	0.
				·····			Form 990 (2018)

Form 990 (2018)
Part X Balance Sheet

	1990 (2018) THE MILWAUKEE WOMEN'S CENTER, INC.	32-02	211087	Pa	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,27				
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>1,42</u> -15				
3	3 Revenue less expenses. Subtract line 2 from line 1 3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,8	35.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	-15	6,6	28.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			x			
b	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			1		
	Act and OMB Circular A-133?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х			
				000			

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018
Open to Public Inspection

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0.

0

Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Pub Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection					Open to Public Inspection				
Name of the	organization	Go to www.irs.gov		Jis anu u	ie iatest ii	normation.	Employer	identification number	
Name of the	-		WOMEN'S CENTI	אד סק	TO			2-0211087	
Part I	Reason for Public					o instruction		2-0211007	
· · · · · · · · · · · · · · · · · · ·							5.		
<u> </u>	tion is not a private found		-			4\/ A\/:\			
	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
	-	zation operated in cor	njunction with a nospital	described	in sectio	on 170(d)(1)(A	.)(III). Enter	the hospital's name,	
	ty, and state:	· · · · · · · · · · · · · · · · · · ·							
	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	ection 170(b)(1)(A)(iv). (<i>.</i> .			
	federal, state, or local go	-							
	n organization that norma	•	ntial part of its support fi	om a gove	ernmental	unit or from t	ne general	oublic described in	
	ection 170(b)(1)(A)(vi). (C								
	community trust describ								
	n agricultural research or	•		• •			-	•	
	r university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
	niversity:								
	n organization that norma	• • • •					-		
	ctivities related to its exer								
	come and unrelated busi		(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	after June 30, 1975.	
	ee section 509(a)(2). (Co								
	n organization organized	-	•	•				_	
	n organization organized	-	-	-			•		
	ore publicly supported or	-						Check the box in	
	nes 12a through 12d that	•••			-		-		
	Type I. A supporting org	-	-	• • • •	-				
	the supported organizati			majority c	of the direc	ctors or truste	es of the su	ipporting	
	organization. You must	-							
	Type II. A supporting org					•		-	
	control or management of			ame perso	ns that co	ntrol or mana	ge the supp	ported	
	organization(s). You mus	• •							
	Type III functionally inte	•					lly integrate	ed with,	
	its supported organizatio		-						
	Type III non-functional						-		
	that is not functionally in			•		-	an attentiv	/eness	
	requirement (see instruct		•	-					
	Check this box if the org					Type I, Type	II, Type III		
	functionally integrated, o		, , , , , , , , , , , , , , , , , , , ,	0 0				1	
	he number of supported	•						L	
	e the following informatio lame of supported	n about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
(1)	organization	(,	(described on lines 1-10		ing document?	support (see i	-	support (see instructions)	
COMMUN			above (see instructions))	Yes	No				
		20 1240426	7	v			0	0	
ADVOCAT	TES, INC.	39-1249426	1	X			0.	0.	
			1						

Schedule A (Form 990 or 990-EZ) 2018 THE MILWAUKEE WOMEN'S CENTER, INC. 32-0211 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.)

<u>Se</u>	ction A. Public Support		-			_	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support			_	_	-	
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u>.</u>	organization, check this box and stop	here					
50	ction C. Computation of Public	s Support Per	centage			1 1	
14	Public support percentage for 2018 (lin	ne 6, column (f) di	vided by line 11, o	column (f))		14	%
	Public support percentage from 2017					15	%
16 a	33 1/3% support test - 2018. If the o				14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2017. If the o	•			d line 15 is 33 1/3%	6 or more, check tl	his box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					-
	and if the organization meets the "fact			-		-	
	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances test	- 2017. If the orc	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						ne
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instructior	ns 🕨 🛄

Schedule A (Form 990 or 990-EZ) 2018 THE MILWAUKEE WOMEN'S CENTER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the emount on line 12 for the user						
	amount on line 13 for the year						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(a) 2014	(6) 2013	(6) 2010	(0) 2017	(6) 2010	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) orga	inization,
						<u></u>	>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (li	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r				33 1/3%, and lir	le 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	►
b	33 1/3% support tests - 2017. If the						
00	line 18 is not more than 33 1/3%, che						on
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	🕨 🗌

Schedule A (Form 990 or 990-EZ) 2018 THE MILWAUKEE WOMEN'S CENTER, INC.

32-0211087 Page 4

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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.*
- 5a 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

		Х	
	1		
			77
	2		X
	3a		Х
	3b		
	3c		
	4a		Х
	4b		
	4c		
	5a		х
	00		
	5b		
	5c		
	6		х
	7		х
	8		X
	9a		X
	9b		х
	9c		X
	10a		Х
	10b		
_			

Schedule A (Form 990 or 990-EZ) 2018 THE MILWAUKEE WOMEN'S CENTER, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
C	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		X
Sec	tion B. Type I Supporting Organizations			
			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,			
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	Х	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990 EZ) 2018 THE MILWAUKEE WOMEN'S (32-0211087 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	ed Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018 THE MILWAUKEE WOMEN'S CENTER, INC.

Par	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.	C I					
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
с	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						

Schedule A	(Form 990 or 990-EZ) 2018 THE MI	LWAUKEE	WOMEN'S	CENTER,	INC.	32-0211087 Page 8
Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V, (See instructions.)	ovide the explai , 4c, 5a, 6, 9a, Part IV, Section	nations require 9b, 9c, 11a, 11 n E, lines 1c, 2a	d by Part II, line ⁻ b, and 11c; Part a, 2b, 3a, and 3b	I0; Part II, line 17a c IV, Section B, lines ; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



OMB No. 1545-0047

8

Department of the Treasury Internal Revenue Service

Name	of the organization THE MILWAUKEE WOMEN'S CENTER, INC.	Employer identification number 32-0211087
Par		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		b) Funds and other accounts
1	Total number at end of year	-
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	s
-	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferri	
	impermissible private benefit?	•
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
	►\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization of the statement in a second statement in a second statement in a second statement in a second statement is a second statement of the second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second statement in a second statement is a second statement in a second	anization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet works of art
iu	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	lance sheet works of art historical
~	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public serv	
	relating to these items:	, presente relieving amounto
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	► \$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets (continued)	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued	
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection iter	S
(check all that apply):	
a Public exhibition d Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	
to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or	
reported an amount on Form 990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	_
on Form 990, Part X? Yes	No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year1d	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year	S DACK
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
 g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 	
a Board designated or quasi-endowment	
b Permanent endowment > %	
c Temporarily restricted endowment > %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	No
(i) unrelated organizations 3a(i)	
(ii) related organizations 3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book van	ue
1a Land	
b Buildings	0.
c Leasehold improvements	
d Equipment	
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	0.

Schedule D (Form 990) 2018

Complete if the organization answered "Yes"	on Form 990, Part IV, IIn		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, lin	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV lin	o 11d Soo Form 000 Part V lin	0.15
	Description	e Tru. See Form 990, Fart A, III	(b) Book value
	Description		
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Par	rt X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO COMMUNITY ADVOCATE	S, INC.	156,628.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) 		156 600	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕨	156,628.	

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

Schedule D (Form 990) 2018 THE MILWAUKEE WOMEN'S CENTER, INC. 32-0211087 Page 3

Part VII Investments - Other Securities.

000 Dort IV line 116 Coo 5-000 Dort V line 10 nloto if the e -~ -

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)		

(a) Description of investment	(b) BOOK value	(c) Method of Valuation. Cost of end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Sche	dule D (Form 990) 2018 THE MILWAUKEE WOMEN'S C	ENTER, INC.	32-0211087 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenu	le per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.,)	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>8.)</u>	
Pa	t XIII Supplemental Information.		

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

PART X, LINE 2:

IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS, THE ORGANIZATION
DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE
SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION,
ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF
THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION
THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE
CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION RECORDED NO ASSETS OR
LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

Schedule D	(Form 990) 2018	THE	MILWAUKEE	WOMEN'S	CENTER,	INC.	32-0211087	Page 5
Part XIII	(Form 990) 2018 Supplemental Inform	nation	(continued)					

(Form 99) Concernments, and Individuals in the United States Comptote if the organization answered "Vest" of care 300, Pert 14, line 21 or 22. Destination (Form 99.0) Destination answered "Vest" of care 300, Pert 14, line 21 or 22. Destination (Form 99.0) Destination answered "Vest" of care 300, Pert 14, line 21 or 22. Destination answered "Vest" of care 300, Pert 14, line 21 or 22. Destination and Pert Pert Pert Pert Pert Pert Pert Pert	SCHEDULE I		G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047	
basement vir Treasy Attack to Form 900. Inspection Open to Public Inspection Name of the organization TE MILWAUKEE WOMEN'S CENTER, INC. Employer Identification number 32-0211087 Part General Information on Grant and Assistance Temployer Identification number 32-0211087 Part General Information on Grant and Assistance Temployer Identification number 32-0211087 Part General Information on Grant and Assistance orient aude to award the grants and cass distance to Domestic Organization and Domestic Governments. Origination and Other Assistance to Domestic Organization and Domestic Governments. Origination and Other Assistance to Domestic Organization and Domestic Governments. Origination and Other Assistance to Domestic Organization and Domestic Governments. Origination and Other Assistance to Domestic Organization and Domestic Governments. Origination and Other Assistance to Domestic Organization and Domestic Governments. Origination and Other Assistance to Domestic Organization and Domestic Governments. Origination and Other Assistance (b) EN (b) EN (c) Anount of (cash grant (c) Anount	(Form 990)		Go	vernments, ar	nd Individua	ls in the Ŭni	ted States		2018	
Intervision Employer identification numbers Part Ceneral Information on Grants and Assistance Part Ceneral Information on Grants and Assistance Image: Ceneral Information mainteer or sasistance, the grants or assistance, and the selection criteria used to award the grants or assistance to Consect Corganization and Domestic Governments. Compute I the organization answered "Yes" on Form 990, Part IV, line 21, tor any recipient that needed more than \$5,000. Part II can be duplicated if additional space is needed. (f) Amount of organization (p) Purpose of grant. (p) Purp			Comp	-	Attach to For	m 990.			Open to Public	
Desche organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection interfeasues to award the grants or assistance? Desche in Part IV the organization's procedures for monitoring the use of grant funds in the United States. PartII Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete His records on severe "Yes" on Erm 990, Part IV, line 21, for any receivent that received more than 5, 2000. Part I can be deviced if additional space is needed. 1(a) Name and address of organization (b) EIN (c) IPC section (f) Amount of (graphicable) (graph	Name of the organizati	Are Dote 1 orm 990) Covernments, and Untief Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
contexi used to award the grants or assistance? 2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. PartII Crants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that roceived more than \$5,000. Part II can be duplicated if additional space is needed. I (a) Name and address of organization or government (b) EIN (c) IRC section (c) ash grant (c) Ash grant (c) Ash grant (c) Ash grant (c) Ash grant (c) Ash	Part I General In								•	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. PartIIII Grants and Other Assistance to Domestic Organizations and Domestic Organization Completel the organization answered "Yest" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (books, or government) (g) Description of organization of proceeding assistance (g) Description of non-cash organization (b) EiN (g) Fix escience (g) Amount of cash grant (g) Description of non-cash organization (g) Description (g) Descripti										
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1 (a) Name and address of organization or government. (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of valuation (book, FMV, appraisa), other) (g) Description of non-cash assistance (h) Purpose of grant or assistance Image: I			-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
1 (b) Pathe and address of organization or government (b) Env (c) Procession (ff applicable) (c) Procession (cash grant valuation (cash grant<							(f) Method of			
3 Enter total number of other organizations listed in the line 1 table		5	(b) EIN	• •		non-cash	valuation (book, FMV, appraisal,			
3 Enter total number of other organizations listed in the line 1 table										
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3 Enter total number of other organizations listed in the line 1 table										
	2 Enter total numb	er of section 501(c)(3) a	nd government org	ganizations listed in the	l line 1 table	l			└ ▶	
									Schedule I (Form 990) (2018)	

Schedule I (Form 990) (2018) THE MILWAUKEE WOMEN'S CENTER, INC.

32-0211087

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT ASSISTANCE, HOUSEHOLD FURNISHING ASSISTANCE,					
TRANSPORTATION ASSISTANCE	150	17,970.	0.		
				1	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

RENT ASSISTANCE - PROGRAM STAFF COMPLETE INTAKE AND ELIGIBILITY

CHECKLIST/DOCUMENTATION, REVIEW TO VERIFY CLIENT MEETS ALL HUD ELIGIBILITY

GUIDELINES, CONDUCT HOME INSPECTION WHEN NEEDED, PREPARE LANDLORD PAYMENT

REQUEST, SUBMIT LANDLORD PAYMENT REQUEST TO SUPERVISOR FOR APPROVAL,

LANDLORD SUBMITS W-9 FORM, LANDLORD PAYMENT REQUEST IS APPROVED BY COO AND

SUBMITTED TO ACCOUNTING FOR PROCESSING, PROGRAM STAFF DISTRIBUTE CHECK TO

LANDLORD.

HOUSEHOLD FURNISHING ASSISTANCE - PROGRAM STAFF COMPLETE PROGRAM

32-0211087 Page 2 THE MILWAUKEE WOMEN'S CENTER, INC. Schedule I (Form 990) Part IV Supplemental Information ELIGIBILITY AND NEEDS ASSESSMENT, PREPARE CLIENT FURNITURE APPROVAL/REQUEST, CONTACT FURNITURE VENDOR, REQUEST FURNITURE BASED ON CLIENT NEEDS, SUBMIT FURNITURE PAYMENT REQUEST TO SUPERVISOR FOR APPROVAL, FURNITURE APPROVAL IS APPROVED BY COO AND SUBMITTED TO ACCOUNTING FOR PROCESSING, PROGRAM STAFF AND CLIENT CONFIRM RECEIPT OF FURNITURE. BUS TICKETS - PROGRAM STAFF PREPARE BUS TICKET PURCHASE REQUEST, SUBMIT TO SUPERVISOR FOR APPROVAL, PAYMENT REQUEST IS APPROVED BY COO, PROGRAM STAFF PURCHASE BUS TICKETS, CLIENT SIGNS FOR RECEIPT OF BUS TICKETS. CLIENT TRANSPORTATION - CLIENTS SEEKING REFUGE IN OUR DOMESTIC VIOLENCE SHELTER CONTACT OUR HOTLINE, PROGRAM STAFF ARRANGE TAXI TRANSPORT, CLIENT AND PROGRAM STAFF SIGN TAXI LOG TO CONFIRM CLIENT INTAKE INTO DOMESTIC VIOLENCE SHELTER.

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

INC.

18 Open to Public Inspection Employer identification number 32-0211087

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MILWAUKEE WOMEN'S CENTER,

TO EMPOWER WOMEN AND FAMILIES WHO ARE EXPERIENCING ABUSE, TO LIVE SAFE,

INDEPENDENT, AND HEALTHY LIVES.

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

THE FORM 990 IS REVIEWED BY THE TREASURER AND/OR THE FINANCE COMMITTEE

BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT. EMPLOYEES

MUST ALSO DISCLOSE OUTSIDE EMPLOYMENT OR NON-PROFIT BOARD PARTICIPATION;

ANY DISCLOSURES ARE REVIEWED BY THE CEO FOR POTENTIAL CONFLICTS, SHOULD A

CONFLICT ARISE, THE PERSON AFFECTED IS ASKED TO EXCUSE THEMSELVES FROM

VOTING.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

243,971. Schedule O (Form 990 or 990-EZ) (2018)

223,289.

20,682.

243,971.

0.

SCHE	D	U	.E	R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

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

Open to Public Inspection Employer identification number 32-0211087

Name of the organization

Department of the Treasury Internal Revenue Service

THE MILWAUKEE WOMEN'S CENTER, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) 12(b)(13) olled ity?
				501(c)(3))		Yes	No
COMMUNITY ADVOCATES, INC 39-1249426							
728 NORTH JAMES LOVELL STREET							
MILWAUKEE, WI 53233	COMMUNITY SERVICES	WISCONSIN	501(C)(3)	LINE 7	N/A		Х

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

Schedule R (Form 990) 2018

THE MILWAUKEE WOMEN'S CENTER, INC. Schedule R (Form 990) 2018

32-0211087 Page 2

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. Part III

Ş												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?		Gener mana partr	al or Pero ging er?	rcentage vnership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
										$\left \right $		

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				233013			No
								<u> </u> '	──
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Schedule R (Form 990) 2018 THE MILWAUKEE WOMEN'S CENTER, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
	Gift, grant, or capital contribution to related organization(s)	1b		Х		
	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d		X		
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g		1g		X		
h	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p	X			
	Reimbursement paid by related organization(s) for expenses	1q		X		
r	Other transfer of cash or property to related organization(s)	1r		Х		
s	Other transfer of cash or property from related organization(s)	1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2018 THE MILWAUKEE WOMEN'S CENTER, INC.

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2018

Schedule R	(Form 990) 20	18	THE	MILWAU	JKEE W	IOMEN'S	CENTER,	INC.
Part VII	Suppleme							
	Provide addi	tional informa	ition for r	responses to	questions	s on Schedul	e R. See instruct	ions.