

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	DOORWAYS FOR WOMEN AND FAMILIES, INC. 3179 WILSON BOULEVARD ARLINGTON, VA 22201-4420
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

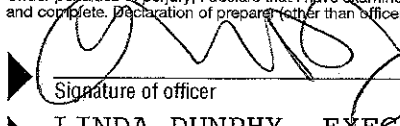
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DOORWAYS FOR WOMEN AND FAMILIES, INC.		D Employer identification number 54-1087829
		Doing Business As		E Telephone number (703) 522-8858
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3179 WILSON BOULEVARD		G Gross receipts \$ 2,693,581.
		City or town, state or country, and ZIP + 4 ARLINGTON, VA 22201-4420		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: LINDA DUNPHY SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.DOORWAYSVA.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1978 M State of legal domicile: VA				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	SEE PART III, LINE 1.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of employees (Part V, line 2a)	5	64
	6	Total number of volunteers (estimate if necessary)	6	110
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,130,507.	Current Year 2,634,940.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,556.	22,895.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,708.	-1,147.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,156,355.	2,656,688.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	258,733.	368,061.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,338,620.	1,780,189.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 205,686.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	596,702.	633,431.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,194,055.	2,781,681.
	19	Revenue less expenses. Subtract line 18 from line 12	962,300.	-124,993.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 4,690,077.	End of Year 5,189,309.
	21	Total liabilities (Part X, line 26)	719,269.	1,464,680.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,970,808.	3,724,629.

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.

Sign Here ▶  Date 1/20/2010
 Signature of officer
 ▶ LINDA DUNPHY, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ David F. Kellog CPA Date 1-19-10 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GELMAN, ROSENBERG & FREEDMAN
 4550 MONTGOMERY AVE., SUITE 650 NORTH
 BETHESDA, MARYLAND 20814-2930
 Preparer's identifying number (see instructions) ▶
 EIN ▶
 Phone no. ▶ (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:
DOORWAYS FOR WOMEN AND FAMILIES PROVIDES SAFE HOUSING, COMPREHENSIVE AND INNOVATIVE SERVICES, FINANCIAL LITERACY AND LIFE SKILLS TRAINING, AND COMMUNITY ADVOCACY TO END HOMELESSNESS AND FAMILY AND INTIMATE PARTNER DOMESTIC VIOLENCE.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 747,191. including grants of \$ 66,476.) (Revenue \$)
 FAMILY HOME: THE FREDDIE MAC FOUNDATION FAMILY HOME: DOORWAYS FAMILY HOME IS A \$2.4 MILLION, 7,200-SQUARE-FOOT, TWO-STORY, THERAPEUTIC HOME THAT CAN WELCOME 21 INDIVIDUALS-UP TO SEVEN FAMILIES-IN A FAMILY-FRIENDLY AND PROGRAM-SUPPORTIVE ENVIRONMENT. IT PROVIDES A HAVEN FOR WOMEN AND FAMILIES WHO ARE HOMELESS, 24-HOURS A DAY, 365 DAYS A YEAR. DURING THEIR STAY, FAMILIES ARE REQUIRED TO SET GOALS AND WORK TOWARDS ACHIEVING THEM. WE ALSO PROVIDE SUPPORT AND ADVOCACY, GOAL PLANNING GUIDANCE, FINANCIAL LITERACY, CHILDREN'S SERVICES AND A RANGE OF ESSENTIAL LIFE SKILLS PROMOTING HEALTHY, VIBRANT LIVING. HIGHLIGHTS FROM FISCAL YEAR 2009 INCLUDE:
 -SHELTERED 30 ADULTS AND 46 CHILDREN (27 FAMILIES) PROVIDING 7,282 BED NIGHTS.

4b (Code:) (Expenses \$ 737,194. including grants of \$ 62,158.) (Revenue \$)
 DOMESTIC VIOLENCE: THE DOMESTIC VIOLENCE PROGRAM OPERATES AN 11-BED SAFEHOUSE SHELTER, A 24/7 DOMESTIC VIOLENCE HOTLINE, AND A BILINGUAL COURT ADVOCACY AND COMPANIONSHIP PROGRAM. THIS REMARKABLE OUTCOME IS INDICATIVE OF THE THERAPEUTIC AND HIGH-QUALITY SUPPORT WOMEN AND CHILDREN RECEIVE WHILE RECOVERING FROM THE MULTIPLE IMPACTS OF DOMESTIC VIOLENCE. DOORWAYS PROVIDES THE ONLY SAFEHOUSE IN THE COUNTY AND IS THE LARGEST PROVIDER OF DOMESTIC VIOLENCE SERVICES IN ARLINGTON. DOORWAYS PROVIDES CLIENTS WITH INTENSIVE SUPPORT, WHICH IS NECESSARY, GIVEN THAT NEARLY EVERY ASPECT OF THEIR LIVES ARE IN CRISIS CAUSED BY LACK OF HOUSING, LOSS OF EMPLOYMENT, TRAUMATIZED SELF AND CHILDREN, AND ABUSED AND CHAOTIC FINANCES. OUR WRAP-AROUND SERVICES ASSIST CLIENTS WITH ESSENTIAL LIFE SKILLS, COUNSELING, CHILDREN'S NEEDS, FINANCIAL

4c (Code:) (Expenses \$ 586,556. including grants of \$ 239,427.) (Revenue \$)
 HOME START: HOMESTART SUPPORTIVE HOUSING PROGRAM OFFERS HOMELESS PREVENTION, RAPID RE-HOUSING, AND LONG-TERM SUPPORTIVE HOUSING FOR FAMILIES WHO NEED ASSISTANCE TO LEAVE DOORWAYS SHELTERS, AS WELL AS THOSE WHO ARE AT RISK OF HOMELESSNESS IN THE COMMUNITY. HOMESTART OFFERS RESIDENTIAL STABILITY (THROUGH RENTAL SUBSIDIES) AND INTENSIVE SUPPORT (THROUGH WEEKLY HOME VISITATION) FOCUSED ON SKILL BUILDING TO PREVENT THE RECURRENCE OF HOMELESSNESS AND DOMESTIC VIOLENCE. WE ALSO PROVIDE SUPPORT AND ADVOCACY, GOAL PLANNING, FINANCIAL LITERACY, CHILDREN'S SERVICES AND A RANGE OF ESSENTIAL LIFE SKILLS PROMOTING HEALTHY, VIBRANT LIVING. HOMESTART DOUBLED CAPACITY IN FY08/FY09 FROM 10-12 FAMILIES TO 20 FAMILIES AT A TIME. HIGHLIGHTS FROM FISCAL YEAR 2009 INCLUDE:

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 438,490. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,509,431. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VII Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (21), 1b Enter the number of voting members that are independent (21), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9a Does the organization have local chapters, branches, or affiliates? (X), 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X), 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (X), 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? (X), b Other officers or key employees of the organization? (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
Own website [] Another's website [] Upon request [X]
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
LILA REINOLD
3179 WILSON BOULEVARD, ARLINGTON, VA 22201-4420

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NICHOLAS EVANS PRESIDENT	3.00	X		X			0.	0.	0.	
CLAIRE L. ERLANGER TREASURER	3.00	X		X			0.	0.	0.	
SHELLEY GOODE SECRETARY	3.00	X		X			0.	0.	0.	
CHARLES ADKINS-BLANCH DIRECTOR	2.00	X					0.	0.	0.	
SUZANNE H. CARNELL DIRECTOR	2.00	X					0.	0.	0.	
CHRISTINA COLE DIRECTOR	2.00	X					0.	0.	0.	
MONICA M. GARDNER DIRECTOR	2.00	X					0.	0.	0.	
SUZANNE MADDEN DIRECTOR	2.00	X					0.	0.	0.	
JEANNE MAHONEY DIRECTOR	2.00	X					0.	0.	0.	
KATHLEEN MCSWEENEY DIRECTOR	2.00	X					0.	0.	0.	
JUSTIN MILLER DIRECTOR	2.00	X					0.	0.	0.	
JOANNA M. PINEDA DIRECTOR	2.00	X					0.	0.	0.	
RUSSELL ROSENBERGER DIRECTOR	2.00	X					0.	0.	0.	
JUDITH STEARNS DIRECTOR	2.00	X					0.	0.	0.	
LYNNE STROBEL DIRECTOR	2.00	X					0.	0.	0.	
RAINA ROSE TAGLE DIRECTOR	2.00	X					0.	0.	0.	
KATHLEEN ZADAREKY DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA DUNPHY EXECUTIVE DIRECTOR	40.00			X				101,369.	0.	13,179.
1b Total								101,369.	0.	13,179.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 77,631.					
	b	Membership dues	1b					
	c	Fundraising events	1c 130,528.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 1,078,125.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,348,656.					
	g	Noncash contributions included in lines 1a-1f: \$	149,764.					
	h	Total. Add lines 1a-1f		2634940.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,289.			26,289.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			-3,394.		-3,394.
	8 a	Gross income from fundraising events (not including \$ 130,528. of contributions reported on line 1c). See Part IV, line 18	a	15,265.				
		b	Less: direct expenses	b	17,818.			
		c	Net income or (loss) from fundraising events			-2,553.	-2,553.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS		900099	1,406.	1,406.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,406.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2656688.	-1,147.	0.	22,895.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	368,061.	368,061.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,211.	103,879.	12,221.	6,111.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,358,006.	1,170,587.	94,712.	92,707.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,733.	12,735.	939.	1,059.
9 Other employee benefits	172,520.	148,666.	12,144.	11,710.
10 Payroll taxes	112,719.	97,063.	8,113.	7,543.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	70,371.	54,186.	14,074.	2,111.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	340.		340.	
g Other	32,197.	675.	30,860.	662.
12 Advertising and promotion	2,968.	2,968.		
13 Office expenses	147,153.	104,708.	11,111.	31,334.
14 Information technology	57,952.	44,623.	11,590.	1,739.
15 Royalties				
16 Occupancy	77,215.	45,901.	21,659.	9,655.
17 Travel	6,235.	5,436.	351.	448.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,661.	2,757.	1,668.	236.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,744.	80,680.	7,802.	2,262.
23 Insurance	13,612.	11,510.	1,163.	939.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FACILITIES MANAGEMENT	90,674.	89,761.	913.	
b BAD DEBT EXPENSE	22,695.			22,695.
c PAYROLL SERVICE FEES	4,957.	3,817.	991.	149.
d MEMBERSHIP DUES & FEES	4,130.	3,166.	261.	703.
e CAPITAL EXPENDITURES	3,356.	950.	718.	1,688.
f All other expenses	4,171.	157,302.	-165,066.	11,935.
25 Total functional expenses. Add lines 1 through 24f	2,781,681.	2,509,431.	66,564.	205,686.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	400.	1	75,400.	
	2	Savings and temporary cash investments	827,158.	2	1,248,873.	
	3	Pledges and grants receivable, net	777,925.	3	256,606.	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	6,422.	8	4,418.	
	9	Prepaid expenses and deferred charges	11,253.	9	17,932.	
	10a	Land, buildings, and equipment: cost basis ...	10a 2,839,845.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 331,548.			
			2,583,162.	10c	2,508,297.	
	11	Investments - publicly traded securities	482,257.	11	356,297.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13	719,986.	
	14	Intangible assets		14		
15	Other assets. See Part IV, line 11	1,500.	15	1,500.		
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,690,077.	16	5,189,309.		
Liabilities	17	Accounts payable and accrued expenses	84,762.	17	100,496.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	600,000.	23	1,326,287.	
	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule D	34,507.	25	37,897.	
	26	Total liabilities. Add lines 17 through 25	719,269.	26	1,464,680.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	2,597,826.	27	2,758,699.	
	28	Temporarily restricted net assets	1,372,982.	28	965,930.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	3,970,808.	33	3,724,629.		
34	Total liabilities and net assets/fund balances	4,690,077.	34	5,189,309.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: **DOORWAYS FOR WOMEN AND FAMILIES, INC.**
Employer identification number: **54-1087829**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,611,872.	1,720,377.	2,574,307.	3,130,507.	2,634,940.	11,672,003.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	1,611,872.	1,720,377.	2,574,307.	3,130,507.	2,634,940.	11,672,003.
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)						1,345,926.
6 Public Support. Subtract line 5 from line 4						10,326,077.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,611,872.	1,720,377.	2,574,307.	3,130,507.	2,634,940.	11,672,003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,833.	28,089.	41,698.	39,283.	26,289.	158,192.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			19,857.	392.	1,406.	21,655.
11 Total support. Add lines 7 through 10						11,851,850.
12 Gross receipts from related activities, etc. (see instructions)					12	359,369.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	87.13 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	88.27 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number

54-1087829

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization DOORWAYS FOR WOMEN AND FAMILIES, INC.	Employer identification number 54-1087829
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 77,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **DOORWAYS FOR WOMEN AND FAMILIES, INC.** Employer identification number **54-1087829**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements 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)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?	3b	

- (i) unrelated organizations _____
- (ii) related organizations _____
- b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		154,800.		154,800.
b Buildings		2,485,250.	236,894.	2,248,356.
c Leasehold improvements				
d Equipment		185,101.	87,000.	98,101.
e Other		14,694.	7,654.	7,040.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,508,297.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
EQUITY INVESTMENT IN CAMERON COMMONS, LLC	719,986.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶	719,986.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
ESCROW	37,897.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	37,897.	

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,656,688.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,781,681.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-124,993.
4	Net unrealized gains (losses) on investments	4	-121,186.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-121,186.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-246,179.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,601,425.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-121,186.
b	Donated services and use of facilities	2b	48,105.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	17,818.
e	Add lines 2a through 2d	2e	-55,263.
3	Subtract line 2e from line 1	3	2,656,688.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,656,688.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,847,604.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	48,105.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	17,818.
e	Add lines 2a through 2d	2e	65,923.
3	Subtract line 2e from line 1	3	2,781,681.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,781,681.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D AND PART XIII, LINE 2D:

FUNDRAISING EXPENSE REPORTED AS EXPENSE ON THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		BENEFIT BRUNCH (event type)	CRATE & BARREL (event type)	5 (total number)		
Revenue	1	Gross receipts	74,264.	37,000.	34,529.	145,793.
	2	Less: Charitable contributions	62,184.	33,815.	34,529.	130,528.
	3	Gross revenue (line 1 minus line 2)	12,080.	3,185.		15,265.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	3,864.	9,995.	3,959.	17,818.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(17,818.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-2,553.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

2008
Open to Public
Inspection

▶ Attach to Form 990.

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number

54-1087829

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		113,501	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CARDS)	X	1,290	36,264	CARD VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number

54-1087829

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

-THE AVERAGE OCCUPANCY WAS 96% AND THE AVERAGE LENGTH OF STAY WAS 123 DAYS (AN INCREASE FROM 72 DAYS IN FY 08 DUE TO CHALLENGING ECONOMY).

-100% OF THE 20 HOUSEHOLDS WHO PARTICIPATED IN THE FINANCIAL INDEPENDENCE TRACK INCREASED THEIR OVERALL INCOME BEFORE LEAVING THE FAMILY HOME.

-90% OF CHILDREN WITH EDUCATION OR DEVELOPMENTAL CONCERNS RECEIVED SERVICES TO ADDRESS CONCERNS THROUGH EARLY INTERVENTION SERVICES OR SCHOOL ASSESSMENT.

-95% OF CHILDREN WERE LINKED WITH A HEALTH CARE PROVIDER AND HAD UP TO DATE IMMUNIZATIONS.

-93% OF ADULTS DEVELOPED GOAL PLANS AND 91% MEET FAMILY STRENGTHENING GOALS

-UNFORTUNATELY, THE NEED CONTINUES TO GROW. AT THE FAMILY HOME ALONE, WE WERE UNABLE TO RESPOND TO REQUEST FOR SHELTER FROM 925 PARENTS AND CHILDREN-ENOUGH TO STRETCH THE LENGTH OF ALMOST 8 FOOTBALL FIELDS!

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION AND PLANNING, AND COURT ADVOCACY. HIGHLIGHTS FROM FISCAL YEAR 2009 INCLUDE:

-SHELTERED 51 ADULTS AND 38 CHILDREN (25 FAMILIES AND 26 SINGLE) UNACCOMPANIED WOMEN WITH 2,509 BED NIGHTS.

-96% OF SAFEHOUSE HOUSEHOLDS BROKE THE CYCLE OF VIOLENCE AND DID NOT RETURN TO THEIR ABUSIVE PARTNER.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number
54-1087829

-90% OF CHILDREN WITH EDUCATION OR DEVELOPMENTAL CONCERNS RECEIVED SERVICES TO ADDRESS CONCERNS THROUGH EARLY INTERVENTION SERVICES OR SCHOOL ASSESSMENT.

-95% OF CHILDREN WERE LINKED WITH A HEALTH CARE PROVIDER AND HAD UP TO DATE IMMUNIZATIONS.

-SERVED 270 ADULTS AND 265 CHILDREN THROUGH OUR COURT ADVOCACY PROGRAM PROVIDING 726 HOURS TOWARD SECURING PROTECTIVE ORDERS, CHILD SUPPORT, CUSTODY PETITIONS AND OTHER COURT JUDGMENTS. 71% OF THOSE PETITIONING FOR TEMPORARY AND PERMANENT PROTECTIVE ORDERS WERE GRANTED.

-DOORWAYS' DOMESTIC VIOLENCE HOTLINE PROVIDED 886 CALLERS (IMPACTING 1,121 ADULTS AND CHILDREN) WITH 7,214 UNITS OF CRISIS COUNSELING, SAFETY PLANNING, SUPPORT AND RESOURCE REFERRALS.

-OCTOBER'S DOMESTIC VIOLENCE AWARENESS MONTH ACTIVITIES AND YEAR-ROUND COMMUNITY PRESENTATIONS AND OUTREACH EDUCATED MORE THAN 170,000 PEOPLE. FUNDING FROM THE VERIZON FOUNDATION ALLOWED US TO LAUNCH THE VERIZON RED FLAG DATING VIOLENCE PREVENTION CAMPAIGN AT MARYMOUNT UNIVERSITY AND GEORGE MASON UNIVERSITY-ARLINGTON. THIS CAMPAIGN DEVELOPED BY THE VIRGINIA SEXUAL AND DOMESTIC VIOLENCE ACTION ALLIANCE ENCOURAGES YOUTH TO TAKE AN ACTIVE ROLE AS A MEMBER OF THEIR COMMUNITY IN ADDRESSING THE SIGNS OF DATING VIOLENCE THEY MAY SEE IN A FRIEND OR FAMILY MEMBER'S RELATIONSHIP.

-DOORWAYS CONTINUES TO SERVE AS KEY LEADER FOR THE NEW ARLINGTON COORDINATED COMMUNITY RESPONSE COALITION NAMED PROJECT PEACE: A BLUEPRINT FOR PARTNERING TO END ABUSE IN THE COMMUNITY FOR EVERYONE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number

54-1087829

-ASSISTED 31 ADULTS AND 60 CHILDREN (26 FAMILIES) IN TRANSITIONING FROM HOMELESSNESS TO SAFE, STABLE HOUSING BY PROVIDING 23,661 BED NIGHTS.

-90% OF CHILDREN WITH EDUCATION OR DEVELOPMENTAL CONCERNS RECEIVED SERVICES TO ADDRESS CONCERNS THROUGH EARLY INTERVENTION SERVICES OR SCHOOL ASSESSMENT.

-100% OF CHILDREN WERE LINKED TO HEALTH CARE PROVIDER AND HAD UP TO DATE IMMUNIZATIONS.

-THE AVERAGE HOUSEHOLD ANNUAL WEALTH ACCUMULATION EXCEEDED EXPECTATIONS, EQUALING \$35,000 PER HOUSEHOLD (INCLUDES NEW BENEFITS, SAVINGS, DEBT PAYMENT, INCOME, IN KIND ASSISTANCE).

-100% OF HOUSEHOLDS WITH A HISTORY OF DOMESTIC VIOLENCE ADDRESS SAFETY CONCERNS WITH SAFETY PLANS, PROTECTIVE ORDERS AND/OR BY PARTICIPATING IN DV-FOCUSED THERAPEUTIC SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNICATION EDUCATION: LAST YEAR, DOORWAYS' VOLUNTEERS PROVIDED 4,344 HOURS OF SERVICE TO OUR CLIENTS AND OUR COMMUNITY.

OCTOBER'S DOMESTIC VIOLENCE AWARENESS MONTH ACTIVITIES AND YEAR-ROUND COMMUNITY PRESENTATIONS AND OUTREACH EDUCATED MORE THAN 170,000 PEOPLE.

FUNDING FROM THE VERIZON FOUNDATION ALLOWED US TO LAUNCH THE VERIZON RED FLAG DATING VIOLENCE PREVENTION CAMPAIGN AT MARYMOUNT UNIVERSITY

AND GEORGE MASON UNIVERSITY-ARLINGTON. THIS CAMPAIGN DEVELOPED BY THE

VIRGINIA SEXUAL AND DOMESTIC VIOLENCE ACTION ALLIANCE ENCOURAGES YOUTH

TO TAKE AN ACTIVE ROLE AS A MEMBER OF THEIR COMMUNITY IN ADDRESSING THE

SIGNS OF DATING VIOLENCE THEY MAY SEE IN A FRIEND OR FAMILY MEMBER'S

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Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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RELATIONSHIP.

DOORWAYS CONTINUES TO SERVE AS KEY LEADER FOR THE NEW ARLINGTON COORDINATED COMMUNITY RESPONSE COALITION NAMED PROJECT PEACE: A BLUEPRINT FOR PARTNERING TO END ABUSE IN THE COMMUNITY FOR EVERYONE. THIS PROJECT UNITES 25+ PUBLIC AND PRIVATE ENTITIES UNDER A UNIFIED VISION AND STRATEGIC COURSE FOR HOW ARLINGTON WILL PREVENT DOMESTIC VIOLENCE AND PROTECT AND PROVIDE SERVICES FOR THOSE AFFECTED BY DOMESTIC VIOLENCE. NUMEROUS BEST-PRACTICE STRATEGIES AND PLANS HAVE BEEN CRAFTED AND WILL BE IMPLEMENTED IN THE NEXT FEW YEARS. EXPENSES \$ 438490. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: PRIOR TO THE FINANCE COMMITTEE MEETING, THE 990 IS SENT ELECTRONICALLY TO THE AUDIT COMMITTEE MEMBERS FOR REVIEW. AFTER APPROVAL OF THE FORM 990 FROM THE AUDIT COMMITTEE, DOORWAYS PROVIDES AN ELECTRONIC COPY OF THE 990 TO ALL BOARD MEMBERS BEFORE FILING WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C: AT TIME OF APPLICATION FOR EMPLOYMENT, EMPLOYMENT HISTORY WILL BE REVIEWED BY THE HIRING SUPERVISOR FOR CONFLICTS.

ALL STAFF AND VOLUNTEERS MUST DISCLOSE ANY INTEREST IN A TRANSACTION OR DECISION WHERE THEY (INCLUDING THEIR BUSINESSES OR OTHER NONPROFIT AFFILIATIONS), THEIR FAMILIES AND/OR THEIR SIGNIFICANT OTHERS, EMPLOYERS, OR CLOSE ASSOCIATES WILL RECEIVE BENEFITS OR GAINS.

ALL BOARD MEMBERS MUST DISCLOSE ANY INTERESTS IN A TRANSACTION OR DECISION WHERE THEY (INCLUDING THEIR BUSINESS OR OTHER NONPROFIT AFFILIATIONS),

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
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Supplemental Information to Form 990

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THEIR FAMILIES AND/OR THEIR SIGNIFICANT OTHERS, EMPLOYERS, OR CLOSE ASSOCIATES WILL RECEIVE BENEFITS OR GAINS. AFTER DISCLOSURE, THEY MAY BE ASKED TO LEAVE THE ROOM FOR ALL OR A PORTION OF THE DISCUSSION AND WILL NOT BE PERMITTED TO VOTE ON THE QUESTION.

ALL BOARD MEMBERS HAVE TO ANNUALLY READ AND SIGN THE CONFLICT OF INTEREST FORM.

FORM 990, PART VI, SECTION B, LINE 15: THE DOORWAYS EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR ANNUALLY. TO ENSURE THAT THE EXECUTIVE DIRECTOR IS PROVIDING THE BEST LEADERSHIP FOR DOORWAYS, THE BOARD WILL ANNUALLY EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE BOARD OF DIRECTORS WILL DISCUSS THE EXECUTIVE DIRECTOR'S PERFORMANCE IN AN EXECUTIVE SESSION. THE BOARD'S EVALUATION OF THE EXECUTIVE DIRECTOR'S PERFORMANCE WILL BE A SIGNIFICANT FACTOR IN THE BOARD'S ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION. THE BOARD SHALL ANNUALLY REVIEW AND RATIFY GOALS AND OBJECTIVES RELEVANT TO THE EXECUTIVE DIRECTOR'S COMPENSATION.

EACH MEMBER KEEPS UP-TO-DATE ON DOORWAYS THROUGH THE EXECUTIVE DIRECTOR'S REPORTS.

IN TERMS OF COMPARABILITY DATA, DOORWAYS HR DIRECTOR COMPLETES A COMPENSATION COMPARABILITY REVIEW OF ALL DOORWAYS POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR. THIS REVIEW INCLUDES LOCAL NON-PROFITS WITH SIMILAR BUDGETS AND STAFFING AND AT LEAST TWO LOCAL COUNTY GOVERNMENT'S SALARIES AND EMPLOYEE COMPENSATION. SALARY IS REVIEWED ANNUALLY AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

A STAFF PERSON, WHO IS SUPERVISED BY THE EXECUTIVE DIRECTOR ONLY AND NOT BY BOARD MEMBERS OR BOARD COMMITTEES, MAINTAINS ADMINISTRATIVE RECORDS

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number

54-1087829

NECESSARY FOR THE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: DOORWAYS ANNUAL REPORT CAN BE
ACCESSED THROUGH THE ORGANIZATION'S WEBSITE - DOORWAYSVA.ORG. IN ADDITION,
THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES INCLUDING
CONFLICT OF INTEREST, CAN BE OBTAINED BY CONTACTING DOORWAYS ADMINISTRATIVE
OFFICE.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

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?

	Yes	No
a Receipt of (i) interest (iii) annuities (iv) royalties (v) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		
c Gift, grant, or capital contribution from other organization(s)		
d Loans or loan guarantees to or for other organization(s)		
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		
j Lease of facilities, equipment, or other assets from other organization(s)		
k Performance of services or membership or fundraising solicitations for other organization(s)		
l Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets		
n Sharing of paid employees		
o Reimbursement paid to other organization for expenses		
p Reimbursement paid by other organization for expenses		
q Other transfer of cash or property to other organization(s)		
r Other transfer of cash or property from other organization(s)		

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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

