

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

2009

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 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

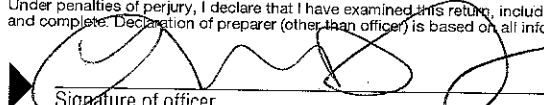
| | | | | |
|---|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please 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 \$ 3,559,513. |
| | | 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 Form 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 net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 56 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 125 |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 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 2,634,940. | Current Year 3,479,683. |
| | 9 Program service revenue (Part VIII, line 2g) | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 22,895. | 8,658. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -1,147. | 57,653. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,656,688. | 3,545,994. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 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) | | 1,780,189. | 2,173,357. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 218,891. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 633,431. | 657,573. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,781,681. | 3,238,653. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -124,993. | 307,341. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 5,189,309. | End of Year 5,602,533. |
| | 21 Total liabilities (Part X, line 26) | 1,464,680. | 1,536,563. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,724,629. | 4,065,970. |

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 ▶  Signature of officer Date **11/5/2011**

▶ **LINDA DUNPHY, EXECUTIVE DIRECTOR**
Type or print name and title

| | | | | |
|---------------------------------|--|---------------------|---|--|
| Paid Preparer's Use Only | Preparer's signature ▶  | Date 11/3/11 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| | 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 | 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

1 Briefly describe the organization's mission: DOORWAYS FOR WOMEN AND FAMILIES STRIVES TO END HOMELESSNESS AND FAMILY AND INTIMATE PARTNER VIOLENCE BY OFFERING SAFE SHELTER AND HOUSING, LIFE-CHANGING SUPPORT SERVICES AND COMMUNITY ADVOCACY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 831,963. including grants of \$ 76,415.) (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. DOORWAYS ALSO PROVIDES 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 2010 INCLUDE: - SHELTERED 26 ADULTS AND 33 CHILDREN (25 FAMILIES) PROVIDING 6,998 BED NIGHTS.

4b (Code:) (Expenses \$ 825,932. including grants of \$ 66,445.) (Revenue \$) DOMESTIC VIOLENCE: THE DOMESTIC VIOLENCE PROGRAM OPERATES AN 11-BED SAFE-HOUSE SHELTER, A 24/7 DOMESTIC VIOLENCE HOTLINE, AND A BILINGUAL COURT ADVOCACY AND COMPANIONSHIP PROGRAM. DOORWAYS PROVIDES THE ONLY SAFE-HOUSE IN THE COUNTY AND IS THE LARGEST PROVIDER OF DOMESTIC VIOLENCE SERVICES IN ARLINGTON, VIRGINIA. DOORWAYS PROVIDES CLIENTS WITH INTENSIVE SUPPORT WHICH IS NECESSARY GIVEN THAT NEARLY EVERY ASPECT OF THEIR LIVES ARE IN CRISIS - LACK OF HOUSING, LOSS OF EMPLOYMENT, TRAUMATIZED SELF AND CHILDREN, ABUSE AND CHAOTIC FINANCES. OUR WRAP-AROUND SERVICES ASSIST CLIENTS WITH ESSENTIAL LIFE SKILLS, COUNSELING, CHILDREN'S NEEDS, FINANCIAL EDUCATION AND PLANNING, AND COURT ADVOCACY. DOORWAYS REMARKABLE OUTCOMES ARE INDICATIVE OF THE THERAPEUTIC AND HIGH-QUALITY SUPPORT WOMEN AND CHILDREN RECEIVE WHILE

4c (Code:) (Expenses \$ 773,133. including grants of \$ 264,863.) (Revenue \$) HOMESTART: 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 MORE THAN DOUBLED ITS OUTREACH TO 54 FAMILIES THIS YEAR (COMPARED TO 20 IN FY09). HIGHLIGHTS FOR FISCAL YEAR 2010 INCLUDE:

4d Other program services. (Describe in Schedule O.) (Expenses \$ 487,249. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,918,277.

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part VII.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | | X |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> | X | |
| 13 | Is the organization a school 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 United States? | | X |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | 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? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities 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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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 |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

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 | | |
| 1a | 9 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | 0 | | |
| c | 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 | | |
| 2a | 56 | | |
| b | 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 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | 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 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 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? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7g | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A | | |
| 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? N/A | | |
| 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | | |
| 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders N/A | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

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.

Section A. Governing Body and Management

| | 1a | 1b | Yes | No |
|---|----|----|-----|----|
| 1a Enter the number of voting members of the governing body | 19 | | | |
| b Enter the number of voting members that are independent | | 19 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | 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? | 3 | | | X |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | | X |
| 6 Does the organization have members or stockholders? | 6 | | | X |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates? | 10a | X |
| b 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? | 10b | |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X |
| 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | X |
| 13 Does the organization have a written whistleblower policy? | 13 | X |
| 14 Does the organization have a written document retention and destruction policy? | 14 | 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 | 15a | X |
| b Other officers or key employees of the organization | 15b | X |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b If "Yes," 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? | 16b | |

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
- 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: **TYNA GAYLOR - (703) 522-8858**
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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (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 | 2.00 | X | | X | | | 0. | 0. | 0. | |
| JIM ARNOLD TREASURER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| CHRISTINA COLE SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| CHARLES ADKINS-BLANCH DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| ALICE BARRETT DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| CLAIRE ERLANGER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| STEPHEN FEDORCHA DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| SHELLY GOODE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| ERIK GUTSHALL DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| CHRISTINE LEONHARDT-KIMM DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| JEANNE MAHONEY DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| MONICA MICHAUD GARDNER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| JUSTIN MILLER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| EMILY NACK DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| RUSSELL ROSENBERGER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| SEAN SINCLAIR DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| JUDITH STEARNS 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 | | | |
| LYNNE STROBEL DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| MONTE ZABEN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| LINDA DUNPHY EXECUTIVE DIRECTOR | 40.00 | | | X | | | 108,650. | 0. | 9,793. | |
| 1b Total | | | | | | | 108,650. | 0. | 9,793. | |

2 Total number of individuals (including but not limited to those listed above) 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? If "Yes," complete Schedule J for such individual | | 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? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | | 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 but not limited to those listed above) 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 | 60,894. | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 112,832. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 116,246. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 214,349. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 189,046. | | | | |
| | h | Total. Add lines 1a-1f | | 347,968. | | | | |
| 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) | | 11,074. | | | 11,074. | |
| | 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 | 433. | 1,983. | | | |
| | | c | Gain or (loss) | -433. | -1,983. | | | |
| | | d | Net gain or (loss) | | | -2,416. | | -2,416. |
| | 8 a | Gross income from fundraising events (not including \$ 112,832. of contributions reported on line 1c). See Part IV, line 18 | a | 36,144. | | | | |
| | | b | Less: direct expenses | b | 11,103. | | | |
| | | c | Net income or (loss) from fundraising events | | | 25,041. | | 25,041. |
| | 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 | 32,612. | | | 32,612. | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | 32,612. | | | | |
| 12 | Total revenue. See instructions. | | | 354,594. | 0. | 0. | 66,311. | |

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 | 407,723. | 407,723. | | |
| 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 | 116,674. | 99,173. | 11,667. | 5,834. |
| 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 | 1,696,827. | 1,429,681. | 164,909. | 102,237. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 19,792. | 16,655. | 1,915. | 1,222. |
| 9 Other employee benefits | 205,048. | 172,831. | 19,953. | 12,264. |
| 10 Payroll taxes | 135,016. | 113,820. | 13,144. | 8,052. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 23,605. | 21,495. | 500. | 1,610. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 450. | | 450. | |
| g Other | 15,548. | 13,653. | 474. | 1,421. |
| 12 Advertising and promotion | 1,964. | 1,964. | | |
| 13 Office expenses | 86,866. | 61,316. | 5,580. | 19,970. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 183,450. | 142,209. | 28,650. | 12,591. |
| 17 Travel | 6,941. | 6,302. | 519. | 120. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 4,750. | 2,668. | 1,957. | 125. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 97,040. | 89,077. | 5,662. | 2,301. |
| 23 Insurance | 15,677. | 13,345. | 1,339. | 993. |
| 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 | 89,031. | 89,031. | | |
| b EMERGENCY CONTINGENCY | 44,492. | 13,215. | 31,277. | |
| c BAD DEBT EXPENSE | 34,035. | | | 34,035. |
| d DONOR RELATIONS | 25,023. | 23,187. | | 1,836. |
| e PERFORMANCE EVALUATION | 10,680. | 10,680. | | |
| f All other expenses | 18,021. | 190,252. | -186,511. | 14,280. |
| 25 Total functional expenses. Add lines 1 through 24f | 3,238,653. | 2,918,277. | 101,485. | 218,891. |
| 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 | 75,400. | 1 | 339,614. |
| | 2 | Savings and temporary cash investments | 1,248,873. | 2 | 876,003. |
| | 3 | Pledges and grants receivable, net | 256,606. | 3 | 569,428. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 | 4,418. | 8 | 5,692. |
| | 9 | Prepaid expenses and deferred charges | 17,932. | 9 | 23,565. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,879,983. | | |
| | b | Less: accumulated depreciation | 10b 414,503. | | |
| | | | 2,508,297. | 10c | 2,465,480. |
| | 11 | Investments - publicly traded securities | 356,297. | 11 | 410,943. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | 719,986. | 13 | 910,308. |
| | 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) | 5,189,309. | 16 | 5,602,533. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 100,496. | 17 | 145,403. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 37,897. | 21 | 33,665. |
| | 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 | 1,326,287. | 23 | 1,357,495. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,464,680. | 26 | 1,536,563. |
| 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 | 2,758,699. | 27 | 2,953,869. |
| | 28 | Temporarily restricted net assets | 965,930. | 28 | 1,112,101. |
| | 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 | 3,724,629. | 33 | 4,065,970. | |
| 34 | Total liabilities and net assets/fund balances | 5,189,309. | 34 | 5,602,533. | |

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| 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 Schedule O. | X | |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 |
|--|-----|----|
| (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 supported organization(s).

| (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 | |
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| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,720,377. | 2,574,307. | 3,130,507. | 2,634,940. | 3,479,683. | 13,539,814. |
| 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 through 3 | 1,720,377. | 2,574,307. | 3,130,507. | 2,634,940. | 3,479,683. | 13,539,814. |
| 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) | | | | | | 1,257,817. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 12,281,997. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 1,720,377. | 2,574,307. | 3,130,507. | 2,634,940. | 3,479,683. | 13,539,814. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 28,089. | 41,698. | 39,283. | 26,289. | 11,074. | 146,433. |
| 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. | 32,612. | 54,267. |
| 11 Total support. Add lines 7 through 10 | | | | | | 13,740,514. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 281,240. |
| 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 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 89.39 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 87.13 % |
| 16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 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 amount on line 13 for the year | | | | | | |
| 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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. 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 - 2008. 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, or 990-PF.

OMB No. 1545-0047

2009

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|---|
| 1 | | \$ <u>300,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 2 | | \$ <u>100,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 3 | | \$ <u>130,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 4 | | \$ <u>75,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 5 | | \$ <u>285,057.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 6 | | \$ <u>780,166.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

Name of organization

Employer identification number

DOORWAYS FOR WOMEN AND FAMILIES, INC.

54-1087829

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

Schedule D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, number of easements, acreage, and various monitoring and reporting questions.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures and amounts for revenues and assets.

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 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 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 the 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 Net investment earnings, gains, and 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:

- (i) unrelated organizations _____
- (ii) related organizations _____

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" to 3a(ii), 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) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 154,800. | | 154,800. |
| b Buildings | | 2,485,250. | 300,902. | 2,184,348. |
| c Leasehold improvements | | | | |
| d Equipment | | 121,860. | 52,574. | 69,286. |
| e Other | | 118,073. | 61,027. | 57,046. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 2,465,480. |

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 3,545,994. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 3,238,653. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 307,341. |
| 4 | Net unrealized gains (losses) on investments | 4 | 34,000. |
| 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 through 8 | 9 | 34,000. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 341,341. |

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 | 3,609,036. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 34,000. |
| b | Donated services and use of facilities | 2b | 15,956. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 13,086. |
| e | Add lines 2a through 2d | 2e | 63,042. |
| 3 | Subtract line 2e from line 1 | 3 | 3,545,994. |
| 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 must equal Form 990, Part I, line 12.) | 5 | 3,545,994. |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 3,267,695. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 15,956. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 13,086. |
| e | Add lines 2a through 2d | 2e | 29,042. |
| 3 | Subtract line 2e from line 1 | 3 | 3,238,653. |
| 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 must equal Form 990, Part I, line 18.) | 5 | 3,238,653. |

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: THE ESCROW LIABILITY CONSISTS OF CLIENT SAVINGS HELD

BY DOORWAYS FOR CLIENTS IN THE DOORWAYS HOMESTART PROGRAM. A CLIENT MAY

REQUEST THE FUNDS AT ANY TIME AND ALL FUNDS ARE RETURNED TO THE CLIENT

WHEN THE CLIENT LEAVES THE HOMESTART PROGRAM IN GOOD STANDING. CASH IN THE

AMOUNT OF \$33,665 IS RESTRICTED FOR CLIENT FUNDS IN ESCROW.

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

Part XIV Supplemental Information (continued)

REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED JUNE 30, 2010,
DOORWAYS HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND
DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER
RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED AS EXPENSES ON THE FINANCIAL STATEMENTS AND
NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B: \$11,103

LOSS ON DISPOSAL OF FIXED ASSET REPORTED AS EXPENSE ON THE FINANCIAL
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7C:
\$1,983

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSE REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS
AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B: \$11,103

LOSS ON DISPOSAL OF FIXED ASSET REPORTED AS EXPENSE ON THE FINANCIAL
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7C:
\$1,983

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) | HOME TOUR (event type) | 5 (total number) | | |
| Revenue | 1 | Gross receipts | 66,028. | 8,370. | 74,578. | 148,976. |
| | 2 | Less: Charitable contributions | 30,308. | 8,370. | 74,154. | 112,832. |
| | 3 | Gross income (line 1 minus line 2) | 35,720. | | 424. | 36,144. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | 9,026. | | | 9,026. |
| | 8 | Entertainment | 300. | | | 300. |
| | 9 | Other direct expenses | 1,289. | 188. | 300. | 1,777. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | (11,103) |
| | 11 | Net income summary. Combine line 3, column (d), and line 10 | | | | 25,041. |

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 | | | | |
| | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash 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 line 1, column (d), and line 7 | | | | |

| | Yes | No |
|--|-----|----|
| 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? _____ | 9a | |
| b If "No," explain: _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ | 10a | |
| b If "Yes," explain: _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? _____ | 11 | |
| 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? _____ | 12 | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ 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 | | 139,513. | FAIR MARKET VALUE |
| 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 | 695 | 37,403. | CARD VALUE |
| 26 | Other ▶ (FURNITURE) | X | 4 | 12,130. | |
| 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**

| | 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. | | |

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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 4.8 MONTHS (AN INCREASE FROM 2.4 MONTHS LAST YEAR DUE TO A FAMILY OF SEVEN WHO REMAINED IN THE HOME FOR 10 MONTHS WHILE OVERCOMING MULTIPLE BARRIERS AND CHALLENGES).

- 96% OF THE 25 HOUSEHOLDS WHO PARTICIPATED IN THE FINANCIAL INDEPENDENCE TRACK INCREASED THEIR OVERALL INCOME (BY AN AVERAGE OF \$21,764) BEFORE LEAVING THE FAMILY HOME.

- EVERY (100%) CHILD WITH EDUCATION OR DEVELOPMENTAL CONCERNS RECEIVED SERVICES THROUGH EARLY INTERVENTION SERVICES OR SCHOOL ASSESSMENTS.

- EVERY (100%) CHILD WAS LINKED WITH A HEALTH CARE PROVIDER AND HAD UP-TO-DATE IMMUNIZATIONS.

- 92% OF ADULTS ESTABLISHED GOAL PLANS AND 95% OF FAMILIES MET THEIR FAMILY STRENGTHENING GOALS.

UNFORTUNATELY, WE HAD TO TURN AWAY 1,288 PARENTS AND CHILDREN DUE TO SPACE LIMITATIONS. THIS INCREASED BY 39% OVER LAST YEAR'S UNSATISFIED REQUESTS.

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

RECOVERING FROM THE MULTIPLE IMPACTS OF DOMESTIC VIOLENCE. HIGHLIGHTS FROM FISCAL YEAR 2010 INCLUDE:

- SHELTERED 41 ADULTS AND 27 CHILDREN (41 FAMILIES) WITH 3,518 BED NIGHTS.

- 92% OF SAFE-HOUSE HOUSEHOLDS BROKE THE CYCLE OF VIOLENCE AND DID NOT RETURN TO THEIR ABUSIVE PARTNER.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

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DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number
54-1087829

- EVERY (100%) CHILD WITH EDUCATION OR DEVELOPMENTAL CONCERNS RECEIVED SERVICES THROUGH EARLY INTERVENTION SERVICES OR SCHOOL ASSESSMENT.

- EVERY (100%) CHILD WAS LINKED WITH A HEALTH CARE PROVIDER AND HAD UP-TO-DATE IMMUNIZATIONS.

- SERVED 375 ADULTS AND 349 CHILDREN THROUGH COURT ADVOCACY PROGRAM, PROVIDING 1,171 HOURS TO SECURE PROTECTIVE ORDERS, CHILD SUPPORT, CUSTODY PETITIONS AND OTHER COURT JUDGMENTS. 73% OF THOSE PETITIONING FOR TEMPORARY AND PERMANENT PROTECTIVE ORDERS WERE GRANTED.

- 92% OF HOUSEHOLDS OBTAINED SAFE, STABLE NEXT STEP HOUSING POST DOORWAYS SERVICES.

- DOORWAYS DOMESTIC VIOLENCE HOTLINE PROVIDED 1,157 CALLERS (IMPACTING 1,532 ADULTS AND CHILDREN) WITH 4,033 UNITS OF CRISIS AND SUPPORTIVE COUNSELING.

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 DOORWAYS TO CONTINUE THE VERIZON RED FLAG DATING VIOLENCE PREVENTION CAMPAIGN AT ART INSTITUTE, MARYMOUNT UNIVERSITY AND NORTHERN VIRGINIA COMMUNITY COLLEGE. THIS CAMPAIGN DEVELOPED BY 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 ARLINGTON COORDINATED COMMUNITY RESPONSE COALITION NAMED PROJECT PEACE: A BLUEPRINT FOR

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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PARTNERING TO END ABUSE IN THE COMMUNITY FOR EVERYONE.

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

- ASSISTED 72 ADULTS AND 102 CHILDREN (54 FAMILIES) IN TRANSITIONING
FROM HOMELESSNESS TO SAFE, STABLE HOUSING BY PROVIDING 23,203 BED
NIGHTS.

- EVERY (100%) CHILD WITH EDUCATION OR DEVELOPMENTAL CONCERNS RECEIVED
SERVICES THROUGH EARLY INTERVENTION SERVICES OR SCHOOL ASSESSMENT.

- EVERY (100%) CHILD WAS LINKED WITH A HEALTH CARE PROVIDER AND HAD
UP-TO-DATE IMMUNIZATIONS.

- 83% OF THE 33 HOUSEHOLDS WHO PARTICIPATED IN THE FINANCIAL
INDEPENDENCE TRACK INCREASED THEIR FINANCIAL POSITION (BY AN AVERAGE OF
\$32,688) THIS INCLUDES DEBT FORGIVENESS, SAVINGS, DEBT PAYMENT, INCOME
AND IN-KIND ASSISTANCE.

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

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

COMMUNITY EDUCATION: THIS YEAR, DOORWAYS VOLUNTEERS PROVIDED 4,230
HOURS OF SERVICE TO CLIENTS AND THE COMMUNITY.

DOORWAYS CONTINUES TO SERVE AS KEY LEADER FOR THE ARLINGTON COORDINATED
COMMUNITY RESPONSE COALITION NAMED PROJECT PEACE: A BLUEPRINT FOR
PARTNERING TO END ABUSE IN THE COMMUNITY FOR EVERYONE. THE PROJECT
UNITES 25+ PUBLIC AND PRIVATE ENTITIES UNDER A UNIFIED VISION AND

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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.

EXPENSES \$ 487249. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE
OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. IT WAS THEN SENT TO
ALL MEMBERS OF THE BOARD BEFORE FILING WITH THE 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 BOARD MEMBERS HAVE TO ANNUALLY READ AND SIGN THE
CONFLICT OF INTEREST FORM.

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),
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.

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FORM 990, PART VI, SECTION B, LINE 15A: 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 ANNUALLY REVIEWS AND RATIFIES 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
 NECESSARY FOR THE COMMITTEE. THE BOARD PRESIDENT ALSO PROVIDES A COMPLETED
 PERSONNEL ACTION REQUEST FORM TO THE BUSINESS AND FINANCE MANAGER. THE FORM
 REFLECTS THE OLD PAY RATE, THE NEW PAY RATE, ANY OTHER CHANGES, AND AN
 AUTHORIZING SIGNATURE.

FORM 990, PART VI, SECTION C, LINE 19: DOORWAYS ANNUAL REPORT CAN BE
 ACCESSED THROUGH THE ORGANIZATION'S WEBSITE - DOORWAYSVA.ORG. IN ADDITION,

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

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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**THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES INCLUDING
CONFLICT OF INTEREST, CAN BE OBTAINED BY CONTACTING DOORWAYS ADMINISTRATIVE
OFFICE.**

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

| (a) Name, address, and EIN 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 |
|--|---|---|---------------------|---------------------------|-------------------------------------|
| DOORWAYS CAMERON, LLC - 26-2832867 2704 NORTH PERSHING DRIVE ARLINGTON, VA 22201 | TO PURCHASE THE CAMERON COMMONS APARTMENTS | VIRGINIA | 9,678. | 910,308. | N/A |
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 501(c)(3)) | (f) Direct controlling entity |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|
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Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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?

| | Yes | No |
|---|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | 1a |
| b Gift, grant, or capital contribution to other organization(s) | | 1b |
| c Gift, grant, or capital contribution from other organization(s) | | 1c |
| d Loans or loan guarantees to or for other organization(s) | | 1d |
| e Loans or loan guarantees by other organization(s) | | 1e |
| f Sale of assets to other organization(s) | | 1f |
| g Purchase of assets from other organization(s) | | 1g |
| h Exchange of assets | | 1h |
| i Lease of facilities, equipment, or other assets to other organization(s) | | 1i |
| j Lease of facilities, equipment, or other assets from other organization(s) | | 1j |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | 1k |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | 1l |
| m Sharing of facilities, equipment, mailing lists, or other assets | | 1m |
| n Sharing of paid employees | | 1n |
| o Reimbursement paid to other organization for expenses | | 1o |
| p Reimbursement paid by other organization for expenses | | 1p |
| q Other transfer of cash or property to other organization(s) | | 1q |
| r Other transfer of cash or property from other organization(s) | | 1r |

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) | | | |

