

PUBLIC DISCLOSURE COPY

Form **990**

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DOORWAYS FOR WOMEN AND FAMILIES, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4600 N FAIRFAX DRIVE 600</b> City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22203</b> <b>F</b> Name and address of principal officer: <b>DIANA ORTIZ</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>54-1087829</b> <b>E</b> Telephone number <b>(703) 504-9400</b> <b>G</b> Gross receipts \$ <b>6,940,147.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.DOORWAYSVA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1978</b>		<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>																			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 13																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 13																		
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b> 70																		
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> 130																		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> 0.																		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b> 0.																		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">5,639,320.</td> <td align="right">5,496,656.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">57,470.</td> <td align="right">449,974.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">-2,052.</td> <td align="right">-8,615.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">5,694,738.</td> <td align="right">5,938,015.</td> </tr> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	5,639,320.	5,496,656.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	57,470.	449,974.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-2,052.	-8,615.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	5,694,738.	5,938,015.
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Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	756,493.																		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.																		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	3,510,202.																		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.																		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>521,243.</b>																			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,057,049.																		
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	5,323,744.																		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	370,994.																			
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td align="right">8,251,822.</td> <td align="right">8,645,380.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td align="right">1,598,149.</td> <td align="right">1,583,339.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td align="right">6,653,673.</td> <td align="right">7,062,041.</td> </tr> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) .....	8,251,822.	8,645,380.	<b>21</b> Total liabilities (Part X, line 26) .....	1,598,149.	1,583,339.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	6,653,673.	7,062,041.						
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**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.

<b>Sign Here</b>	Signature of officer  <b>DIANA ORTIZ, PRESIDENT &amp; CEO</b> Type or print name and title	Date <b>10/6/2021</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature 
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Date <b>10/06/2021</b>
	Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00288314</b> Firm's EIN ▶ <b>52-1392008</b> 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

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: DOORWAYS FOR WOMEN AND FAMILIES CREATES PATHWAYS OUT OF HOMELESSNESS, DOMESTIC VIOLENCE AND SEXUAL ASSAULT LEADING TO SAFE, STABLE AND EMPOWERED LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,559,609. including grants of \$ 436,542.) (Revenue \$ ) DOMESTIC AND SEXUAL VIOLENCE PROGRAM: AS ARLINGTON'S SERVICE PROVIDER FOR PERSONS IMPACTED BY ABUSE, DOORWAYS STRIVES TO OFFER A WIDE RANGE OF SERVICE OPTIONS FOR SURVIVORS AND THEIR FAMILIES. THESE SERVICES INCLUDE CRISIS RESPONSE IN THE FORM OF EMERGENCY SHELTER (AN 11 BED SAFEHOUSE SHELTER AND THREE 2-BEDROOM SAFE APARTMENTS) THAT PROVIDE SHELTER FOR ADULTS AND CHILDREN SEEKING SAFETY AND FLEEING ABUSE. IN ADDITION, WE OPERATE THE COUNTY'S 24/7 DOMESTIC AND SEXUAL VIOLENCE HOTLINE AND HOSPITAL ACCOMPANIMENT RESPONSE PROGRAM, OFFERING 24/7 CRISIS COUNSELING, SAFETY PLANNING, SUPPORT, INFORMATION, AND REFERRALS EVERY DAY OF THE YEAR. EMBEDDED IN THE ARLINGTON COUNTY COURTHOUSE, DOORWAYS COURT ADVOCACY PROGRAM SUPPORTS PERSONS SEEKING LEGAL PROTECTION FROM INTERPERSONAL VIOLENCE IN NAVIGATING COMPLEX PATHWAYS

4b (Code: ) (Expenses \$ 967,621. including grants of \$ 472,107.) (Revenue \$ ) HOMESTART SUPPORTIVE HOUSING PROGRAM: TO SUPPORT FAMILIES IN EXITING SHELTER (SAFEHOUSE OR FAMILY HOME), DOORWAYS' HOMESTART PROGRAM OFFERS RAPID RE HOUSING AND LONG TERM SUPPORTIVE HOUSING FOR FAMILIES WHO NEED ASSISTANCE TO LEAVE SHELTER AND OBTAIN SAFE HOUSING OF THEIR OWN. HOMESTART OFFERS RESIDENTIAL STABILITY (THROUGH RENTAL SUBSIDIES) AND INTENSIVE SUPPORT THAT INCLUDES INDIVIDUALIZED GOAL PLANNING, FINANCIAL LITERACY, CHILDREN'S SERVICES, AND A RANGE OF ESSENTIAL LIFE SKILLS PROMOTING HOUSING STABILITY AND LONG-TERM SAFETY FROM ABUSE.

IN FY21, HOMESTART IMPACTED CLIENTS IN THE FOLLOWING WAYS: - HOMESTART HOUSED AND SUPPORTED 114 PEOPLE (50 ADULTS AND 64 CHILDREN) IN 46 HOUSEHOLDS.

4c (Code: ) (Expenses \$ 869,017. including grants of \$ 84,499.) (Revenue \$ ) FREDDIE MAC FOUNDATION FAMILY HOME: DOORWAYS ALSO PROVIDES EMERGENCY SHELTER AND SERVICES FOR FAMILIES AND YOUNG ADULTS (18-24) EXPERIENCING HOMELESSNESS FOR REASONS BEYOND DOMESTIC VIOLENCE. OUR FAMILY HOME PROVIDES EMERGENCY SHELTER (22 BEDS), FOOD, SKILL BUILDING OPPORTUNITIES, REFERRALS, AND SUPPORTIVE COUNSELING AND GOAL PLANNING SERVICES. DURING THEIR STAY, YOUTH AND FAMILIES ARE SUPPORTED IN DEVELOPING AND ACHIEVING GOALS TOWARD HOUSING, TRAUMA RECOVERY, AND SUSTAINED STABILITY. EVERY MEMBER OF EACH HOUSEHOLD-PARENTS AND CHILDREN-ARE PROVIDED TAILORED ASSESSMENTS, SUPPORT, AND SERVICES TO HELP THEM ACCESS OPPORTUNITIES, MAINTAIN STABILITY, AND BUILD A SOLID PATH TOWARD THRIVING.

4d Other program services (Describe on Schedule O.) (Expenses \$ 967,025. including grants of \$ 7,612.) (Revenue \$ )

4e Total program service expenses 4,363,272.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records TRACY CARNEY - (703) 504-9400 4600 N. FAIRFAX DRIVE, SUITE 600, ARLINGTON, VA 22203

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) MAUREEN DEVINE-AHL INTERIM PRES & CEO (2/3/20-12/31/20)	25.00			X				121,500.	0.	0.
(2) SAMANTHA CLARK CHIEF PROGRAM OFFICER	40.00					X		110,050.	0.	9,104.
(3) JOY MYERS CHIEF DEVELOPMENT OFFICER	40.00					X		114,727.	0.	392.
(4) CAROLINE JONES PRESIDENT & CEO (THROUGH 2/14/20)	45.00			X				31,392.	0.	1,334.
(5) CARMEN OVIEDO PRESIDENT	4.00	X		X				0.	0.	0.
(6) DAVID KINNEY VICE PRESIDENT	3.00	X		X				0.	0.	0.
(7) SARAH DEVOE TREASURER	3.00	X		X				0.	0.	0.
(8) AMY HAUSER SECRETARY	3.00	X		X				0.	0.	0.
(9) VANDANA ALLMAN DIRECTOR	3.00	X						0.	0.	0.
(10) SAIFUL AMIN DIRECTOR	3.00	X						0.	0.	0.
(11) MIGUEL BUDDLE DIRECTOR	3.00	X						0.	0.	0.
(12) NICHOLAS EVANS DIRECTOR	3.00	X						0.	0.	0.
(13) KATRINA JONES DIRECTOR	3.00	X						0.	0.	0.
(14) NINA TALLON DIRECTOR	3.00	X						0.	0.	0.
(15) KRISTIN THAKOR DIRECTOR	3.00	X						0.	0.	0.
(16) JULIA WHISTON DIRECTOR	3.00	X						0.	0.	0.
(17) JULIANA YASKIN DIRECTOR	3.00	X						0.	0.	0.





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	44,109.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	126,097.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,151,658.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,174,792.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 402,167.				
	<b>h Total.</b> Add lines 1a-1f			5,496,656.			
<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			71,942.		71,942.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				1,364,263.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		986,231.			
	<b>c</b> Gain or (loss)	<b>7c</b>		378,032.			
<b>d</b> Net gain or (loss)			378,032.		378,032.		
<b>8 a</b> Gross income from fundraising events (not including \$ 126,097. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
			9,720.				
			15,901.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-6,181.		-6,181.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b>	900099	6,357.		6,357.	
	<b>b</b> LOSS IN CAMERON COMMONS, LLC		900009	-8,791.		-8,791.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			-2,434.			
<b>12 Total revenue.</b> See instructions			5,938,015.	0.	0.	441,359.	

**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).

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

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,000,760.	1,000,760.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	166,053.	126,200.	11,624.	28,229.
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	2,848,082.	2,125,049.	422,839.	300,194.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,916.	53,676.	10,577.	7,663.
9 Other employee benefits	234,426.	175,050.	34,028.	25,348.
10 Payroll taxes	241,868.	180,645.	34,896.	26,327.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,838.	884.	954.	
c Accounting	32,657.		32,657.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,003.		13,003.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	1,339.	105.		1,234.
13 Office expenses	78,672.	54,979.	2,777.	20,916.
14 Information technology	133,972.	83,473.	19,246.	31,253.
15 Royalties				
16 Occupancy	302,903.	281,848.	10,674.	10,381.
17 Travel	1,365.	1,255.	110.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	337.	33.		304.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	113,907.	109,424.	2,505.	1,978.
23 Insurance	35,783.	30,056.	2,865.	2,862.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FACILITIES MANAGEMENT</b>	113,696.	113,696.		
b <b>UNCOLLECTIBLE PLEDGE</b>	62,571.			62,571.
c <b>CREDIT CARD AND WEB FEE</b>	21,093.		21,093.	
d <b>MEMBERSHIP DUES &amp; FEES</b>	17,848.	4,627.	11,495.	1,726.
e All other expenses	26,473.	21,512.	4,704.	257.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,520,562.	4,363,272.	636,047.	521,243.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,757,049.	<b>1</b>	3,036,402.
	<b>2</b> Savings and temporary cash investments .....	762,435.	<b>2</b>	690,510.
	<b>3</b> Pledges and grants receivable, net .....	1,074,082.	<b>3</b>	871,159.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	25,489.	<b>8</b>	29,963.
	<b>9</b> Prepaid expenses and deferred charges .....	33,326.	<b>9</b>	32,847.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,240,818.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,547,499.	1,788,301.	<b>10c</b> 1,693,319.
	<b>11</b> Investments - publicly traded securities .....	1,752,460.	<b>11</b>	1,241,291.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,046,135.	<b>13</b>	1,037,344.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	12,545.	<b>15</b>	12,545.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,251,822.	<b>16</b>	8,645,380.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	227,206.	<b>17</b>	222,892.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	2,952.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	837.	<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,357,495.	<b>23</b>	1,357,495.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	12,611.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,598,149.	<b>26</b>	1,583,339.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,255,973.	<b>27</b>	5,968,271.
	<b>28</b> Net assets with donor restrictions .....	1,397,700.	<b>28</b>	1,093,770.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,653,673.	<b>32</b>	7,062,041.
<b>33</b> Total liabilities and net assets/fund balances .....	8,251,822.	<b>33</b>	8,645,380.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,938,015.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,520,562.
3	Revenue less expenses. Subtract line 2 from line 1	3	417,453.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,653,673.
5	Net unrealized gains (losses) on investments	5	-9,085.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,062,041.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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 on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,621,598.	4,477,667.	4,370,801.	5,639,320.	5,496,656.	24,606,042.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	4,621,598.	4,477,667.	4,370,801.	5,639,320.	5,496,656.	24,606,042.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						24,606,042.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4,621,598.	4,477,667.	4,370,801.	5,639,320.	5,496,656.	24,606,042.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	43,339.	57,415.	72,606.	57,723.	71,942.	303,025.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	29,029.	1,041.	-8,524.	-2,052.	-2,434.	17,060.
<b>11 Total support.</b> Add lines 7 through 10						24,926,127.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	98.72 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	98.86 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** 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 .....



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>DOORWAYS FOR WOMEN AND FAMILIES, INC.</b>	Employer identification number  <b>54-1087829</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>466,747.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>928,323.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,584,045.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>151,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DOORWAYS FOR WOMEN AND FAMILIES, INC.</b>	Employer identification number  <b>54-1087829</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>DOORWAYS FOR WOMEN AND FAMILIES, INC.</b>	Employer identification number <b>54-1087829</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2020

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	452,134.	431,501.	407,386.	382,348.	320,990.
b Contributions		3,067.	15,607.		30,000.
c Net investment earnings, gains, and losses	109,069.	19,610.	10,435.	26,985.	33,403.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,478.	2,044.	1,927.	1,947.	2,045.
g End of year balance	558,725.	452,134.	431,501.	407,386.	382,348.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100.0000 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		154,800.		154,800.
b Buildings		2,834,720.	1,324,155.	1,510,565.
c Leasehold improvements				
d Equipment		126,870.	99,609.	27,261.
e Other		124,428.	123,735.	693.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,693,319.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) EQUITY INVESTMENT IN		
(2) CAMERON COMMONS, LLC	1,037,344.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,037,344.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,318,084.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-9,085.	
b	Donated services and use of facilities	2b	386,256.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	15,901.	
e	Add lines 2a through 2d	2e		393,072.
3	Subtract line 2e from line 1		3	5,925,012.
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	13,003.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		13,003.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,938,015.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,909,716.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	386,256.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	15,901.	
e	Add lines 2a through 2d	2e		402,157.
3	Subtract line 2e from line 1		3	5,507,559.
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	13,003.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		13,003.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,520,562.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ORGANIZATION HAS A FUND TO BE USED FOR CAPITAL IMPROVEMENT, AND A FUND TO ADVANCE THE MISSION OR TO SUSTAIN THE MISSION WHEN JEOPARDIZED BY A SHIFT IN OR LOSS OF FUNDING CRITICAL TO DOORWAYS' DELIVERY OF SERVICE.

**PART X, LINE 2:**

FOR THE YEAR ENDED JUNE 30, 2021, DOORWAYS HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES INCLUDED IN EXPENSES ON 15,901.

THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST

EVENT INCOME ON FORM 990, PART VIII, LINE 8B.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES INCLUDED IN EXPENSES ON 15,901.

THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST

EVENT INCOME ON FORM 990, PART VIII, LINE 8B.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		OPEN HEARTS OPEN DOORS (event type)	(event type)	NONE (total number)	
1	Gross receipts .....	135,817.			135,817.
2	Less: Contributions .....	126,097.			126,097.
3	Gross income (line 1 minus line 2) .....	9,720.			9,720.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....	3,070.		3,070.
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....	12,831.		
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				15,901.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-6,181.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
Direct Expenses	2	Cash prizes .....			
	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. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT, FOOD, MEDICAL, CLOTHING, TRANSPORTATION	245	0.	1,000,760.	FAIR MARKET VALUE	RENT, FOOD, MEDICAL, CLOTHING, TRANSPORTATION

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

PART I, LINE 2:

THE ORGANIZATION PAYS EXPENSES DIRECTLY TO THIRD PARTIES ON BEHALF OF CLIENTS, OR PROVIDES FOOD AND/OR CLOTHING DIRECTLY TO CLIENTS IN ITS SHELTERS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		171,400.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	194,208.	FAIR MARKET VALUE
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	212	36,559.	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for data entry.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number

54-1087829

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

DOORWAYS IS A COMMUNITY-BASED NONPROFIT PROVIDING TRAUMA-INFORMED  
EMERGENCY SHELTER, COMPREHENSIVE SERVICES, AND SUPPORTIVE HOUSING FOR  
SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, AS WELL AS YOUTH AND  
FAMILIES EXPERIENCING HOMELESSNESS. AS ARLINGTON'S ONLY PROVIDER OF  
SHELTER AND SERVICES FOR SURVIVORS OF INTIMATE PARTNER VIOLENCE,  
DOORWAYS' 24/7 RESPONSE INCLUDES A HOTLINE (703-237-0881), SAFEHOUSE  
AND SAFE APARTMENTS, HOSPITAL ACCOMPANIMENT, TRAUMA-FOCUSED COUNSELING,  
AND MOBILE AND COURT ADVOCACY SERVICES.

DOORWAYS UNDERSTANDS THAT THE TRAUMA OF ABUSE AND HOMELESSNESS IMPACTS  
ALL ASPECTS OF SELF AND FAMILY ACROSS MULTIPLE GENERATIONS. BECAUSE OF  
THAT, WE DELIVER OUR WORK WITH A MULTIGENERATIONAL APPROACH, AND  
ACTIVELY WORK IN PRIMARY PREVENTION EFFORTS TO INCREASE THE PROTECTIVE  
FACTORS IN OUR COMMUNITY AND TO CHANGE SOCIETAL NORMS IN YOUTH AND  
FUTURE GENERATIONS.

DESPITE THE UNCERTAINTY CREATED BY COVID-19, DOORWAYS SUSTAINED REGULAR  
OPERATIONS, PIVOTING TO NEW WAYS OF DELIVERING SERVICES AS NEEDED AND  
ENSURING THAT EMERGENCY SERVICES REMAINED AVAILABLE 24/7 TO OUR  
COMMUNITY.

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

TO SAFETY, AS WELL AS CHILD SUPPORT, CUSTODY PETITIONS, AND OTHER COURT  
JUDGEMENTS. IN AN EFFORT TO REACH THOSE IN THE COMMUNITY WHO MAY NOT

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number

54-1087829

OTHERWISE ACCESS SUPPORT (DUE TO HESITANCE OR LACK OF KNOWLEDGE OF AVAILABLE RESOURCES) OUR MOBILE ADVOCACY PROGRAM SEEKS TO MEET INDIVIDUALS WHERE THEY ARE. MOBILE ADVOCATES BRING DOORWAYS' SERVICES, SUCH AS SAFETY PLANNING AND PSYCHOEDUCATION ON INTIMATE PARTNER VIOLENCE, TO COMMUNITY MEMBERS, AND THEY CONNECT THEM WITH ADDITIONAL RESOURCES AS NEEDED. TOGETHER, THESE PROGRAMS OFFER IMMEDIATE, LIFE-CHANGING HELP TO ADULTS, YOUTH, AND CHILDREN STRIVING TO END ABUSE.

DURING FISCAL YEAR 2021, DOORWAYS IMPACTED CLIENTS IN THE FOLLOWING WAYS:

- DOORWAYS' DOMESTIC AND SEXUAL VIOLENCE HOTLINE ANSWERED 1,067 CRISIS CALLS, INCLUDING 859 WHERE DOORWAYS ADVOCATES PROVIDED CRISIS AND SUPPORTIVE COUNSELING FOR ADULTS AND CHILDREN EXPERIENCING DOMESTIC AND/OR SEXUAL VIOLENCE.

- DOORWAYS' TRAINED VOLUNTEERS AND STAFF PROVIDED 18 HOSPITAL ACCOMPANIMENTS FOR FORENSIC EXAMS, INCLUDING 14 HOSPITAL ACCOMPANIMENTS FOR SEXUAL ASSAULT AND 4 ACCOMPANIMENTS FOR DOMESTIC VIOLENCE.

- DOORWAYS PROVIDED EMERGENCY SHELTER FOR 80 PEOPLE (53 ADULTS AND 27 CHILDREN) IN 50 HOUSEHOLDS, A RECORD HIGH THROUGHOUT DOORWAYS' HISTORY.

- OF HOUSEHOLDS WHO DISCLOSED THEIR NEXT DESTINATION, 96% (ALL BUT 2) OF SAFEHOUSE HOUSEHOLDS BROKE THE CYCLE OF VIOLENCE AND DID NOT RETURN TO ABUSIVE LIVING SITUATIONS POST-SHELTER EXIT.

- THE COURT ADVOCACY PROGRAM ASSISTED 293 INDIVIDUALS (165 ADULTS AND 128 CHILDREN) WITH SERVICES TO OBTAIN LEGAL PROTECTIVE ORDERS, CHILD SUPPORT, CUSTODY PETITIONS, AND OTHER COURT JUDGEMENTS.

- THE MOBILE ADVOCACY PROGRAM ASSISTED 20 ADULTS IN THE COMMUNITY WITH SAFETY PLANNING AND PSYCHOEDUCATION TO INCREASE THEIR SAFETY AND



Name of the organization DOORWAYS FOR WOMEN AND FAMILIES, INC.	Employer identification number 54-1087829
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IMPROVE THEIR ACCESS TO ADVOCACY AND REFERRALS.

- 97% OF SURVIVORS SERVED ACROSS THESE PROGRAMS REPORTED DOORWAYS HELPED THEM PLAN FOR THE SAFETY OF THEIR FAMILY.

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

- OF THE 46 FAMILIES SERVED THIS YEAR IN HOMESTART, 96% (ALL BUT 2) MAINTAINED THEIR HOUSING AT PROGRAM EXIT OR AT THE END OF THE YEAR.

- 98% OF HOUSEHOLDS USUALLY OR ALWAYS DEMONSTRATED GOOD TENANCY PRACTICES.

- 98% USUALLY OR ALWAYS PAID THEIR SHARE OF THE RENT ON TIME.

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

IN FY21, THE FAMILY HOME IMPACTED CLIENTS IN THE FOLLOWING WAYS:

- THE FAMILY HOME SHELTERED 38 PEOPLE (18 ADULTS AND 20 CHILDREN) IN 15 FAMILIES.

- 100% OF HOUSEHOLDS OBTAINED PERMANENT HOUSING POST-SHELTER.

- 88% OF HOUSEHOLDS WHO SUCCESSFULLY ENGAGED IN SERVICES AT THE FAMILY HOME WERE ABLE TO MEET BASIC LIVING EXPENSES AT EXIT BY CONNECTING WITH BENEFITS AND /OR BY SECURING OR MAINTAINING EMPLOYMENT.

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

REVIVE DOMESTIC AND SEXUAL VIOLENCE COUNSELING CENTER: REVIVE OFFERS COMMUNITY BASED, TRAUMA-INFORMED COUNSELING SERVICES FOR ADULTS, YOUTH, AND CHILDREN IMPACTED BY INTERPERSONAL VIOLENCE. SERVICES ARE FREE AND CONFIDENTIAL; ALL CLIENTS RECEIVE TRAUMA-FOCUSED COUNSELING, CRISIS INTERVENTION, SAFETY PLANNING, AND ADVOCACY SERVICES. SERVICES ARE OFFERED IN MULTIPLE LANGUAGES, AND ONE POSITION IS FOCUSED PRIMARILY ON SERVING CHILDREN AND YOUTH, FILLING A NOTABLE GAP IN THE COMMUNITY'S

Name of the organization DOORWAYS FOR WOMEN AND FAMILIES, INC.	Employer identification number 54-1087829
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RESPONSE TO SUPPORTING SURVIVORS. ONE OF REVIVE'S PRIMARY GOALS IS TO REDUCE BARRIERS TO SERVICES; THIS YEAR, DELIVERING COUNSELING SERVICES BY TELEHEALTH SUPPORTED EFFORTS TO MEET CLIENTS WHERE THEY ARE AND PROVIDED A SECURE AND EASY ACCESS TO SUPPORT THEIR MENTAL HEALTH.

DURING ITS FIFTH FULL YEAR OF OPERATION, REVIVE IMPACTED CLIENTS IN THE FOLLOWING WAYS:

- REVIVE PROVIDED SUPPORTIVE COUNSELING AND SAFETY PLANNING FOR 212 PEOPLE: 177 ADULT SURVIVORS AND 35 CHILDREN AND TEENS.
- REVIVE COUNSELORS PROVIDED 2,074 INDIVIDUAL THERAPY SESSIONS AND 56 VIRTUAL SUPPORT GROUP SESSIONS.
- REVIVE'S BILINGUAL VICTIM ADVOCATE PROVIDED ADVOCACY AND CASE MANAGEMENT FOR 47 COUNSELING CLIENTS, MOST OF WHOM WERE IMMIGRANTS, TO HELP THEM MEET BASIC NEEDS SO THAT THEY COULD FOCUS ENERGY ON THEIR HEALING.
- OF CLIENTS SURVEYED, 98% REPORTED INCREASED UNDERSTANDING AND KNOWLEDGE OF THE IMPACT OF TRAUMA AND DOMESTIC VIOLENCE/SEXUAL ASSAULT, AND 90% REPORTED THAT THEY KNEW MORE WAYS TO PLAN FOR THEIR SAFETY AFTER RECEIVING SERVICES FROM REVIVE.

EXPENSES \$ 791,163. INCLUDING GRANTS OF \$ 7,467. REVENUE \$ 0.

SUPPORTIVE SERVICES FOR CLIENTS IN SHELTER AND HOUSING

DOORWAYS STRONGLY BELIEVES THAT OUR CLIENTS NEED AND DESERVE MORE THAN A TEMPORARY SOLUTION; WHILE A SAFE ROOF OVERHEAD IS VITAL, IT ALONE DOES NOT RESOLVE THE CHALLENGES OUR CLIENTS FACE FOLLOWING THE TRAUMA OF VIOLENCE AND/OR HOMELESSNESS. OUR MENU OF ADDITIONAL SUPPORT SERVICES IS THE CORNERSTONE OF OUR APPROACH TO ADDRESSING THESE COMPLEX

Name of the organization DOORWAYS FOR WOMEN AND FAMILIES, INC.	Employer identification number 54-1087829
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AND VARIED NEEDS AND ADAPTING THEM TO EACH OF OUR CLIENTS. THESE INDIVIDUALIZED SERVICES INCLUDE OUR CHILDREN'S PROGRAM, OUR FINANCIAL INDEPENDENCE TRACK (FIT), AND PATHWAYS FOR YOUTH LIFE SKILL-DEVELOPMENT PROGRAM FOR YOUNG ADULTS. TOGETHER, THESE SERVICES PROVIDE CLIENTS OF EVERY AGE WITH THE NECESSARY TOOLS TO OVERCOME TRAUMA AND ADVERSITY AND FORM STRONG PATHS TO LASTING SAFETY AND STABILITY.

IN FY21, THESE SERVICES IMPACTED CLIENTS IN THE FOLLOWING WAYS:

- DOORWAYS' CHILDREN'S PROGRAM SUPPORTED 76 CHILDREN TO RECEIVE BASIC HEALTH CARE, ATTEND AND THRIVE IN SCHOOL OR DAYCARE, AND DEVELOP SKILLS TO HEAL AFTER THE TRAUMA AND ADVERSITY THEY HAD EXPERIENCED IN THEIR YOUNG LIVES.

- 86% OF CHILDREN WITH SOCIAL-EMOTIONAL ISSUES RECEIVED ROUTINE SERVICES AND SUPPORTIVE COUNSELING.

- 87% OF ADULTS PARTICIPATING IN ECONOMIC EMPOWERMENT SERVICES DEMONSTRATED INCREASED FINANCIAL KNOWLEDGE/SKILLS/AWARENESS AS STATED IN THEIR GOALS AND RECORDED IN SESSIONS WITH STAFF.

- 89% OF ADULTS ABLE TO WORK AT EXIT HAD EMPLOYMENT.

- OF THE TRANSITION-AGED YOUTH (YOUNG ADULTS AGES 18-25) SERVED IN SHELTER, 75% IMPROVED SKILLS IN AT LEAST TWO DOMAINS POST-INTENSIVE LIFE-SKILLS TRAINING (MEASURED USING SCORES ON THE ANSELL-CASEY LIFE SKILLS ASSESSMENT).

COMMUNITY OUTREACH

IN FY21, DOORWAYS HOSTED AND PARTICIPATED IN MANY EVENTS, CAMPAIGNS, MAILINGS, AND SOCIAL MEDIA EFFORTS AIMED AT EDUCATING OUR COMMUNITY ABOUT YOUTH AND FAMILY HOMELESSNESS, DOMESTIC AND SEXUAL VIOLENCE, AND

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

THESE EFFORTS CAN BE CATEGORIZED INTO A FEW KEY AREAS:

- COMMUNITY OUTREACH PRESENTATIONS - DOORWAYS' STAFF REACHED MORE THAN 700 PEOPLE.

- GENERAL INFORMATION SESSIONS - DOORWAYS HOSTED 12 SESSIONS WHICH WERE ATTENDED BY 133 ADULTS.

- VOLUNTEER TRAINING - DOORWAYS PROVIDED 614 HOURS OF TRAUMA-INFORMED TRAINING ON DOMESTIC VIOLENCE, SEXUAL ASSAULT, HOMELESSNESS, AND SERVICE DELIVERY.

- ONLINE COMMUNITY (INCLUDING EMAIL SUBSCRIBERS, FACEBOOK, TWITTER, AND INSTAGRAM FOLLOWERS, AND YOUTUBE SUBSCRIBERS AT THE END OF FY21) - 12,748 PEOPLE FORM OUR ONLINE LEARNING COMMUNITY (PLEASE NOTE THAT THERE MAY BE DUPLICATED CONTACTS IN THIS FIGURE, I.E. SOMEONE WHO FOLLOWS US ON TWITTER MAKE ALSO LIKE US ON FACEBOOK AND SUBSCRIBE TO OUR EMAILS). DOORWAYS CONTENT ALSO REACHED ADDITIONAL COMMUNITY MEMBERS ACROSS PLATFORMS:

- FACEBOOK IMPRESSIONS - THE NUMBER OF TIMES A POST FROM OUR PAGE IS DISPLAYED - 198,515

- TWITTER IMPRESSIONS - THE NUMBER OF TIMES USERS SAW OUR TWEETS ON TWITTER - 138,300

EXPENSES \$ 107,409. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PREVENTION PROGRAM

BECAUSE WE ENVISION A WORLD FREE OF VIOLENCE, WE HAVE ADDED A COMMUNITY-BASED PRIMARY PREVENTION PROGRAM TO OUR COMPREHENSIVE MODEL. DOORWAYS' PREVENTION PROGRAM FOCUSES FIRST ON PROVIDING PRIMARY

Name of the organization DOORWAYS FOR WOMEN AND FAMILIES, INC.	Employer identification number 54-1087829
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PREVENTION EDUCATION AT THE INDIVIDUAL LEVEL WITH THE LONG-TERM GOAL OF CREATING COMMUNITY-LED PROGRAMMING AT THE RELATIONSHIP AND COMMUNITY LEVELS. BY INCREASING PROTECTIVE FACTORS IN YOUTH AND FUTURE GENERATIONS, AND BY CHALLENGING SOCIETAL NORMS, DOORWAYS HOPES TO CREATE A CULTURE THAT SERVES TO PREVENT SEXUAL AND INTIMATE PARTNER VIOLENCE BY ENSURING EVERYONE HAS THE TOOLS TO BUILD HEALTHY RELATIONSHIPS BASED ON RESPECT, EQUALITY, AND SAFETY.

DOORWAYS' PREVENTION PROGRAM INTENTIONALLY SEEKS TO WORK WITH AND FOR YOUTH AGES 12-24, ADULTS IN PARENTAL OR EDUCATOR ROLES, AND COMMUNITY LEADERS FROM UNDERSERVED POPULATIONS THROUGHOUT ARLINGTON COUNTY, WITH A SPECIFIC FOCUS ON MARGINALIZED COMMUNITIES INCLUDING AFRICAN-AMERICAN, IMMIGRANT AND REFUGEE, AND LGBTQIA+ COMMUNITIES.

DURING ITS FIRST YEAR, THE PREVENTION PROGRAM IMPACTED THE COMMUNITY IN THE FOLLOWING WAYS:

- THE PREVENTION SPECIALIST FOCUSED ON DEVELOPING UNIQUE CURRICULUMS TO MEET THE NEEDS OF THESE COMMUNITIES AS WELL AS AN EDUCATIONAL PROGRAMMING CATALOG DESCRIBING THEM.
- THE PREVENTION SPECIALIST FACILITATED 9 COMMUNITY WORKSHOPS AND EVENTS, EDUCATING 67 YOUTH IN THE ARLINGTON AREA ON TOPICS THAT SUPPORT THE DEVELOPMENT OF HEALTHY RELATIONSHIPS.

THE PREVENTION SPECIALIST HAS ALSO FINALIZED THE TARGET GOALS AND OBJECTIVES FOR THE PROGRAM MOVING FORWARD, WHICH INCLUDE THE FOLLOWING:

- YOUTH ACROSS THE COMMUNITY WILL HAVE THE SKILLS TO DEVELOP HEALTHY RELATIONSHIPS BASED ON RESPECT, EQUITY, AND NON-VIOLENT COMMUNICATION.
- ADULTS IN PARENTAL AND EDUCATOR ROLES HAVE THE CAPACITY TO TEACH AND

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number

54-1087829

MODEL THE SKILLS YOUTH NEED TO BUILD RESILIENCE AND AVOID VIOLENCE AND ABUSE.

- COMMUNITY ORGANIZATIONS AND GROUPS CREATE AND FOSTER CULTURAL NORMS THAT CHALLENGE ATTITUDES AND BEHAVIORS THAT ACCEPT OR IGNORE VIOLENCE. EXPENSES \$ 68,453. INCLUDING GRANTS OF \$ 145. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS EFFECTIVE MAY 17, 2021. CHANGES INCLUDE: ADDED ONE YEAR TO THE SECRETARY AND TREASURER TERM FOR A TOTAL OF THREE CONSECUTIVE ONE-YEAR TERMS; ADDED ONE MORE TERM TO THE BOARD ALLOWING DIRECTORS TO SERVE FOR A TOTAL OF THREE CONSECUTIVE TWO-YEAR TERMS; ADDED PAST PRESIDENT TO EXECUTIVE COMMITTEE; AND EACH DIRECTOR IS REQUIRED TO EXECUTE A CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT UPON ELECTION TO THE BOARD AND ANNUALLY AFTER THAT.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. A COPY OF THE RETURN 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, SENIOR LEADERSHIP AND STAFF 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

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number

54-1087829

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.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD WILL ANNUALLY EVALUATE THE PRESIDENT & CEO'S PERFORMANCE BY OBTAINING FEEDBACK FROM BOARD MEMBERS AND STAFF WHO PARTICIPATE IN AN ONLINE STAFF SURVEY EVALUATION. THE BOARD OF DIRECTORS WILL DISCUSS THE PRESIDENT & CEO'S PERFORMANCE BASED ON THE RESULTS OF THE SURVEY AND THEIR OWN OBSERVATIONS IN AN EXECUTIVE SESSION. THE BOARD'S EVALUATION OF THE PRESIDENT & CEO'S PERFORMANCE WILL BE A SIGNIFICANT FACTOR IN THE BOARD'S ANNUAL REVIEW OF THE PRESIDENT & CEO'S COMPENSATION. THE BOARD ANNUALLY REVIEWS AND RATIFIES GOALS AND OBJECTIVES AS A WAY TO EVALUATE PERFORMANCE AND TO DETERMINE THE PRESIDENT & CEO'S COMPENSATION. THIS REVIEW PROCESS WAS LAST PERFORMED ON A MODIFIED BASIS IN JUNE 2021 FOR THE CURRENT PRESIDENT & CEO WHO WAS HIRED IN LATE JANUARY 2021.

IN TERMS OF COMPARABILITY DATA, THE BOARD EXECUTIVE COMMITTEE PERIODICALLY COMPLETES A COMPENSATION COMPARABILITY REVIEW FOR THE BOARD PRESIDENT & CEO POSITION. THIS REVIEW INCLUDES LOCAL NON-PROFITS WITH SIMILAR BUDGETS AND STAFFING. USING THIS INFORMATION, THE PRESIDENT & CEO'S SALARY IS REVIEWED ANNUALLY AND DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE

Name of the organization DOORWAYS FOR WOMEN AND FAMILIES, INC.	Employer identification number 54-1087829
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BOARD OF DIRECTORS, WHO MAINTAINS ADMINISTRATIVE RECORDS NECESSARY FOR THE BOARD AND HUMAN RESOURCES. THE BOARD PRESIDENT ALSO PROVIDES A COMPLETED PERSONNEL ACTION REQUEST FORM TO THE HUMAN RESOURCES DIRECTOR AND 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT  
VA, WV, WI

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

ECONOMIC UNCERTAINTIES:  
ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE CORONAVIRUS DISEASE (COVID-19) A GLOBAL PANDEMIC. AS A RESULT OF THE SPREAD OF COVID-19, ECONOMIC UNCERTAINTIES HAVE ARISEN WHICH MAY NEGATIVELY IMPACT DOORWAYS'S OPERATIONS. THE OVERALL POTENTIAL IMPACT IS UNKNOWN AT THIS TIME.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DOORWAYS CAMERON, LLC - 26-2832867 2704 NORTH PERSHING DRIVE ARLINGTON, VA 22201	TO PURCHASE THE CAMERON COMMONS APARTMENTS	VIRGINIA	218,698.	1,940,775.	DOORWAYS FOR WOMEN & FAMILIES, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.