# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
<u> </u>
Open to Public Inspection
Inspection

<u>A I</u>	For the	$\pm 20$ 22 calendar year, or tax year beginning $$ JUL $1,$ $2022$ and ending	j JU.	N 30, 2023	
В	Check if applicable	C Name of organization		Employer identifi	cation number
	Addres	DOORWAYS FOR WOMEN AND FAMILIES, INC.			
	Name change	Doing business as		54-10878	29
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  4600 N FAIRFAX DRIVE  600	suite <b>E</b>	Telephone numbe (703)504	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	7,932,525.
	Ameno		Н	H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer. DIAMA ONTIA		for subordinates	
	pendir	SAME AS C ABOVE	Н	(b) Are all subordinates in	ncluded? Yes No
1	Tax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) ( ) (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$	527		list. See instructions
J	Websit	e: WWW.DOORWAYSVA.ORG	Н	H(c) Group exemption	n number
K	orm of		Year of t	formation: 1978 n	M State of legal domicile: VA
Pa	art I	Summary			
d)	1	Briefly describe the organization's mission or most significant activities: ${ t SEE \ \ PART  t}$	· II	I, LINE 1.	
Governance					
rna	2	Check this box if the organization discontinued its operations or disposed of n	nore th	an 25% of its net ass	I
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
es &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			80
V. Č	6	Total number of volunteers (estimate if necessary)		6	121
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		<u>7,986,893.</u>	6,488,797.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,679.	205,439.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-30,616.	-13,220.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,983,956.	6,681,016.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		812,862.	770,907.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,449,626.	4,277,870.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	. b	Total fundraising expenses (Part IX, column (D), line 25) 618,687.		004 601	1 006 503
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		984,621.	1,296,593.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,247,109.	6,345,370.
	19	Revenue less expenses. Subtract line 18 from line 12		2,736,847.	335,646.
Net Assets or			_ <u> </u>	ning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		<u>1,264,979.</u>	11,660,432.
etA	21	Total liabilities (Part X, line 26)		1,671,522.	1,709,628. 9,950,804.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		9,593,457.	9,950,604.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	otomonto	and to the heat of my	/knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep			/ Kilowieuge aliu bellei, it is
liue	,	t, and complete. Decidiation of preparer (other than officer) is based on an information of which prep	parei iia:	s any knowledge.	
Ci~	_	Signature of officer		I Date	
Sig Her		DIANA ORTIZ, PRESIDENT & CEO			9/2023
Hei	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	e Check	PTIN
Paid	d	RICHARD J. LOCASTRO, CPA Kuland p. hocastro	10	/19/2023   if self-employ	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		John Gillipid)	2-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		THIII 3 LIN 3	
230	,	BETHESDA, MD 20814-2930		Phone no 30	1-951-9090
Mar	v the IF	RS discuss this return with the preparer shown above? See instructions		11 110110 110.5 0	X Yes No
	,				

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DOORWAYS FOR WOMEN AND FAMILIES CREATES PATHWAYS OUT OF HOMELESSNESS,
	DOMESTIC VIOLENCE AND SEXUAL ASSAULT LEADING TO SAFE, STABLE AND
	EMPOWERED LIVES.
	DOORWAYS IS A COMMUNITY-BASED NONPROFIT PROVIDING TRAUMA-INFORMED
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$1, 814, 115. including grants of \$
4a	(Code:) (Expenses \$1,814,115 • including grants of \$342,053 • ) (Revenue \$)  DOMESTIC AND SEXUAL VIOLENCE CRISIS SUPPORT PROGRAM: AS ARLINGTON'S
	ONLY DUALLY ACCREDITED SERVICE PROVIDER, DOORWAYS' EMERGENCY RESPONSE
	FOR SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT INCLUDE THE
	SAFEHOUSE PROGRAM, AN EMERGENCY SHELTER RESPONSE COMPRISED OF
	CONGREGATE AND NON-CONGREGATE FACILITIES SERVING INDIVIDUALS AND
	FAMILIES, PLUS SUPPORT SERVICES. DOORWAYS OPERATES ARLINGTON COUNTY'S
	ONLY 24-HOUR DOMESTIC AND SEXUAL VIOLENCE HOTLINE OFFERING 24/7 CRISIS
	COUNSELING, SAFETY PLANNING, SUPPORT, INFORMATION, AND REFERRALS EVERY
	DAY OF THE YEAR, ALONG WITH THE HOSPITAL ACCOMPANIMENT RESPONSE PROGRAM
	(HARP) FOR SURVIVORS SEEKING FORENSIC EXAMS FOR DOMESTIC VIOLENCE
	AND/OR SEXUAL ASSAULT. IN ADDITION, COMMUNITY-BASED PROGRAMS SUCH AS
	MOBILE ADVOCACY AND COURT ADVOCACY SUPPORT PERSONS SEEKING SAFETY AND
4b	(Code:) (Expenses \$939,079 . including grants of \$72,111 . ) (Revenue \$)
TD	FAMILY HOME: DOORWAYS 22-BED FAMILY HOME PROVIDES EMERGENCY SHELTER,
	SKILL-BUILDING OPPORTUNITIES, REFERRALS, AND SUPPORTIVE CASE
	MANAGEMENT, COUNSELING, AND GOAL PLANNING SERVICES FOR FAMILIES AND
	YOUNG ADULTS (18-24) EXPERIENCING HOMELESSNESS FOR REASONS BEYOND
	DOMESTIC VIOLENCE. DURING THEIR STAY, YOUTH AND FAMILIES ARE SUPPORTED
	IN DEVELOPING AND ACHIEVING GOALS TOWARD HOUSING, TRAUMA RECOVERY, AND
	SUSTAINED STABILITY.
	IN FY23, THE FAMILY HOME IMPACTED CLIENTS IN THE FOLLOWING WAYS:
	- THE FAMILY HOME SHELTERED 77 PEOPLE (35 ADULTS AND 42 CHILDREN) IN 33
	FAMILIES.
	- 92% OF HOUSEHOLDS (ALL BUT 2) OBTAINED PERMANENT HOUSING
4c	(Code:) (Expenses \$966,315. including grants of \$333,311. ) (Revenue \$)
	HOMESTART SUPPORTIVE HOUSING PROGRAM: TO SUPPORT FAMILIES IN EXITING
	SHELTER (SAFEHOUSE OR FAMILY HOME PROGRAMS), DOORWAYS' HOMESTART
	SUPPORTIVE HOUSING PROGRAM OFFERS RAPID REHOUSING AND LONG-TERM
	SUPPORTIVE HOUSING FOR INDIVIDUALS AND FAMILIES WHO NEED ASSISTANCE TO
	LEAVE SHELTER AND OBTAIN SAFE HOUSING OF THEIR OWN. HOMESTART OFFERS
	RESIDENTIAL STABILITY (THROUGH RENTAL SUBSIDIES) AND INTENSIVE SUPPORT
	FOCUSED ON SKILL-BUILDING, CASE MANAGEMENT, AND SAFETY PLANNING TO
	PREVENT THE RECURRENCE OF HOMELESSNESS AND DOMESTIC VIOLENCE.
	IN FY23, HOMESTART IMPACTED CLIENTS IN THE FOLLOWING WAYS:
	- HOMESTART HOUSED AND SUPPORTED 129 PEOPLE (59 ADULTS AND 70 CHILDREN)
	IN 51 HOUSEHOLDS.
	Other program services (Describe on Schedule O.)
4u	(Expenses \$ 941,457 • including grants of \$ 23,432 • ) (Revenue \$ )
40	Total program service expenses 4,660,966.
-10	Form <b>990</b> (2022)

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

Form	990 (2022) DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087, TIV   Checklist of Required Schedules (continued)	829	P	age 4
Fai	Checklist of Required Scriedules (continued)		V	N <sub>a</sub>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			- V
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pal	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 I	
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 20  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable  1b 1b			
	Effect the flumber of Forms with a fine facilities of fine tappingable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

DOORWAYS FOR WOMEN AND FAMILIES, INC.

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

b If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any texable party notify the organization file Form 8898-1?  5c Did so the organization shall the organization file form 8898-1?  5c Did have transaction solicit any contributions and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  5c Did the organization receive apmentii in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5c Did the organization netwee apmentii in excess of \$75 made party as a contribution of and party for goods and services provided to the payor?  5c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6d If Yes, "indirect the number of Forms 8282 filed during the year  6 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received any contribution of qualified intellectual property, did the organization file from 899 as required?  7 If Did the organization have excess business holdings at any time during the year?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Did the sponsoring organization make a distribution to along divided fund maintaine				Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a If if we organization have unrelated business gross income of \$1,000 or more during the year?  3a If if we organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," this if filed a Form 980-17 for this year? If "No" to line 36, provide an explanation on Schedule O  3b If "Yes," there the name of the foreign country (such as a bank account, scruttles account, or one signature or other authority over, a financial accountry over, a financial account in a foreign country (such as a bank account, scruttles account, or the financial accountry?  4a If "Yes," either the name of the foreign country (such as a bank account, scruttles account, or the financial accountry?  5a Wes the organization a party to a prohibition at shelfer transaction at any time during the tax year?  5b If "Yes," the Sea of Sb, did the organization file Form 988617?  5c If Yes, a set the organization include with every solicitation an express statement that such contributions that were not tax deductible?  5c If Yes, a set the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes, a set the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  5c If If Yes, a set the organization include with every solicitation and party for goods and services grovided to the payor?  5c If If Yes, a set the set of the payor of the year of the payor of the year of the year of the payor of the year of yea	2a				
3a   bit the organization have unrelated business gross income of \$1,000 or more during the year?  bit if Yes, "has it filled a Form 980-T for this year? If "No" to live 3b, provide an explanation on Schedule O		filed for the calendar year ending with or within the year covered by this return			
b If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any texable party notify the organization file Form 8898-1?  5c Did so the organization shall the organization file form 8898-1?  5c Did have transaction solicit any contributions and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  5c Did the organization receive apmentii in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5c Did the organization netwee apmentii in excess of \$75 made party as a contribution of and party for goods and services provided to the payor?  5c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6d If Yes, "indirect the number of Forms 8282 filed during the year  6 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received any contribution of qualified intellectual property, did the organization file from 899 as required?  7 If Did the organization have excess business holdings at any time during the year?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Did the sponsoring organization make a distribution to along divided fund maintaine	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry).  b If Yes, 'enter the name of the fereign country (such as a bank account, securities account, or other financial accountry).  5a Was the organization for the foreign country (such as a bank account, securities account, or other financial accounts) (FBAF).  5a Was the organization for the organization financial for the organization financial for the organization for a shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization financial for the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c Organizations that may receive deductible contributions under section 170(c).  a bill the organization for the organization for the value of the goods or services provided?  c Organizations that may receive deductible contributions under section 170(c).  a bill the organization for the form on thifty the donor of the value of the goods or services provided?  c Did the organization for notify the donor of the value of the goods or services provided?  c Did the organization for notify the donor of the value of the goods or services provided?  7c Vide the organization for secieval any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To Will be organization for secieval contribution of qualified intellectual property, did the organization file Form 8894 organization for seci	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any stable party notify the organization file Form 8888-17?  5c Did any stable party notify the organization file Form 8888-17?  5c Did not stable party notify the organization form and party for prohibited tax shelter transaction?  5c Did Tes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Tes," did the organization notify the donor of the value of the goods or services provided?  10 Did the organization receive a payment in excess of \$75 made party as a contribution of quanty or goods and services provided to the payor?  7 Tes," indicate the number of Forms 8982 filed during the year  10 Did the organization received a contribution of qualified intellectual property, did the organization free organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make any taxabile distributions under section 4966?  9 Sponsoring organization make any taxabile distributions under section 4968?  10 Did the sponsoring organizations. Enter:  10 Did the sponsoring organization make any taxabile distributions under section 4968?  11 Press,	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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bill dary taxable party notify the organization that the was or is a party to a prohibited tax shelter transaction?  50  bill dary taxable party notify the organization file Form 889617  62  63  64  65  65  65  65  65  66  66  67  68  68  69  69  69  69  69  69  69  69	b	,			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line Sa or 5b, did the organization lie Form 8886*17  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, "did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 If Yes," did the organization notify the donor of the value of the goods or services provided?  7 If Yes," indicate the number of Forms 8282 filed during the year  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds.  10 Did the sponsoring or		, , ,			77
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to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year			70	Λ	
d If "Yes," indicate the number of Forms 8282 filed during the year	С		70		Х
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		•			
	17				
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17		/_	17		
If "Yes," complete Form 6069.					

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
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ər			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct superv	/ision			-
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>I</b>	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		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?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
~	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	· .	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		OD		
5	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
	This Section B requests information about policies not required by the internal nevenue code.			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	]	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate	I I	iou		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	I	11a	Х	
b	Describe on 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	ľ	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	I	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe				
_	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?	ſ	13	Х	
14	Did the organization have a written document retention and destruction policy?	l l	14	Х	
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?				
а	The organization's CEO, Executive Director, or top management official	ľ	15a	Х	
	Other officers or key employees of the organization		15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	ľ	16b		
Sec	tion 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 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization for 6104 requires and 6104 require	ion 501(c)(3)s	onlv) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	(7,07)	,		
	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 interes		financ	cial	
	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 record	is			
	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	box	not c , unle	ss per	ition more rson is	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DIANA ORTIZ	40.00	-						1.66 400		10 401
PRESIDENT & CEO	40.00			Х				166,498.	0.	12,421.
(2) JOY MYERS	40.00	-				\		140 700	0	4 024
CHIEF DEVELOPMENT OFFICER  (3) TRACY CARNEY	40.00					X		148,789.	0.	4,934.
CHIEF FINANCIAL OFFICER	40.00	1				x		112,706.	0.	15,096.
(4) NINA TALLON	4.00									23,0301
PRESIDENT		х		х				0.	0.	0.
(5) VANDANA ALLMAN	3.00									
VICE PRESIDENT (UNTIL 1/24/23)		Х		Х				0.	0.	0.
(6) MIGUEL BUDDLE	3.00									
VICE PRESIDENT (FROM 1/24/23)		Х		Х				0.	0.	0.
(7) JULIANA YASKIN	3.00									
TREASURER		Х		Х				0.	0.	0.
(8) KATRINA JONES	3.00									
SECRETARY		Х		Х				0.	0.	0.
(9) SAIFUL AMIN	3.00									
AT-LARGE MEMBERS		Х						0.	0.	0.
(10) SARAH DEVOE	3.00	-								
AT-LARGE MEMBERS		Х						0.	0.	0.
(11) LAUREN HARNISHFEGER	3.00	-								
AT-LARGE MEMBERS		Х						0.	0.	0.
(12) CHRISTINE LEONHARDT-KIMM	3.00	ļ								•
AT-LARGE MEMBERS	2 00	Х	_			_		0.	0.	0.
(13) MELISSA MACGREGOR	3.00	١							_	•
AT-LARGE MEMBERS	1 2 00	Х						0.	0.	0.
(14) JHOANNE NUNES	3.00	٠,,							_	0
AT-LARGE MEMBERS	2 00	Х						0.	0.	0.
(15) BROOKE OBERWETTER	3.00	х						0.	0.	0
AT-LARGE MEMBERS (16) MICHELLE SAGATOV	3.00	^	$\vdash$		$\vdash$	$\vdash$		1	0.	0.
AT-LARGE MEMBERS	3.00	х						0.	0.	0.
(17) TANVI SINHA	3.00	^	$\vdash$		$\vdash$			0.	0.	<u></u>
AT-LARGE MEMBERS	3.00	х						0.	0.	0.
		122						<u> </u>	U •	Form <b>990</b> (2022)

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Part VII Section A. Officers, Directors, Trus	took WOR									, ,	023	rage
(A)	(B)	Jioy	ees,	and (C		gnes		(D)	(E)			(F)
Name and title	Average			Posi		1		Reportable	Reportable			timated
Name and title	hours per					than o		compensation	compensation	<b>1</b>		nount of
	week					or/trus		from	from related	'	l	other
	(list any	tor						the	organizations	3	l	pensation
	hours for	director				9		organization	(W-2/1099-MIS		l	om the
	related	trustee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		org	anization
	organizations	trust	lal tr		)yee	ed mo		1099-NEC)			and	d related
	below	Individual 1	Institutional trustee	-e-	Key employee	Highest compensated employee	ıer				orga	anizations
	line)	Indiv	Insti	Officer	Key 6	High	Former					
(18) JULIE WHISTON	3.00											
AT-LARGE MEMBERS		Х						0.		0.		0
(19) TODD WILLIAMS	3.00											
AT-LARGE MEMBERS		Х						0.		0.		0
(20) RENEE ALDRICH	3.00											
AT-LARGE MEMBERS		Х						0.		0.		0
		1										
1b Subtotal								427,993.		0.	3.	2,451
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0
d Total (add lines 1b and 1c)								427,993.		0.	3	2,451
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												
												Yes No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	emple	oye	e, or	hig	ghest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes.	" co	lam	ete S	Sche	edule	Ji	for such individual			4	Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	Iplete Schedule	e J f	or su	ıch c	oers	on .					5	X
Section B. Independent Contractors												
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	hat received more than \$	100,000 of comp	ensa	tion fro	om
the organization. Report compensation for	-	-										
(A)	_							(B)			(0	<del></del>
Name and business	address							Description of s	ervices	C		nsation
ALLIANTGROUP LP								ADVISORY SERV	VICES			
3009 POST OAK BLVD #2000,	HOUSTO	N,	$\mathbf{T}$	Х '	77	05	6	FOR ERC			22	0,126
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	to t	thos	se lis	ted	l above) who received mo	ore than			

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\$100,000 of compensation from the organization

Form 990 (2022) DOORWAY
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	a in this Part VIII			
		Official in Schedule O Contains a response of	Thore to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns <b>1a</b>	45,598.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ω, E	c	Fundraising events 1c	131,456.				
ifts Ir A		Related organizations 1d					
, G nila		Government grants (contributions)	3,760,380.				
ons Sir		All other contributions, gifts, grants, and					
e të	'		2,551,363.				
έĘ		similar amounts not included above 1f					
ont od (	ç	Noncash contributions included in lines 1a-1f 1g	239,516.	5 400 505			
<u>ŏ</u> <del>b</del>	r	Total. Add lines 1a-1f		6,488,797.			
			Business Code				
ě	2 a	l					
Z <	b						
am Ser evenue	c						
m Ve	c						
gra Re	e						
Program Service Revenue							
		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		155,431.			155,431.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ŀ	Less: rental expenses 6b					
		' " , '''					
		I Not rental income or (loca)					
			(ii) Other				
	/ a		(ii) Other				
		assets other than inventory 7a 1,250,433.					
	b	Less: cost or other basis					
ıπe		and sales expenses <b>7b</b> 1,200,425.					
Revenue	c	Gain or (loss) <b>7c</b> 50,008.					
Re	c	Net gain or (loss)		50,008.			50,008.
her	8 a	Gross income from fundraising events (not					
₹		including \$ 131,456. of					
		contributions reported on line 1c). See					
		Part IV, line 18	48,009.				
	r	Less: direct expenses 8b	51,084.				
		Net income or (loss) from fundraising events		-3,075.			-3,075.
				-,			2,2130
	9 8	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		· ·	Business Code				
ns	11 -	MISCELLANEOUS	900099	2,310.			2,310.
neo ue	11 6		900099	-12,455.			-12,455.
Miscellaneous Revenue	b		500055	12,433.			12,433.
Se Se	C						
Mis	C	All other revenue					
_	e	Total. Add lines 11a-11d		-10,145.			
	12	Total revenue. See instructions		6,681,016.	0.	0.	192,219.

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 respons	se or note to any line in t		(C)	<u>L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> 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	770,907.	770,907.		
3	Grants and other assistance to foreign	- <b>,</b>	,		
_	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	187,574.	103,166.	28,136.	56,272
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	3,422,107.	2,589,055.	545,007.	288,045
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	72,340.	55,377. 238,129.	11,550. 50,468.	5,413 28,869
9	Other employee benefits	317,466.	238,129.	50,468.	28,869
10	Payroll taxes	278,383.	207,821.	44,210.	26,352
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	263,213.		263,213.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	15.504		45 504	
f	Investment management fees	15,504.		15,504.	
g	` '				
	column (A), amount, list line 11g expenses on Sch 0.)	10 500	2 270		7 000
12	Advertising and promotion	10,598.	3,370.	10 (11	7,228 21,705
13	Office expenses	80,110. 184,173.	45,794.	12,611.	
14	Information technology	184,1/3.	122,309.	26,038.	35,826
15	Royalties	239,923.	203,828.	21,582.	14,513
16 17	Occupancy	5,591.	4,309.	806.	476
17	Travel	3,331.	4,303.	000.	470
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	3,386.	1,618.	208.	1,560
19 20	· · · · · · · · · · · · · · · · · ·	3,300.	1,010.	2001	1,300
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	128,786.	119,797.	4,153.	4,836
22 23	Inquirongo	43,418.	36,002.	4,380.	3,036
23 24	Other expenses. Itemize expenses not covered		22,0021	=,300.	2,000
	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.)				
2	FACILITIES MANAGEMENT	132,651.	132,651.		
b	UNCOLLECTIBLE PLEDGE	122,290.			122,290
C	MEMBERSHIP DUES & FEES	19,528.	4,285.	13,340.	1,903
d	CREDIT CARD AND WEB FEE	14,871.	,	14,871.	,
	All other expenses	32,551.	22,548.	9,640.	363
25 25	Total functional expenses. Add lines 1 through 24e	6,345,370.	4,660,966.	1,065,717.	618,687
<u> </u>	Joint costs. Complete this line only if the organization		•	• •	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

Part X | Balance Sheet

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part	х			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2,953,657.	1	2,997,920.
	2	Savings and temporary cash investments	3,591,932.	2	3,954,029.	
	3	Pledges and grants receivable, net		796,234.	3	551,157.
	4	Accounts receivable, net		4		
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B	) <u>L</u>		6	
S.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	L	16,531.	8	10,426
Ä	9	Prepaid expenses and deferred charges		75,235.	9	132,167
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 3,277 Less: accumulated depreciation 10b 1,791	,634.			
	b	Less: accumulated depreciation 10b  1,791	,498.	1,608,488.	10c	1,486,136
	11	Investments - publicly traded securities	L	1,187,910.	11	1,481,307
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11	L	1,022,447.	13	1,009,992
	14	Intangible assets	L		14	
	15	Other assets. See Part IV, line 11	12,545.	15	37,298	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		11,264,979.	16	11,660,432
	17	Accounts payable and accrued expenses	314,027.	17	352,133	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	L		21	
S	22	Loans and other payables to any current or former officer, director,				
ii ti		trustee, key employee, creator or founder, substantial contributor, or 35				
Liabilities		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third parties		1,357,495.	23	1,357,495
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	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		4 (54 500	25	1 700 600
	26	Total liabilities. Add lines 17 through 25		1,671,522.	26	1,709,628.
,		Organizations that follow FASB ASC 958, check here				
čě		and complete lines 27, 28, 32, and 33.	- 1	5 055 044		F 464 FF0
lan	27	Net assets without donor restrictions		5,966,944.	27	7,164,558.
l Ba	28	Net assets with donor restrictions	<u></u>	3,626,513.	28	2,786,246.
un		Organizations that do not follow FASB ASC 958, check here	<b>⊣</b>			
r F		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		0 500 455	31	0 050 004
Re	32	Total net assets or fund balances	<u> </u>	9,593,457.	32	9,950,804.
	33	Total liabilities and net assets/fund balances		11,264,979.	33	11,660,432.

Par	t 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)		6,68		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,34	5,3	70.
3	Revenue less expenses. Subtract line 2 from line 1	3	33	5,6	46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,59	3,4	57.
5	Net unrealized gains (losses) on investments	5	2	1,7	01.
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	9,95	0,8	04.
Pai	t 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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2022)

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#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES 54-1087829 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## 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.)

Calendar year (or fiscal year beginning in)   (a) 2018   (b) 2019   (c) 2020   (d) 2021   (e) 2022   (f) Tot include any "unusual grants.")   4370801. 5639320. 5496656. 7986893. 6488797. 299824   278						
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4.  8 Public support (of fiscal year beginning in) 7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 17 Total support. Add lines 7 through 10 18 Gross receipts from related activities, etc. (see instructions) 19 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	tal					
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subteact line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Not income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First 5 years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
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2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 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	167.					
ization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3						
or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from similar sources activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)						
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furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3						
the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources or loss from the sale of capital assets (Explain in Part VI.)  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  23 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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12 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	167.					
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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12 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						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 279890  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 4370801. 5639320. 5496656. 7986893. 6488797. 299824  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 8						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12  13 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						
amount shown on line 11, column (f) 19934  6 Public support. Subtract line 5 from line 4. 27989 C  Section B. Total Support  Calendar year (or fiscal year beginning in) 4370801. 5639320. 5496656. 7986893. 6488797. 299824  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 72,606. 57,723. 71,942. 56,692. 155,431. 414,3  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 8,5242,0522,43415,66310,14538,8  11 Total support. Add lines 7 through 10 30358 C  12 Gross receipts from related activities, etc. (see instructions) 12  13 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						
Column (f)   19934						
Section B. Total Support   Subtract line 5 from line 4   Section B. Total Support	160					
Section B. Total Support           Calendar year (or fiscal year beginning in)         (a) 2018         (b) 2019         (c) 2020         (d) 2021         (e) 2022         (f) Total Support           7 Amounts from line 4         4370801. 5639320. 5496656. 7986893. 6488797. 299824           8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.         72,606. 57,723. 71,942. 56,692. 155,431. 414,3           9 Net income from unrelated business activities, whether or not the business is regularly carried on 100 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 110 Total support. Add lines 7 through 10 112 Gross receipts from related activities, etc. (see instructions) 112 115 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						
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4370801. 5639320. 5496656. 7986893. 6488797. 299824  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  12 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	167.					
dividends, payments received on securities loans, rents, royalties, and income from similar sources	1071					
securities loans, rents, royalties, and income from similar sources  72,606. 57,723. 71,942. 56,692. 155,431. 414,3  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 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						
and income from similar sources 72,606. 57,723. 71,942. 56,692. 155,431. 414,3  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)8,5242,0522,43415,66310,14538,8  11 Total support. Add lines 7 through 10 303580  12 Gross receipts from related activities, etc. (see instructions) 12  13 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						
9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  1 Total support. Add lines 7 through 10  1 Gross receipts from related activities, etc. (see instructions)  1 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	394					
activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 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	<u> </u>					
business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  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						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  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						
or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 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						
assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  12  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						
11 Total support. Add lines 7 through 10 303580  12 Gross receipts from related activities, etc. (see instructions)  13 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	21.0					
Gross receipts from related activities, etc. (see instructions)  12  13 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						
13 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	743.					
organization, check this box and stop here						
Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 92.20	) 06					
, , ,						
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test - 2021. 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	. Ш					
17a 10% -facts-and-circumstances test - 2022. 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	Ш					
<b>b 10% -facts-and-circumstances test - 2021.</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						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  Schedule A (Form 990)						

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 (e) 2022 Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 ...... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ..... c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2019 Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020(d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... Total support. (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 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage from 2021 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. 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

232023 12-09-22

b 33 1/3% support tests - 2021. 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 on line 12 of 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

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

	Yes	No
1		
2		
_		
За		
3b		_
3с		
4a		
4b		
4c		
5a		_
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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

232025 12-09-22

Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ction D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
_6	Other distributions (describe in Part VI). See instructions.			6			
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022		
_1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>_i</u>	Carryover from 2017 not applied (see instructions)						
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7:						
	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2022 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						

Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

# Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

54-1087829

Name of the organization

**Employer identification number** 

INC.

DOORWAYS FOR WOMEN AND FAMILIES Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

Name of organization Employer identification number

# DOORWAYS FOR WOMEN AND FAMILIES, INC.

54-1087829

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>1,494,372.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$642,030.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 281,581.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 208,757.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$139,050.	Person X Payroll

Schedule B (Form 990) (2022) Page

Name of organization Employer identification number

DOORWAYS	FOR	WOMEN	AND	FAMILIES,	INC.
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54-1087829

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
7		\$ 909,641.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# DOORWAYS FOR WOMEN AND FAMILIES, INC.

54-1087829

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

Name of organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES, 54-1087829 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

**Employer identification number** 54-1087829

Par	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					
		(a) Donor advised fur	nds (	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 v	vriting that the assets held in	donor advised fund	ds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant fu	ınds can be used o	nly		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any oth	ner purpose conferri	ing		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on	Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	tion or education) Pre	eservation of a histo	orically important land area		
	Protection of natural habitat	Pre	eservation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution	in the form of a cor			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru	. ,		2c		
d	Number of conservation easements included in (c) acquired a	· · · · · · · · · · · · · · · · · · ·				
				2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termin	nated by the organi	zation during the tax		
	year					
4	Number of states where property subject to conservation eas	·				
5	Does the organization have a written policy regarding the peri		-			
_	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and en	torcing conservatio	n easements during the year		
7	Amount of company incomed in manitoring inspecting bands	ling of violetions, and enforcin		accounts during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	ng conservation eas	sements during the year		
8	Does each conservation easement reported on line 2(d) above	a caticfy the requirements of	section 170/b)/4)/P)	(1)		
0						
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation					
3	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.	ote to the organization 3 linar	iciai statements trie	at describes the		
Par		Art, Historical Treasu	res, or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form		•			
1a	If the organization elected, as permitted under FASB ASC 958		statement and bala	ance sheet works		
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	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					
	provide the following amounts relating to these items:	,		,		
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1			\$		
b	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022		

Schedule D (Form 990) 2022

Sched	lule D (Form 990) 2022	DOORWAYS FOR	WOMEN	AND I	<u>'AMILIES,</u>	INC.	54-1087829 Page
Part		Other Securities.					
		anization answered "Yes" o	n Form 990, I	Part IV, line	_		
<b>(a)</b> D	escription of security or categ	Ory (including name of security)	(b) Book	value	(c) Metho	d of valuation: (	Cost or end-of-year market value
( <b>1</b> ) Fir	nancial derivatives						
(2) CI	osely held equity interests						
(3) Ot	ther						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total.	(Col. (b) must equal Form 990	, Part X, col. (B) line 12.)					
Part	VIII Investments - I	_					
		anization answered "Yes" o					
	(a) Description of		(b) Book	value	(c) Metho	d of valuation: (	Cost or end-of-year market value
(1)							
(2)	CAMERON COMMO	ONS, LLC	1,00	9,992	• END-O	F-YEAR M	ARKET VALUE
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(Col. (b) must equal Form 990	, Part X, col. (B) line 13.)	1,00	9,992			
Part							
	Complete if the orga	anization answered "Yes" o		Part IV, line	e 11d. See Form	990, Part X, lin	
		(a) D	escription				(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. Part	(Column (b) must equal Fo	rm 990, Part X, col. (B) line	<u>15.)</u>				
ı arı		anization answered "Yes" o	n Form 990, I	Part IV, line	e 11e or 11f. See	Form 990, Par	t X, line 25.
1.		escription of liability		,			(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·					.,
(2)							
(3)							
(4)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2022

(5) (6) (7) (8) (9)

#### PART X, LINE 2:

FOR THE YEAR ENDED JUNE 30, 2023, 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.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 DOORWAYS FOR WOMEN AND FAMILIES, INC.	54-108/829 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES INCLUDED IN EXPENSES ON	51,084.
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	51,084.
THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST	
EVENT INCOME ON FORM 990, PART VIII, LINE 8B.	
	_

### **SCHEDULE G** (Form 990)

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 54-1087829 DOORWAYS FOR WOMEN AND FAMILIES Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

Γot	al			
3	List all states in which the organization is registered or licensed to solicit contributions or licensing.	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990) 2022

			S FOR WOMEN			
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or fundraising event contributions and gr	(a) Event #1 OPEN HEARTS OPEN DOORS (event type)	(b) Event #2	(c) Other events  NONE  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	179,465.	(event type)	(coral name of )	179,465.
	2	Less: Contributions	131,456.			131,456.
	3	Gross income (line 1 minus line 2)	48,009.			48,009.
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	30,941.			30,941.
	8 9	Entertainment Other direct expenses	00 110			20,143.
		Direct expense summary. Add lines 4 through				51,084.
Pa	11 rt l	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990 Part IV line 19 or a	reported more than	-3,075.
		\$15,000 on Form 990-EZ, line 6a.	answered res erri erri	000,1 are 10, 1110	roported more than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	_	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-	108782	9 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	<del></del>
		100	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	News		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		L No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	' -		
			-
	Director/officer Employee Independent contractor		
	bliector/officer Employee midependent contractor		
	Mandatory distributions:		
а	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· L Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	· · · · · · · · · · · · · · · · · · ·		

Schedule Gifform 800 DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 Page 4  Part IV Supplemental Information (continued)  Part IV Supplemental Information (continued)	Schedule G	(Form 990)	DOOR	WAYS	FOR	WOMEN	AND	FAMILIES,	INC.	54-1087829	Page 4
	Part IV	Supplemental Infor	mation	(continue	ed)						
	-			•							
	-										
	-										

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection

> Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

s' eligibility for the grants or assistance, and the selectic si f the organization answered "Yes" on Form 990, Part nount of valuation (book, Pancash Stance FMV, appraisal, other)	Assistance  and Assistance is monitoring the use of grant funds in the United States.  Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 55,000. Part II can be duplicated if additional space is needed.  (if applicable) cash grant assistance assista	EM AND FAMILLES, INC.  e  the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selectic panizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part can be duplicated if additional space is needed.  (c) IRC section (d) Amount of (e) Amount of (if applicable) cash grant assistance other)  (d) Amount of (e) Amount of (if applicable) cash grant assistance other)
mount of the grants or assistance, the grantees' eligibility for the grants or assistance and Domestic Governments. Complete if the organization answered "Yestuplicated if additional space is needed.  (c) IRC section cash grant cash grant assistance cash grant cash grant cash grant assistance cash grant cash grant cash grant assistance cash grant cash grant cash grant cash grant assistance cash grant cas	FOR WOMEN AND FAMILIES, INC.  Ind Assistance  o substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistations or an amount of the grant funds in the United States.  Coedures for monitoring the use of grant funds in the United States.  Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes, 50.00. Part II can be duplicated if additional space is needed.  (if applicable)	DOORWAYS FOR WOMEN AND F rmation on Grants and Assistance on maintain records to substantiate the amount of urd the grants or assistance? The organization's procedures for monitoring the us Sther Assistance to Domestic Organizations and received more than \$5,000. Part II can be duplicat ass of organization  (b) EIN (if appl)
mount of the grants or assistance, the grantees' eligibility from the use of grant funds in the United States.  ions and Domestic Governments. Complete if the organ equiplicated if additional space is needed.  (c) IRC section (d) Amount of noncash (if applicable) cash grant assistance	FOR WOMEN AND FAMILIES, INC.  Ind Assistance o substantiate the amount of the grants or assistance, the grantees' eligibility fance?  Coedures for monitoring the use of grant funds in the United States.  Domestic Organizations and Domestic Governments. Complete if the organison. Part II can be duplicated if additional space is needed.  (b) EIN (c) IRC section (d) Amount of noncash assistance assistance	DOORWAYS FOR WOMEN AND F  rmation on Grants and Assistance on maintain records to substantiate the amount of  urd the grants or assistance?  the organization's procedures for monitoring the us  the organization's procedures for monitoring the us  the organization's procedures for monitoring the us  the organization (b) EIN (c) IRC  imment (f) appliable  (f) applia
mount of the grants or assistance, the grant of the grant funds in the United ions and Domestic Governments. Cost duplicated if additional space is neede (c) IRC section (if applicable) cash grant (if applicable)	rod Assistance o substantiate the amount of the grants or assistance, the grance? coedures for monitoring the use of grant funds in the United Domestic Organizations and Domestic Governments. Co 55,000. Part II can be duplicated if additional space is neede (if applicable)  (b) EIN (c) IRC section (d) Amount of (if applicable)	rmation on Grants and Assistance on maintain records to substantiate the amount of urd the grants or assistance?  The organization's procedures for monitoring the us suffer Assistance to Domestic Organizations and received more than \$5,000. Part II can be duplicated assortions of organization (b) EIN (if application) and the contraction (c) IRC (if application) and the contraction (d) EIN (if application) and the contraction (d) EIN (if application) and the contraction (d) EIN (if application) and the contraction (if applic
mount of the grants of the use of grant fions and Domestic duplicated if addition (if applicable)	FOR WOMEN AND FAMILIE  nd Assistance o substantiate the amount of the grants of tance?  cedures for monitoring the use of grant formestic Organizations and Domestic Sc,000. Part II can be duplicated if additic (b) EIN (c) IRC section (if applicable)	mation on Grants and Assistance on maintain records to substantiate the amount of and the grants or assistance?  The organization's procedures for monitoring the use the Assistance to Domestic Organizations and received more than \$5,000. Part II can be duplicated organization  (b) EIN  (if appl)
	nd Assistance o substantiate the a tance?	ormation on Grants and Assistance strong and Assistance attion maintain records to substantiate the a vard the grants or assistance?  Other Assistance to Domestic Organization streewed more than \$5,000. Part II can by summent  (b) EIN

Page 2

54-1087829

Schedule I (Form 990) 2022 DOORWAYS FOR WOMEN AND FAMILIES, INC.

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	315	•0	.706,077	EAIR MARKET VALUE	RENT, FOOD, MEDICAL, CLOTHING, TRANSPORTATION
Part IV Supplemental Information. Provide the information required in		2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION PAYS EXPENSES DIRECTLY		THIRD PART	TO THIRD PARTIES ON BEHALF OF	ALF OF	
CLIENTS, OR PROVIDES FOOD AND/OR CLOTHING		DIRECTLY TO	CLIENTS IN	N ITS	
SHELTERS.					

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number 54-1087829

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			ļ.,
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			177
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DIANA ORTIZ	(5)	166,498.	0	0	6,660.	5,761.	178,919.	0
PRESIDENT & CEO	(ii)		0.	0	0	0.		0
(2) JOY MYERS	(i)	148,789.	• 0	0.	4,464.	470.	153,723.	0
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0	0	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(E)							
	(ii)							
	(i)							
	⊞							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(E)							
	(iii							
	Ξ							
	Œ.							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	Œ.							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2022

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

DOORWAYS FOR WOMEN AND FAMILIES INC. Employer identification number 54-1087829

Par	ti Ty	pes of Property						
			(a)	(b)	(c)	(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	ntc.
			арріісаріе		Form 990, Part VIII, line 1g	Tioricasii contribu	tion amoun	11.5
1	Art - Work	s of art						
2		rical treasures						
3		onal interests						
4		l publications						
5	Clothing a	nd household goods	X		94,717.	FAIR MARKET	VALUE	1
6		other vehicles						
7		planes						
8		l property						
9		- Publicly traded	X	10	94,869.	FAIR MARKET	VALUE	1
10	Securities	- Closely held stock						
11	Securities	- Partnership, LLC, or						
	trust intere	ests						
12		- Miscellaneous						
13	Qualified of	conservation contribution -						
	Historic st							
14		conservation contribution - Other						
15		e - Residential						
16		e - Commercial						
17		e - Other						
18		s						
19		ntory						
20		medical supplies						
21								
22		artifacts				<del>                                     </del>		
23		specimens						
24 25		ical artifacts (GIFT CARDS )	Х	200	/9 930	FAIR MARKET	772 T.IIE	,
26	Other	• ———		200	45,550.	IMIN IMINI	VALUE	<u>.                                      </u>
20 27	Other	()						
28	Other	()						
29		Forms 8283 received by the organi	zation during	the tax vear for co	ontributions			
		the organization completed Form 82	•				0	)
		0.944	, .				Yes	No
30a	During the	year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it		
		for at least 3 years from the date of						
		rposes for the entire holding period	_		,		30a	Х
b		escribe the arrangement in Part II.						
31		organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribut	tions?	31 X	
32a	Does the o	organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributio	ons?					32a	X
b	If "Yes," d	escribe in Part II.						
33	If the orga	nization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is chec	cked,		
	describe ir	n Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule	M (Form 990	)) 2022 DOC	DRWAYS F	OR WOM	EN AND	FAMILIES,	, INC.	54-1087829	Page 2
Part II	Supple	mental Info	rmation. Pr	ovide the info	ormation req	uired by Part I, line	es 30b, 32b, and	l 33, and whether the organiza ombination of both. Also com	ition
	is reportii	ng in Part I, col for any additior	umn (b), the nu nal information	imber of cont	tributions, th	e number of items	received, or a c	ombination of both. Also com	plete
	tillo parti		iai ii ii oi i ii atioi i.						
COLLED		D. D. D. T.	201 IDD	· (D)					
SCHED	ULE M,	PART I,	COLUMN	(B):					
MIIT C	COT TIME	DEDODEC	, WILL PLIE	יים מיזמיים		TRIMTONG			
THIS	COLUMN	REPORTS	THE NU	MBER OF	CONTI	RIBUTIONS.			
-									
-									
-									
			<u> </u>	<u></u>	<u> </u>		<u> </u>		

232142 09-09-22

### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES INC.

Employer identification number 54-1087829

DOORWAYS FOR WOMEN AND FAMILIES, INC.   54-106/629
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVICES INCLUDING SAFE SHELTER, HOUSING, AND LIFE-CHANGING SUPPORT TO
INDIVIDUALS AND FAMILIES EXPERIENCING THE TRAUMAS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT, AND HOMELESSNESS. AS ARLINGTON'S ONLY FULLY
STATE-ACCREDITED SERVICE PROVIDER FOR SURVIVORS OF INTIMATE PARTNER
VIOLENCE, DOORWAYS OFFERS A WIDE RANGE OF CRISIS RESPONSE SERVICES AND
A VARIETY OF COMPREHENSIVE PROGRAMS IN THE COMMUNITY.
IN FISCAL YEAR 2023, DOORWAYS CONTINUED NAVIGATING THE LONG-TERM
FINANCIAL AND SOCIAL IMPACTS OF THE COVID-19 PANDEMIC, SEEING A RECORD
NUMBER OF INDIVIDUALS AND FAMILIES IN NEED OF IMMEDIATE SUPPORT.
DOORWAYS' PROGRAMS COMBINED REACHED OVER 2,191 INDIVIDUALS (ADULTS,
YOUTH, AND CHILDREN) PLUS 956 YOUTH AND ADULTS WHO ATTENDED PREVENTION
AND EDUCATIONAL SESSIONS. TOGETHER, THESE PROGRAMS OFFER A RANGE OF
OPTIONS AND A CONTINUUM OF HELP FOR PERSONS AS THEY MOVE FROM CRISIS TO
SAFETY AND STABILITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
STABILITY IN NAVIGATING THE DIFFERENT AVENUES AND LEGAL PATHWAYS,
INCLUDING SAFETY PLANNING.
DURING FY23, DOORWAYS SUPPORTED CLIENTS IN CRISIS IN THE FOLLOWING
WAYS:
- DOORWAYS' 24-HOUR DOMESTIC AND SEXUAL VIOLENCE HOTLINE ANSWERED 1,411
- DOORWAYS' 24-HOUR DOMESTIC AND SEXUAL VIOLENCE HOTLINE ANSWERED 1,411

CRISIS CALLS, INCLUDING 1,218 WHERE DOORWAYS ADVOCATES PROVIDED SAFETY

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 PLANNING AND CRISIS SUPPORT FOR ADULTS AND CHILDREN EXPERIENCING DOMESTIC AND/OR SEXUAL VIOLENCE. DOORWAYS' TRAINED VOLUNTEERS AND STAFF PROVIDED 29 HOSPITAL ACCOMPANIMENTS FOR FORENSIC EXAMS FOR BOTH SEXUAL AND DOMESTIC VIOLENCE. - DOORWAYS' SAFEHOUSE PROGRAM PROVIDED EMERGENCY SHELTER FOR 135 PEOPLE (64 ADULTS AND 71 CHILDREN) IN 62 HOUSEHOLDS, A RECORD HIGH THROUGHOUT DOORWAYS' HISTORY. - 90% OF SAFEHOUSE HOUSEHOLDS WHO DISCLOSED THEIR DESTINATION (ALL BUT 5) BROKE THE CYCLE OF VIOLENCE AND DID NOT RETURN TO ABUSIVE LIVING SITUATIONS POST-SHELTER EXIT. THE COURT ADVOCACY PROGRAM ASSISTED 400 INDIVIDUALS (240 ADULTS AND 160 CHILDREN) WITH SERVICES TO OBTAIN LEGAL PROTECTIVE ORDERS, CHILD SUPPORT, CUSTODY PETITIONS, AND OTHER COURT JUDGEMENTS.

THE MOBILE ADVOCACY PROGRAM SUPPORTED 50 ADULTS IN THE COMMUNITY WITH

SAFETY PLANNING, PSYCHOEDUCATION, AND CASE MANAGEMENT TO INCREASE THEIR SAFETY, HOUSING STABILITY, AND IMPROVE THEIR ACCESS TO COMMUNITY RESOURCES.

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

- OF THE FAMILIES EXITING HOMESTART, 97% (ALL BUT 1) MAINTAINED THEIR

HOUSING AT PROGRAM EXIT.

Schedule O (Form 990) 2022 Name of the organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 - 93% OF HOUSEHOLDS EXITING HOMESTART WERE ABLE TO MEET THEIR BASIC FINANCIAL NEEDS.

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

REVIVE DOMESTIC AND SEXUAL VIOLENCE COUNSELING PROGRAM: REVIVE, DOORWAYS' COMMUNITY-BASED COUNSELING PROGRAM, PROVIDES TRAUMA-FOCUSED MENTAL HEALTH COUNSELING, CRISIS INTERVENTION, SAFETY PLANNING, AND ADVOCACY SERVICES FOR CLIENTS OF ALL AGES. SERVICES ARE FREE, CONFIDENTIAL, AND OFFERED IN MULTIPLE LANGUAGES.

IN FY23, REVIVE IMPACTED CLIENTS IN THE FOLLOWING WAYS:

- REVIVE PROVIDED SUPPORTIVE COUNSELING AND SAFETY PLANNING FOR 236 PEOPLE (193 ADULT SURVIVORS AND 43 CHILDREN AND TEENS).
- REVIVE THERAPISTS PROVIDED 2,322 INDIVIDUAL THERAPY SESSIONS AND 73 SUPPORT GROUP SESSIONS.
- OF REVIVE CLIENTS SURVEYED, 98% REPORTED INCREASED UNDERSTANDING AND KNOWLEDGE OF THE IMPACT OF TRAUMA AND DOMESTIC VIOLENCE/SEXUAL ASSAULT, AND 92% REPORTED THAT THEY HAVE LEARNED COPING SKILLS TO MANAGE SYMPTOMS RELATED TO TRAUMA.

EXPENSES \$ 683,402. INCLUDING GRANTS OF \$ 23,432. REVENUE \$ 0.

### PREVENTION PROGRAM:

BASED ON THE PRIMARY PREVENTION FRAMEWORK, DOORWAYS' PREVENTION EFFORTS AIM TO CHANGE THE SOCIAL NORMS THAT TOLERATE AND PERPETUATE VIOLENCE VIA MEANINGFUL OUTREACH AND PREVENTION CURRICULA DEVELOPED FOR YOUTH OF HISTORICALLY OPPRESSED AND MARGINALIZED GROUPS AT INDIVIDUAL, COMMUNITY, AND SOCIETAL LEVELS. THE GOAL IS TO CREATE A CULTURE WHERE EVERYONE HAS THE TOOLS TO BUILD HEALTHY RELATIONSHIPS BASED ON RESPECT

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 EQUALITY, AND SAFETY. BY INCREASING PROTECTIVE FACTORS IN YOUTH AND FUTURE GENERATIONS, AND BY CHALLENGING SOCIETAL NORMS, DOORWAYS IS PART OF CREATING A CULTURE THAT SERVES TO PREVENT SEXUAL AND INTIMATE PARTNER VIOLENCE BY ENSURING EVERYONE HAS THE TOOLS TO BUILD HEALTHY RELATIONSHIPS. DURING FY23, THE PREVENTION AND OUTREACH PROGRAM IMPACTED THE COMMUNITY IN THE FOLLOWING WAYS: - THE PREVENTION AND OUTREACH TEAM FACILITATED 82 COMMUNITY WORKSHOPS AND EVENTS, EDUCATING 956 INDIVIDUALS IN THE ARLINGTON AREA ON TOPICS THAT SUPPORT THE DEVELOPMENT OF HEALTHY RELATIONSHIPS. EXPENSES \$ 179,417. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. COMMUNITY ENGAGEMENT: IN FY23, DOORWAYS ENGAGED IN VIRTUAL AND IN-PERSON EFFORTS AIMED AT EDUCATING OUR COMMUNITY ABOUT HOMELESSNESS, DOMESTIC VIOLENCE, AND SEXUAL ASSAULT, AND DOORWAYS' RESPONSE. THESE EFFORTS CAN BE CATEGORIZED INTO A FEW KEY AREAS: - COMMUNITY OUTREACH PRESENTATIONS DOORWAYS' STAFF REACHED MORE THAN 2,428 PEOPLE. GENERAL INFORMATION SESSIONS DOORWAYS HOSTED 15 SESSIONS WHICH WERE ATTENDED BY 146 ADULTS. - VOLUNTEER TRAINING DOORWAYS PROVIDED 585 HOURS OF TRAUMA-INFORMED TRAINING ON DOMESTIC VIOLENCE, SEXUAL ASSAULT, HOMELESSNESS, AND SERVICE DELIVERY. DOORWAYS ENGAGED AN ONLINE COMMUNITY, INCLUDING EMAIL SUBSCRIBERS,

FACEBOOK, X (FORMERLY KNOWN AS TWITTER), AND INSTAGRAM FOLLOWERS OF

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 15,285 PEOPLE (TOTAL AS OF THE END OF FY23; PLEASE NOTE THAT THERE MAY BE DUPLICATED CONTACTS IN THIS FIGURE, E.G. SOMEONE WHO FOLLOWS US ON X (FORMERLY KNOWN AS TWITTER) MAY ALSO SUBSCRIBE TO OUR EMAILS). DOORWAYS CONTENT ALSO REACHED ADDITIONAL COMMUNITY MEMBERS ACROSS PLATFORMS: - FACEBOOK REACH - THE ESTIMATED NUMBER OF PEOPLE WHO SAW ANY CONTENT FROM OUR PAGE OR ABOUT OUR PAGE - 69,465. - INSTAGRAM REACH - THE ESTIMATED NUMBER OF UNIQUE ACCOUNTS THAT SAW ANY OF OUR POSTS OR STORIES AT LEAST ONCE - 23,238. - X (FORMERLY KNOWN AS TWITTER) IMPRESSIONS - THE NUMBER OF TIMES USERS SAW OUR POSTS ON X (FORMERLY KNOWN AS TWITTER) - 23,760. EXPENSES \$ 78,638. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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

ALL STAFF AND VOLUNTEERS MUST DISCLOSE ANY INTEREST IN A TRANSACTION OR

DECISION WHERE THEY (INCLUDING THEIR BUSINESSES OR OTHER NONPROFIT

AFFILIATIONS), THEIR FAMILIES AND/OR THEIR SIGNIFICANT OTHERS, EMPLOYERS,

OR CLOSE ASSOCIATES WILL RECEIVE BENEFITS OR GAINS.

INTEREST FORM.

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number
54-1087829

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 OUESTION.

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. THE BOARD OF DIRECTORS

WILL DISCUSS THE PRESIDENT & CEO'S PERFORMANCE BASED ON INPUT FROM STAFF

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 IN MAY 2023 FOR THE CURRENT PRESIDENT &

CEO.

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

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 STAFF

ACCOUNTANT. THE FORM REFLECTS THE OLD PAY RATE, THE NEW PAY RATE, ANY OTHER

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization  DOORWAYS FOR WOMEN AND FAMILIES, INC.	Employer identification number 54-1087829
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,O	R,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 AD	DITION, THE
FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES IN	CLUDING CONFLICT
OF INTEREST, CAN BE OBTAINED BY CONTACTING DOORWAYS ADMINI	STRATIVE OFFICE.
	_

# SCHEDULE R (Form 990)

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

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

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Open to Public Inspection

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

Attach to Form 990.

Employer identification number 54-1087829

(g) Section 512(b)(13) controlled ŝ entity? OORWAYS FOR WOMEN & Direct controlling Yes 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. 723,076. FAMILIES, INC. Direct controlling entity End-of-year assets status (if section 501(c)(3)) Public charity -16,236. Total income Exempt Code ਰ section ছ Legal domicile (state or Legal domicile (state or foreign country) foreign country) /IRGINIA COMMONS APARTMENTS TO USE TO PURCHASE THE CAMERON Primary activity Primary activity BY CLIENTS Name, address, and EIN (if applicable) DOORWAYS CAMERON, LLC - 26-2832867 Name, address, and EIN of related organization of disregarded entity 2704 NORTH PERSHING DRIVE ARLINGTON, VA 22201 Part II

Schedule R (Form 990) 2022

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INC. DOORWAYS FOR WOMEN AND FAMILIES, Schedule R (Form 990) 2022

54-1087829

Page 2

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

(k)	General or Percentage managing ownership partner?									
(i)	neral or anaging artner?	Yes								
(1)	Code V-UBI Ge amount in box	K-1 (Form 1065) Ye								
	rtionate ons?									
Ð	Disproportionate allocations?	Yes No								
(6)	Share of end-of-year	dssels								
	Share of total income									
(e)	Predominant income (related, unrelated,	sections 512-514)								
(p)	Direct controlling entity									
(၁)	Legal domicile (state or	toreign country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

ı			_		1		l		l		1	
=	E 100	Section 512(b)(13) controlled entity?	No									
	0	512 0	Yes									
3	=	Percentage ownership										
(5)		of ear	googo									
9	Ξ	Share of total income										
(6)	2	ling Type of entity Sha (C corp, S corp,	0 11931)									
3	3	Direct control entity										
3		Legal domicile (state or foreign	country)									
(4)	(2)	Primary activity										
	(F)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2022

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.

1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	×			1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<del>1</del> 0	
c Gift, grant, or capital contribution from related organization(s)				2	
d Loans or loan guarantees to or for related organization(s)				14	
				1e	
f Dividends from related organization(s)				1	
g Sale of assets to related organization(s)				1g	
Purchase of assets from related organization(s)				1h	
				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
				:	
				¥	
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				두	_
o Sharing of paid employees with related organization(s)				9	
p Reimbursement paid to related organization(s) for expenses				<del>1</del> 0	
q Reimbursement paid by related organization(s) for expenses				19	
r Other transfer of cash or property to related organization(s)				+	
s Other transfer of cash or property from related organization(s)				18	
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.	ho must complete th	s line, including covered r	elationships and transaction thresholds.		
<b>(a)</b> Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
3					
(2)					
(3)					
(4)					
(5)					
(b) 232163 09-14-22			Scheduk	Schedule R (Form 990) 2022	) 2022

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

(h) (i) v. Code V-UBI General or Percentage funcations? of Schedule K-1 partner? Ownership Ves No (Form 1065) Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. end-of-year Share of assets Share of income total (e) Are all partners sec. 501(c)(3) orgs.? Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ Legal domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of entity (a)

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Schedule R (Form 990) 2022

Schedule R	R (Form 990) 2022	DOORWAYS	FOR	WOMEN	AND	FAMILIES,	INC.	54-1087829	Page 5
Part VII	R (Form 990) 2022  Supplemental Inf	ormation							
	Provide additional info		to ques	tions on Sc	hedule F	R. See instructions.			
		•	•						
-									
1									

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public Inspection
n number

A F	or the	2022 calendar year, or tax year beginning $$ JUL $1,$ $2022$ and en	nding J	UN 30, 2023	
<b>B</b> (a	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	DOORWAYS FOR WOMEN AND FAMILIES, INC.			
	Name change			54-10878	29
	Initial return		oom/suite	E Telephone number	
	∃Final return/		00	(703)504	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	7,932,525.
	Ameno return	ARLINGION, VA 22203		H(a) Is this a group re	
	Application pendin	F Name and address of principal officer: DIANA ORTIZ		for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	1	list. See instructions
	Vebsit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year o	of formation: 1978 N	1 State of legal domicile: VA
Pa	art I	Summary	. D	TT TTM 1	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE PA	ART I	II, LINE I.	
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	80
Viţi	6	Total number of volunteers (estimate if necessary)		6	121
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ō	8	Contributions and grants (Part VIII, line 1h)		7,986,893.	6,488,797.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,679.	205,439.
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-30,616.	-13,220.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,983,956.	6,681,016.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		812,862.	770,907.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,449,626.	4,277,870.
Expenses	I	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
ă	I	Total fundraising expenses (Part IX, column (D), line 25) 618,687		004 601	1 006 500
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		984,621.	1,296,593.
	l .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,247,109.	6,345,370.
		Revenue less expenses. Subtract line 18 from line 12		2,736,847.	
Net Assets or				ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		11,264,979.	11,660,432.
et A	21	Total liabilities (Part X, line 26)		1,671,522. 9,593,457.	1,709,628. 9,950,804.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,333,431.	9,930,004.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules ar	nd etateme	inter and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			knowledge and beller, it is
ii uo,	001100	Gaile complete. Declaration of proparer (other than officer) is based on an information of which	η ρισραισι ι	nas any knowleage.	
Sigi	n	Signature of officer		Date	
Her		DIANA ORTIZ, PRESIDENT & CEO			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN
Paid		RICHARD J. LOCASTRO, CPA		if self-employ	P00288314
	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN			2-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
	•	BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		,	X Yes No
		LIIA For Penerusuk Peduation Act Notice and the concrete instructions			Farm 990 (2022)

Pa	rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  DOORWAYS FOR WOMEN AND FAMILIES CREATES PATHWAYS OUT OF HOMELESSNESS,
	DOMESTIC VIOLENCE AND SEXUAL ASSAULT LEADING TO SAFE, STABLE AND
	EMPOWERED LIVES.
	DOORWAYS IS A COMMUNITY-BASED NONPROFIT PROVIDING TRAUMA-INFORMED
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,814,115. including grants of \$342,053. ) (Revenue \$)
	DOMESTIC AND SEXUAL VIOLENCE CRISIS SUPPORT PROGRAM: AS ARLINGTON'S
	ONLY DUALLY ACCREDITED SERVICE PROVIDER, DOORWAYS' EMERGENCY RESPONSE
	FOR SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT INCLUDE THE
	SAFEHOUSE PROGRAM, AN EMERGENCY SHELTER RESPONSE COMPRISED OF
	CONGREGATE AND NON-CONGREGATE FACILITIES SERVING INDIVIDUALS AND
	FAMILIES, PLUS SUPPORT SERVICES. DOORWAYS OPERATES ARLINGTON COUNTY'S
	ONLY 24-HOUR DOMESTIC AND SEXUAL VIOLENCE HOTLINE OFFERING 24/7 CRISIS
	COUNSELING, SAFETY PLANNING, SUPPORT, INFORMATION, AND REFERRALS EVERY
	DAY OF THE YEAR, ALONG WITH THE HOSPITAL ACCOMPANIMENT RESPONSE PROGRAM
	(HARP) FOR SURVIVORS SEEKING FORENSIC EXAMS FOR DOMESTIC VIOLENCE
	AND/OR SEXUAL ASSAULT. IN ADDITION, COMMUNITY-BASED PROGRAMS SUCH AS
	MOBILE ADVOCACY AND COURT ADVOCACY SUPPORT PERSONS SEEKING SAFETY AND
4b	(Code:) (Expenses \$939,079. including grants of \$72,111. ) (Revenue \$)  FAMILY HOME: DOORWAYS 22-BED FAMILY HOME PROVIDES EMERGENCY SHELTER,
	SKILL-BUILDING OPPORTUNITIES, REFERRALS, AND SUPPORTIVE CASE
	MANAGEMENT, COUNSELING, AND GOAL PLANNING SERVICES FOR FAMILIES AND
	YOUNG ADULTS (18-24) EXPERIENCING HOMELESSNESS FOR REASONS BEYOND
	DOMESTIC VIOLENCE. DURING THEIR STAY, YOUTH AND FAMILIES ARE SUPPORTED
	IN DEVELOPING AND ACHIEVING GOALS TOWARD HOUSING, TRAUMA RECOVERY, AND
	SUSTAINED STABILITY.
	IN FY23, THE FAMILY HOME IMPACTED CLIENTS IN THE FOLLOWING WAYS:
	- THE FAMILY HOME SHELTERED 77 PEOPLE (35 ADULTS AND 42 CHILDREN) IN 33
	FAMILIES.
	- 92% OF HOUSEHOLDS (ALL BUT 2) OBTAINED PERMANENT HOUSING
4c	(Code:) (Expenses \$
	HOMESTART SUPPORTIVE HOUSING PROGRAM: TO SUPPORT FAMILIES IN EXITING
	SHELTER (SAFEHOUSE OR FAMILY HOME PROGRAMS), DOORWAYS' HOMESTART
	SUPPORTIVE HOUSING PROGRAM OFFERS RAPID REHOUSING AND LONG-TERM
	SUPPORTIVE HOUSING FOR INDIVIDUALS AND FAMILIES WHO NEED ASSISTANCE TO
	LEAVE SHELTER AND OBTAIN SAFE HOUSING OF THEIR OWN. HOMESTART OFFERS
	RESIDENTIAL STABILITY (THROUGH RENTAL SUBSIDIES) AND INTENSIVE SUPPORT
	FOCUSED ON SKILL-BUILDING, CASE MANAGEMENT, AND SAFETY PLANNING TO
	PREVENT THE RECURRENCE OF HOMELESSNESS AND DOMESTIC VIOLENCE.
	TV TVO2 - VOVEGENDE TVD3 GEED OF TENERS
	IN FY23, HOMESTART IMPACTED CLIENTS IN THE FOLLOWING WAYS:
	- HOMESTART HOUSED AND SUPPORTED 129 PEOPLE (59 ADULTS AND 70 CHILDREN)
	IN 51 HOUSEHOLDS.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 941,457. including grants of \$ 23,432.) (Revenue \$ )  Total program service expenses 4,660,966.
4e	Iotal program service expenses 4,000,300.

232002 12-13-22

### Part IV | Checklist of Required Schedules

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

				T
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	, , ,	23	х	
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		,,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b> </b> ₩
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		35a		122
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
-		36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5,		<u></u>
	Note: All Form 990 filers are required to complete Schedule O	38	Х	

	Check it Schedule O contains a response of note to any line in this Part v									
					Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?			1c	Х					
32004	12-13-22			Form	990	(2022)				

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 80								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		_X_					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		77						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		7.7					
	to file Form 8282?	7c		X					
d	,	7e		X					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?      Did the organization during the year, pay promiume directly or indirectly, on a personal benefit contract?								
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  N/A	8							
9	sponsoring organization have excess business holdings at any time during the year?  N/A  Sponsoring organizations maintaining donor advised funds.	0							
а	N/A	9a							
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b							
10	Section 501(c)(7) organizations. Enter:	UD							
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders N/A 11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.7					
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.			v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
47	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17							
	If "Yes," complete Form 6069.								

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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				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 16							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
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?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7				
	taxable entity during the year?	16a		X				
b	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							
800	exempt status with respect to such arrangements? tion C. Disclosure	16b						
17 10	List the states with which a copy of this Form 990 is required to be filed  SEE SCHEDULE O  Section 6104 requires an experimental process of the states with which a copy of this Form 990 is required to be filed.	onle)	0) (2:1-1	ole.				
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):	only)	avalla	oie				
	for public inspection. Indicate how you made these available. Check all that apply.    X   Own website   X   Apothor's website   X   Upon request   Other (							
10	X Own website X Another's website X Upon request Other (explain on Schedule O)	l finar	oial					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ımanı	Jiai					
20	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DIANA ORTIZ	40.00	-						1.66 400		10 401
PRESIDENT & CEO	40.00			Х				166,498.	0.	12,421.
(2) JOY MYERS	40.00	-				\		140 700	0	4 024
CHIEF DEVELOPMENT OFFICER  (3) TRACY CARNEY	40.00					X		148,789.	0.	4,934.
CHIEF FINANCIAL OFFICER	40.00	1				x		112,706.	0.	15,096.
(4) NINA TALLON	4.00									23,0301
PRESIDENT		х		х				0.	0.	0.
(5) VANDANA ALLMAN	3.00									
VICE PRESIDENT (UNTIL 1/24/23)		Х		Х				0.	0.	0.
(6) MIGUEL BUDDLE	3.00									
VICE PRESIDENT (FROM 1/24/23)		Х		Х				0.	0.	0.
(7) JULIANA YASKIN	3.00									
TREASURER		Х		Х				0.	0.	0.
(8) KATRINA JONES	3.00									
SECRETARY		Х		Х				0.	0.	0.
(9) SAIFUL AMIN	3.00									
AT-LARGE MEMBERS		Х						0.	0.	0.
(10) SARAH DEVOE	3.00	_								
AT-LARGE MEMBERS		Х						0.	0.	0.
(11) LAUREN HARNISHFEGER	3.00	_								
AT-LARGE MEMBERS		Х						0.	0.	0.
(12) CHRISTINE LEONHARDT-KIMM	3.00	ļ								•
AT-LARGE MEMBERS	2 00	Х	_			_		0.	0.	0.
(13) MELISSA MACGREGOR	3.00	١							_	•
AT-LARGE MEMBERS	1 2 00	Х						0.	0.	0.
(14) JHOANNE NUNES	3.00	٠,,							_	0
AT-LARGE MEMBERS	2 00	Х						0.	0.	0.
(15) BROOKE OBERWETTER	3.00	х						0.	0.	0
AT-LARGE MEMBERS (16) MICHELLE SAGATOV	3.00	^	$\vdash$		$\vdash$	$\vdash$		1	0.	0.
AT-LARGE MEMBERS	3.00	х						0.	0.	0.
(17) TANVI SINHA	3.00	^	$\vdash$		$\vdash$			0.	0.	<u></u>
AT-LARGE MEMBERS	3.00	х						0.	0.	0.
		122						<u> </u>	U •	Form <b>990</b> (2022)

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Part VII Section A Officers Directors Trus	TOK WOR								<u> </u>	<i>3                                    </i>	747	rage •
Occilon A. Omeers, Directors, 1143		oloy	ees,			gnes	t C		,	Т		
(A)	l •			Posi	C) ition	1		(D)	(E)		(F	
Name and title	hours per		not c	heck i	more	than o		Reportable	Reportable			nated
	week					s both or/trus		compensation	compensation from related		amou oth	
	(list any	To						the	organizations		compe	
	hours for	director				l,		organization	(W-2/1099-MISC	,	from	
	related	trustee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			ization
	organizations	trust	al tru		yee	ad mc		` 1099-NEC)	,		•	elated
	below	Individual 1	Institutional trustee	ь	Key employee	est co	ıer				organiz	zations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
(18) JULIE WHISTON	3.00	J										
AT-LARGE MEMBERS		Х						0.	(	).		0.
(19) TODD WILLIAMS	3.00	1										
AT-LARGE MEMBERS		Х						0.	(	).		0.
(20) RENEE ALDRICH	3.00	1										
AT-LARGE MEMBERS		Х						0.	(	).		0.
		1										
										$\dashv$		
		1										
										_		
		1										
		1										
		<u> </u>								_		
		1										
4b Outstand		<u> </u>						427,993.		,	3.3	451.
1b Subtotal								427,993.		).	34,	0.
c Total from continuation sheets to Part VI								427,993.		5.	3.2	451.
d Total (add lines 1b and 1c)										<i>,</i> •	J	43T•
2 Total number of individuals (including but n compensation from the organization	ot ilmited to th	iose	iiste	u an	oove	e) WII	o re	eceived more than \$100,	ooo or reportable			3
compensation from the organization											Ye	es No
3 Did the organization list any <b>former</b> officer,	director, trust	ee. k	ev e	lame	ove	e. or	hic	ahest compensated emp	lovee on	Γ		
line 1a? If "Yes," complete Schedule J for s	uch individual	,	,	·	,	,			•	Ī	3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	•							·	· ·	Ī	4 X	ζ
5 Did any person listed on line 1a receive or a										I		
rendered to the organization? If "Yes." com	plete Schedul	e J f	or su	ıch r	oers	on .				[	5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	depe	nder	nt co	ontra	actor	s th	hat received more than \$	100,000 of compe	nsati	on from	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A) Name and business	addrasa							(B)	om door	0	(C)	ation
	address							Description of s ADVISORY SER			ompensa	ILION
ALLIANTGROUP LP	нонста	T.T.	т	v	77	0 E	- 1	FOR ERC	AICES		220	126
3009 POST OAK BLVD #2000,	поовто	, M		Λ_	, ,	03	9	FOR ERC			440,	126.
		_	_				_					
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	l above) who received mo	ore than			

Form **990** (2022)

\$100,000 of compensation from the organization

Form 990 (2022) DOORWAY

Part VIII | Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		Officer if Schedule O Contains a response of	i flote to arry line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र इ	1 a	Federated campaigns 1a	45,598.				
ran	k	Membership dues 1b					
Ω, E		Fundraising events 1c	131,456.				
at je		Related organizations 1d					
S, E	6	Government grants (contributions) 1e	3,760,380.				
rigo	f	All other contributions, gifts, grants, and					
a pri		similar amounts not included above <b>1f</b>	2,551,363.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f 1g \$	239,516.				
<u> ဗိ ဗ</u>	ŀ	Total. Add lines 1a-1f		6,488,797.			
			Business Code				
ė	2 8						
ē Ķ	k						
Score	(						
ran Sev	(						
Program Service Revenue	•						
Δ.		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		155,431.			155,431.
	4	other similar amounts) Income from investment of tax-exempt bond pr		133,431.			133,431.
	4 5	•					
	3	Royalties(i) Real	(ii) Personal				
	6 :	Gross rents 6a	(.,) : 5:55:14.				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 1,250,433.					
	k	Less: cost or other basis					
ne		and sales expenses					
Revenue	(	Gain or (loss) 7c 50,008.					
	(	Net gain or (loss)		50,008.			50,008.
her	8 8	Gross income from fundraising events (not					
₹		including \$ 131,456. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	48,009.				
		Less: direct expenses 8b	51,084.	2.075			2.075
		Net income or (loss) from fundraising events		-3,075.			-3,075.
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	MISCELLANEOUS	900099	2,310.			2,310.
ane	k	LOSS IN CAMERON COMMONS, LLC	900099	-12,455.			-12,455.
eve	(						
Miscellaneous Revenue	(	All other revenue					
		Total. Add lines 11a-11d		-10,145.			
	12	Total revenue. See instructions		6,681,016.	0.	0.	192,219.

### 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 (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 770,907. 770,907. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 103,166. 187,574. 28,136. 56,272. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,422,107. 2,589,055. 545,007. 288,045. Other salaries and wages 7 Pension plan accruals and contributions (include 72,340. 55,377. 11,550. 5,413. section 401(k) and 403(b) employer contributions) 238,129. 317,466. 50,468. 28,869. Other employee benefits 9 278,383. 207,821. 44,210. 26,352. 10 Payroll taxes Fees for services (nonemployees): Management Legal 263,213. 263,213. Accounting Lobbying Professional fundraising services. See Part IV, line 17 15,504. 15,504. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 10,598. 3,370. 7,228. Advertising and promotion 12 80,110. 45,794. 12,611. 21,705. Office expenses 13 184,173. 122,309. 26,038. 35,826. Information technology 14 15 Royalties 203,828. 239,923. 14,513. 21,582. 16 Occupancy 5,591. 4,309. 806. 476. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 208. 3,386. 1,618. 1,560. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 128,786. 119,797. 4,153. 4,836. Depreciation, depletion, and amortization 22 43,418. 36,002. 4,380. 3,036. 23 Other expenses. Itemize expenses not covered 24 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.) 132,651. 132,651. FACILITIES MANAGEMENT UNCOLLECTIBLE PLEDGE 122,290. 122,290. 19,528. 13,340. 4,285. 1,903. MEMBERSHIP DUES & FEES

14,871.

32,551.

6,345,370.

Form 990 (2022)

618,687.

363.

25

Check here

e All other expenses

CREDIT CARD AND WEB FEE

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

22,548.

4,660,966.

14,871.

1,065,717.

9,640.

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,953,657.	1	2,997,920.
	2	Savings and temporary cash investments	3,591,932.	2	3,954,029.
	3	Pledges and grants receivable, net	796,234.	3	551,157.
	4	Accounts receivable, net		4	
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	16,531.	8	10,426.
Ą	9	Prepaid expenses and deferred charges	75,235.	9	132,167.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a  3,277,634.  10b  1,791,498.			
	b	Less: accumulated depreciation 10b 1,791,498.	1,608,488.	10c	1,486,136.
	11	Investments - publicly traded securities	1,187,910.	11	1,481,307.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1,022,447.	13	1,009,992.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,545.	15	37,298.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,264,979.	16	11,660,432.
	17	Accounts payable and accrued expenses	314,027.	17	352,133.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,357,495.	23	1,357,495.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	4 654 500	25	4 500 500
	26	Total liabilities. Add lines 17 through 25	1,671,522.	26	1,709,628.
"		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.	F 066 044		7 164 550
<u>a</u>	27	Net assets without donor restrictions	5,966,944.	27	7,164,558.
Ä	28	Net assets with donor restrictions	3,626,513.	28	2,786,246.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ťÀ	31	Retained earnings, endowment, accumulated income, or other funds	0 502 457	31	0.050.004
Š	32	Total net assets or fund balances	9,593,457.	32	9,950,804.
	33	Total liabilities and net assets/fund balances	11,264,979.	33	11,660,432.

Form **990** (2022)

Form 990 (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES 54-1087829 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	• •	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	4370801.	5639320.	5496656.	7986893.	6488797.	29982467.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4370801.	5639320.	5496656.	7986893.	6488797.	29982467.
	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)						1993460.
6	Public support. Subtract line 5 from line 4.						27989007.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4370801.	5639320.	5496656.	7986893.	6488797.	29982467.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	72,606.	57,723.	71,942.	56,692.	155.431.	414,394.
9	Net income from unrelated business	1 = 7 = 0 = 0	. , , , , , , ,	,			
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	-8,524.	-2,052.	-2.434.	-15.663.	-10.145.	-38,818.
11	<b>Total support.</b> Add lines 7 through 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					30358043.
	Gross receipts from related activities,	etc (see instruction	ins)			12	<u> </u>
	<b>First 5 years.</b> If the Form 990 is for the	•	,				
	organization, check this box and <b>stor</b>			y			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6. column (f). di	ivided by line 11. c	olumn (f))		14	92.20 %
	Public support percentage from 2021					15	91.95 %
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			-		viriow the organi	
h	10% -facts-and-circumstances test	-	· ·	*	-		
	more, and if the organization meets the	_					. 570 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		•				s
	THE OF GAINGARD IN THE OF GAINZAND	ala not oncon a i	33% SIT III 10 10, 102	<u>., .00, 170, 01 170</u>	, chook this box at		(Form 990) 2022

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.)

Se	etion A. Public Support	siow, picase comp	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	·						
	<b>Total.</b> Add lines 1 through 5						
7 8	, ,						
	3 received from disqualified persons 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					+	
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(-) 2012	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	(6) T-1-1
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income					+	
C							
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			-		+	
	Add lines 10a and 10b  Net income from unrelated business					+	
••	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on					+	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fii	rst, second, third,	fourth, or fifth tax	year as a section (	501(c)(3) organization	on,
80	check this box and stop here	a Support Dar	contogo				
	ction C. Computation of Publi			1 (6)		145	
	Public support percentage for 2022 (I Public support percentage from 2021		•	column (I))		15	<u>%</u>
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ine 13 column (f)		17	%
	Investment income percentage from 20			(i)		18	
	33 1/3% support tests - 2022. If the						
196	more than 33 1/3%, check this box ar						
L	33 1/3% support tests - 2021. If the	=	-		• •		
r.	• •	•			•	•	
20	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organization	n did not check a	DUX UITIIIIE 14, 19	a, or 190, check th	iis dox aliu see in	อนเนษแบทิธิ	

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

	Yes	No
1		
2		
_		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01		
9b		
0-		
9c		
10a		
10b		

Schedule A (Form 990) 2022

_	dule A (Form 990) 2022 DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1	08782	9 <sub>Pa</sub>	age <b>5</b>
Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	<u>detail in</u> Part Ⅵ. tion B. Type I Supporting Organizations	11c		
000	non B. Type I supporting organizations		V	NI.
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
1	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
4	Word a majority of the organization's directors or trustoes during the tay year also a majority of the directors		162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	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			
	·	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	 s).		
a	The organization satisfied the Activities Test. Complete line 2 below.	.,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	netruction	ıc)	
2	Activities Test. Answer lines 2a and 2b below.	istruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	.40
а	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	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
	Dia and adamage accombod on the Za, above, conducted admitted triat, but for the digarization a involvement,			

one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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 Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

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0 - 1	dule A (Form 990) 2022 DOORWAYS FOR WOMEN AND	E AMTT T	EC INC !	54-1087829 Page <b>6</b>
Pa				74-100/029 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

emergency temporary reduction (see instructions).

6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

<u>4</u> 5

Schedule A (Form 990) 2022

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j

Schedule A (Form 990) 2022

and 4c.
 B Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

#### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

54-1087829

Name of the organization

**Employer identification number** 

INC.

DOORWAYS FOR WOMEN AND FAMILIES Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### DOORWAYS FOR WOMEN AND FAMILIES, INC.

54-1087829

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>1,494,372.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$642,030.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 281,581.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 208,757.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$139,050.	Person X Payroll

Name of organization Employer identification number

#### DOORWAYS FOR WOMEN AND FAMILIES, INC.

54-1087829

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
7		\$ 909,641.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### DOORWAYS FOR WOMEN AND FAMILIES, INC.

54-1087829

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES, 54-1087829 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

**Employer identification number** 54-1087829

(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 of grants from (during 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?  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?  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 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.  a Total number of conservation easements  5 Dotal acreage restricted by conservation easements  6 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  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 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	Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds	or Ac	cour	ts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (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 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 confering impermissible private benefit?  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 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.  1 Total number of conservation easements 1 Total acreage restricted by conservation easements 2 Total acreage restricted by conservation easements 3 Total acreage restricted by conservation easements 4 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 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 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 for the conservation easements in likes requirements of section 170(h)(4)(B)(ii) 9 In Part XIII,		organization anomorou neo orni orni oco, natriv, iiii		vised	d funds	(	<b>b)</b> Fun	ds and other accounts
2 Aggregate value of contributions to (during year)  3 Aggregate value of grants from (during year)  4 Aggregate value of grants from (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part II	1	Total number at end of year						
Aggregate value of grants from (during year)  4 Aggregate value of grants from (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and visors 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?  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 answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Protection of natural habitat Preservation of pen space  2 Complete lines 2 a 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  2 c d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  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 easements is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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)(6)(i)  and section 170(h)(4)(6)(ii)  and section 170(h)(4)(6)(								
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 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 conferning impermissible private benefit?  1 Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation assements held by the organization (check all that apply).  1 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of on fautral habitat Preservation of on stural habitat 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.  2 Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements on a certified historic structure included in (a)  2 A Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  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?  5 Use of the organization have a written policy regarding the periodic monitoring, inspection, 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 c								
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform, subject to the organization is exclusive legal control?  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?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Preservation of a possible private benefit?  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of natural habitat preservation of a certified historic structure Preservation of a certified historic structure Preservation of open space  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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violatio	4							
are the organization's property, subject to the organization's exclusive legal control?    Yes	5		writing that the assets	s hel	d in donor advis	ed fund	ds	
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?  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 of 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 open space   Complete lines 2 at hrough 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   1   Held at the End of the Tax Y   2a   Total number of conservation easements on a certified historic structure is creage restricted by conservation easements   2b   Complete in the National Register   2d   Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register   2d   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   2d   Number of states where property subject to conservation easements is located   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   2d   Number of states where property subject to conservation easements is located   Number of conservation easements modified, by the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   Yes   Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Part XIII describe how the organization reports conservation easements in		-	-					Yes N
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  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 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d 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 the violation of the property subject to conservation easements in the violations, and enforcement of the conservation easements in the 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 organizatio	6							
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 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  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 tholds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for onservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting of conservation easements.  Part III Organization shaintaining 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 exhib								
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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.	Da	organization's accounting for conservation easements.	Ant Historian 7	F		b 0	::I	
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.	Pai			rea	isures, or Ot	ner S	ımııa	r Assets.
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.								
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	па	, .	•					
		•	•				ice of p	DUDIIC
b if the organization elected, as permitted under FASB ASC 938, to report in its revenue statement and balance sheet works of		· •					-14	aulca af
	D	· · · · · · · · · · · · · · · · · · ·	· ·					
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,			exhibition, education	n, or	research in furtr	erance	or pur	DIIC Service,
provide the following amounts relating to these items:								Φ
(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	2	-				gain, p	orovide	;
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 \$  \$								\$ \$

Schedule D (Form 990) 2022

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

	dule D (Form 990) 2022 DOORWAY:	S FOR WOMEN	AND FAMII	LIES, INC	thar C	·imila:	54-10	<u>87829</u>	Pa	ge <b>2</b>
	t III   Organizations Maintaining C							(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ıke sign	ificant ι	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o		•	•	mılar as	sets		٦.,		
Do	t IV Escrow and Custodial Arrange						L	Yes		No
Fai	Escrow and Custodial Arrang reported an amount on Form 990, Par	•	te if the organization	n answered "Yes	s" on Fo	orm 990	, Part IV,	line 9, or		
						اد مام ما				
та	Is the organization an agent, trustee, custodia							Yes	X	Na
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a						∟	_ res	22	NO
b	ii res, explain the arrangement in Part Alli a	and complete the ion	owing table.					Amount		
С	Paginning balance					1c		7 111104111		
	Additions during the year					1d				
	Additions during the year					1e				
f	Ending balance					1f				
2а	Did the organization include an amount on Fo							Yes	Х	No
	If "Yes," explain the arrangement in Part XIII.		·		•	•		00		
Par										
		(a) Current year	(b) Prior year	(c) Two years ba		<b>)</b> Three y	ears back	(e) Four	years t	ack
1a	Beginning of year balance	500,759.	558,725.	452,1	34.	4	31,501.		407,3	886.
	Contributions		10,000.				3,067.		15,6	07.
С	Net investment earnings, gains, and losses	58,620.	-65,370.	109,0	69.		19,610.		10,4	135.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses	2,534.	2,596.	2,4	78.		2,044.		1,9	27.
g	End of year balance	556,845.	500,759.	558,7	25.	4	52,134.		431,5	01.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered	for the			_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment funds.							
Pai	Complete if the organization answered		Dort IV line 11e C	00 Form 000 Da	unt V line	o 10				
				Í				(1) 5		
	Description of property	(a) Cost or of basis (investm	` '		(c) Acci	umulate eciation	ed	(d) Book	value	
	Land	,	,	(other) 4,800.	uepre	ciation		1 5 /	9.0	0
	Land			_	1,51	3 7	3.7	$\frac{134}{1,331}$	.,80 33	6
	Buildings		2,04	5,013.	1,51	.J,/.	<i>.</i> / •	1,331	., 55	• • •
	Leasehold improvements		1 5	3,333.	1 5	33,33	33			0.
	Equipment			4,428.		24,42				0.
	Other	aud Farm 000 Da L				. <del>.</del>		1,486	1 3	
ıvıdı	. Add iii lea Ta ti ii dagit Te. [COJUMN [a] MUST 8	<u>uuai FOIIII 990, Part )</u>	<u>v. column (B), line 10</u>	<i></i>				-, =00	<u>, + ~</u>	<u> </u>

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" or	n 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)		
Total. (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	1,009,992.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,009,992.	

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)	

Total. (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)		
Total.	(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 ... X

Schedule D (Form 990) 2022

#### PART V, LINE 4:

THE ORGANIZATION HAS 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, 2023, 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.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 DOORWAYS FOR WOMEN AND FAMILIES, INC.	54-1087829 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES INCLUDED IN EXPENSES ON	51,084.
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	51,084.
THE AUDITED FINANCIAL STATEMENTS AND NETTED AGAINST	
EVENT INCOME ON FORM 990, PART VIII, LINE 8B.	

#### **SCHEDULE G** (Form 990)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Part I

а

b

С

d

**Employer identification number** 54-1087829 DOORWAYS FOR WOMEN AND FAMILIES Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

Γota	al			
3	List all states in which the organization is registered or licensed to solicit contributions or licensing.	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990) 2022

54-1087829 Page 2 DOORWAYS FOR WOMEN AND FAMILIES, INC. Schedule G (Form 990) 2022 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events OPEN HEARTS NONE (add col. (a) through OPEN DOORS col. (c)) (event type) (total number) (event type) 179,465 179,465. 1 Gross receipts 131,456. 2 Less: Contributions 131,456. 48,009. 48,009. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 30,941. 30,941. 7 Food and beverages 8 Entertainment 143. 20,143 Other direct expenses 51,084 **10** Direct expense summary. Add lines 4 through 9 in column (d) -3,075 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 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? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: \_

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-	L087829	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility	13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
Nama		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	∟ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
<b>16</b> Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linoo O. (	)h 10h
	it iii, iii les 9, s	<i>5</i> D, 10D,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	DOORWAYS	FOR	WOMEN	AND	FAMILIES,	INC.	54-1087829	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continue	d)						
		(0000000							
-									

## SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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**2022**Open to Public

Inspection

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

Employer identification number 54-1087829		:	∆ Yes No	2 Eorm 000 Bort IV line 21 for 201	ii roiii ggu, raitiv, iiie zi, ioi aliy		(g) Description of noncash assistance or assistance				Cash assistance or assistance or assistance	Cash assistance or assistance or assistance or assistance
or the grants or assistance, an	or the grants or assistance, an			of ac "so/" boyowace acitoric	nization answered tes office	(f) Method of valuation (book, PMV, appraisal, other)						
		grantees' eligibility f	Ctatoe	omplete if the organ	onipiete ii trie organ ed.	(e) Amount of noncash assistance						
ES, INC.		or assistance, the o	petial eat ai abair	General Trie Office	bnal space is need	(d) Amount of cash grant				listed in the line 1 table		
AND FAMILLIES		amount of the grants	t tacas to our out ourse	ations and Domostic	auons and Donnesuc oe duplicated if additic	(c) IRC section (if applicable)					table	ons for Form 990.
FOR WOMEN	nd Assistance	o substantiate the	tance?	Cedures for informit	55,000. Part II can t	(b) EIN				nd government org	listed in the line 1	see the Instruction
DOORWAYS FOR WOMEN	General Information on Grants and Assistance	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? Describe in Dort IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to D	draits and Other Assistance to Domestic Organizations and Domestic Governments. Complete in the Organization answered trest of Form 890, Far IIV, interest, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government				Enter total number of section 501(c)(3) and government organizations	Enter total number of other organizations listed in the line 1 table	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
	Part I	1 Does	criteria	T = t		<b>1 (a)</b> Ne					-1	LHA For P

DOORWAYS FOR WOMEN AND FAMILIES,

Page 2

54-1087829

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.

Schedule I (Form 990) 2022

Part III

(f) Description of noncash assistance RENT, FOOD, MEDICAL, CLOTHING, TRANSPORTATION (e) Method of valuation (book, FMV, appraisal, other) 770,907. FAIR MARKET VALUE Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Q F IISTHIRD PARTIES ON BEHALF OR PROVIDES FOOD AND/OR CLOTHING DIRECTLY TO CLIENTS IN (d) Amount of non-cash assistance 。 (c) Amount of cash grant (b) Number of recipients 315 OL THE ORGANIZATION PAYS EXPENSES DIRECTLY RENT, FOOD, MEDICAL, CLOTHING, TRANSPORTATION (a) Type of grant or assistance PART I, LINE SHELTERS CLIENTS,

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number 54-1087829

Pá	art I Questions Regarding Compensation	0,02		—
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradicade, and annotae, maidaling the deep exceptive birottal, regularing the items another entire fac.	_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ŭ	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
_		4a		Х
		4.		X
b				X
·	Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	Tes to any or lines 44.0, list the persons and provide the applicable amounts for each item in a tim.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
_		5a		Х
a h	The organization?	5b		X
b	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		
6				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_	The organization?	6a		Х
		6b		X
D	Any related organization?	ao		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		X
c	not described on lines 5 and 6? If "Yes," describe in Part III	7		$\bigcap$
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			X
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		$\bigcap$
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W.	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				g p
(1) DIANA ORTIZ	Ξ	166,498.	0	0	6,660.	5,761.	178,919.	0
PRESIDENT & CEO	<u> </u>		0	0.	• 0	0.		• 0
(2) JOY MYERS	Ξ	148,78	0	0.	4,464.	470.	153,723.	• 0
CHIEF DEVELOPMENT OFFICER	≘	0.	• 0	0.	• 0	0.	•0	• 0
	(i)							
	≘							
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Schedule J (Form 990) 2022

### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

 $Employer\ identification\ number \\ 54-1087829$ 

Pai	rt 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 de noncash contribu		•	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		94.717.	FAIR MARKET	VAI	JUE	
6	Cars and other vehicles			31/11/		· · · · · ·		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	10	94 869.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock	- 21	10	31,003.		V 1 1 1		
11	Securities - Closely field stock Securities - Partnership, LLC, or							
•••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	TP 1 1 1							
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 )	Х	200	49,930.	FAIR MARKET	VAI	UE	
26	Other (							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for co	ontributions				
	for which the organization completed Form 828	-	•				0	
	· ·		· ·				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of			· · · · · · · · · · · · · · · · · · ·	·			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

Schedule	e M (Form 990	)) 2022 DO	<u>ORWAYS</u>	FOR	WOME	N AND	FAMILIES	S, INC.	54-1087829	Page 2
Part II	Supple	mental Info	rmation.	Provide t	the infor	mation req	uired by Part I, li	nes 30b, 32b,	and 33, and whether the organiza a combination of both. Also comp	tion
	is reportir	ng in Part I, col	lumn (b), th	e number	of contri	butions, th	e number of iten	ns received, or	a combination of both. Also comp	olete
	this part i	for any additior	nal informat	tion.						
SCHE	DULE M,	PART I,	, COLU	MN (B	):					
THIS	COLUMN	REPORTS	THE :	NUMBE	R OF	CONTE	RIBUTIONS	5.		
ī-										
-										
1										
-										

Schedule M (Form 990) 2022

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#### SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES. INC.

Employer identification number 5.4 - 1.087829

DOOKWAID FOR WOMEN AND PARTITIES, INC. 34 1007025
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVICES INCLUDING SAFE SHELTER, HOUSING, AND LIFE-CHANGING SUPPORT TO
INDIVIDUALS AND FAMILIES EXPERIENCING THE TRAUMAS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT, AND HOMELESSNESS. AS ARLINGTON'S ONLY FULLY
STATE-ACCREDITED SERVICE PROVIDER FOR SURVIVORS OF INTIMATE PARTNER
VIOLENCE, DOORWAYS OFFERS A WIDE RANGE OF CRISIS RESPONSE SERVICES AND
A VARIETY OF COMPREHENSIVE PROGRAMS IN THE COMMUNITY.
IN FISCAL YEAR 2023, DOORWAYS CONTINUED NAVIGATING THE LONG-TERM
FINANCIAL AND SOCIAL IMPACTS OF THE COVID-19 PANDEMIC, SEEING A RECORD
NUMBER OF INDIVIDUALS AND FAMILIES IN NEED OF IMMEDIATE SUPPORT.
DOORWAYS' PROGRAMS COMBINED REACHED OVER 2,191 INDIVIDUALS (ADULTS,
YOUTH, AND CHILDREN) PLUS 956 YOUTH AND ADULTS WHO ATTENDED PREVENTION
AND EDUCATIONAL SESSIONS. TOGETHER, THESE PROGRAMS OFFER A RANGE OF
OPTIONS AND A CONTINUUM OF HELP FOR PERSONS AS THEY MOVE FROM CRISIS TO
SAFETY AND STABILITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
STABILITY IN NAVIGATING THE DIFFERENT AVENUES AND LEGAL PATHWAYS,
INCLUDING SAFETY PLANNING.
DURING FY23, DOORWAYS SUPPORTED CLIENTS IN CRISIS IN THE FOLLOWING
WAYS:

DOORWAYS' 24-HOUR DOMESTIC AND SEXUAL VIOLENCE HOTLINE ANSWERED 1,411

CRISIS CALLS, INCLUDING 1,218 WHERE DOORWAYS ADVOCATES PROVIDED SAFETY

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

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Schedule O (Form 990) 2022

Name of the organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 PLANNING AND CRISIS SUPPORT FOR ADULTS AND CHILDREN EXPERIENCING DOMESTIC AND/OR SEXUAL VIOLENCE. DOORWAYS' TRAINED VOLUNTEERS AND STAFF PROVIDED 29 HOSPITAL ACCOMPANIMENTS FOR FORENSIC EXAMS FOR BOTH SEXUAL AND DOMESTIC VIOLENCE. - DOORWAYS' SAFEHOUSE PROGRAM PROVIDED EMERGENCY SHELTER FOR 135 PEOPLE (64 ADULTS AND 71 CHILDREN) IN 62 HOUSEHOLDS, A RECORD HIGH THROUGHOUT DOORWAYS' HISTORY. - 90% OF SAFEHOUSE HOUSEHOLDS WHO DISCLOSED THEIR DESTINATION (ALL BUT 5) BROKE THE CYCLE OF VIOLENCE AND DID NOT RETURN TO ABUSIVE LIVING SITUATIONS POST-SHELTER EXIT. THE COURT ADVOCACY PROGRAM ASSISTED 400 INDIVIDUALS (240 ADULTS AND 160 CHILDREN) WITH SERVICES TO OBTAIN LEGAL PROTECTIVE ORDERS, CHILD SUPPORT, CUSTODY PETITIONS, AND OTHER COURT JUDGEMENTS. THE MOBILE ADVOCACY PROGRAM SUPPORTED 50 ADULTS IN THE COMMUNITY WITH SAFETY PLANNING, PSYCHOEDUCATION, AND CASE MANAGEMENT TO INCREASE THEIR SAFETY, HOUSING STABILITY, AND IMPROVE THEIR ACCESS TO COMMUNITY RESOURCES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

- OF THE FAMILIES EXITING HOMESTART, 97% (ALL BUT 1) MAINTAINED THEIR

Schedule O (Form 990) 2022

HOUSING AT PROGRAM EXIT.

Schedule O (Form 990) 2022

Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number 54-1087829

- 93% OF HOUSEHOLDS EXITING HOMESTART WERE ABLE TO MEET THEIR BASIC

FINANCIAL NEEDS.

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

REVIVE DOMESTIC AND SEXUAL VIOLENCE COUNSELING PROGRAM: REVIVE,

DOORWAYS' COMMUNITY-BASED COUNSELING PROGRAM, PROVIDES TRAUMA-FOCUSED

MENTAL HEALTH COUNSELING, CRISIS INTERVENTION, SAFETY PLANNING, AND

ADVOCACY SERVICES FOR CLIENTS OF ALL AGES. SERVICES ARE FREE,

CONFIDENTIAL, AND OFFERED IN MULTIPLE LANGUAGES.

IN FY23, REVIVE IMPACTED CLIENTS IN THE FOLLOWING WAYS:

PEOPLE (193 ADULT SURVIVORS AND 43 CHILDREN AND TEENS).

- REVIVE PROVIDED SUPPORTIVE COUNSELING AND SAFETY PLANNING FOR 236
- REVIVE THERAPISTS PROVIDED 2,322 INDIVIDUAL THERAPY SESSIONS AND 73 SUPPORT GROUP SESSIONS.
- OF REVIVE CLIENTS SURVEYED, 98% REPORTED INCREASED UNDERSTANDING AND KNOWLEDGE OF THE IMPACT OF TRAUMA AND DOMESTIC VIOLENCE/SEXUAL ASSAULT, AND 92% REPORTED THAT THEY HAVE LEARNED COPING SKILLS TO MANAGE SYMPTOMS RELATED TO TRAUMA.
- EXPENSES \$ 683,402. INCLUDING GRANTS OF \$ 23,432. REVENUE \$ 0.

#### PREVENTION PROGRAM:

BASED ON THE PRIMARY PREVENTION FRAMEWORK, DOORWAYS' PREVENTION EFFORTS

AIM TO CHANGE THE SOCIAL NORMS THAT TOLERATE AND PERPETUATE VIOLENCE

VIA MEANINGFUL OUTREACH AND PREVENTION CURRICULA DEVELOPED FOR YOUTH OF

HISTORICALLY OPPRESSED AND MARGINALIZED GROUPS AT INDIVIDUAL,

COMMUNITY, AND SOCIETAL LEVELS. THE GOAL IS TO CREATE A CULTURE WHERE

EVERYONE HAS THE TOOLS TO BUILD HEALTHY RELATIONSHIPS BASED ON RESPECT,

Schedule O (Form 990) 2022

Name of the organization **Employer identification number** DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 EQUALITY, AND SAFETY. BY INCREASING PROTECTIVE FACTORS IN YOUTH AND FUTURE GENERATIONS, AND BY CHALLENGING SOCIETAL NORMS, DOORWAYS IS PART OF CREATING A CULTURE THAT SERVES TO PREVENT SEXUAL AND INTIMATE PARTNER VIOLENCE BY ENSURING EVERYONE HAS THE TOOLS TO BUILD HEALTHY RELATIONSHIPS. DURING FY23, THE PREVENTION AND OUTREACH PROGRAM IMPACTED THE COMMUNITY IN THE FOLLOWING WAYS: - THE PREVENTION AND OUTREACH TEAM FACILITATED 82 COMMUNITY WORKSHOPS AND EVENTS, EDUCATING 956 INDIVIDUALS IN THE ARLINGTON AREA ON TOPICS THAT SUPPORT THE DEVELOPMENT OF HEALTHY RELATIONSHIPS. EXPENSES \$ 179,417. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. COMMUNITY ENGAGEMENT: IN FY23, DOORWAYS ENGAGED IN VIRTUAL AND IN-PERSON EFFORTS AIMED AT EDUCATING OUR COMMUNITY ABOUT HOMELESSNESS, DOMESTIC VIOLENCE, AND SEXUAL ASSAULT, AND DOORWAYS' RESPONSE. THESE EFFORTS CAN BE CATEGORIZED INTO A FEW KEY AREAS: - COMMUNITY OUTREACH PRESENTATIONS DOORWAYS' STAFF REACHED MORE THAN 2,428 PEOPLE. GENERAL INFORMATION SESSIONS DOORWAYS HOSTED 15 SESSIONS WHICH WERE ATTENDED BY 146 ADULTS. - VOLUNTEER TRAINING DOORWAYS PROVIDED 585 HOURS OF TRAUMA-INFORMED TRAINING ON DOMESTIC VIOLENCE, SEXUAL ASSAULT, HOMELESSNESS, AND SERVICE DELIVERY. DOORWAYS ENGAGED AN ONLINE COMMUNITY, INCLUDING EMAIL SUBSCRIBERS,

FACEBOOK, X (FORMERLY KNOWN AS TWITTER), AND INSTAGRAM FOLLOWERS OF

**Employer identification number** Name of the organization DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 15,285 PEOPLE (TOTAL AS OF THE END OF FY23; PLEASE NOTE THAT THERE MAY BE DUPLICATED CONTACTS IN THIS FIGURE, E.G. SOMEONE WHO FOLLOWS US ON X (FORMERLY KNOWN AS TWITTER) MAY ALSO SUBSCRIBE TO OUR EMAILS). DOORWAYS CONTENT ALSO REACHED ADDITIONAL COMMUNITY MEMBERS ACROSS PLATFORMS: - FACEBOOK REACH - THE ESTIMATED NUMBER OF PEOPLE WHO SAW ANY CONTENT FROM OUR PAGE OR ABOUT OUR PAGE - 69,465. - INSTAGRAM REACH - THE ESTIMATED NUMBER OF UNIQUE ACCOUNTS THAT SAW ANY OF OUR POSTS OR STORIES AT LEAST ONCE - 23,238. - X (FORMERLY KNOWN AS TWITTER) IMPRESSIONS - THE NUMBER OF TIMES USERS SAW OUR POSTS ON X (FORMERLY KNOWN AS TWITTER) - 23,760. EXPENSES \$ 78,638. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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

AFFILIATIONS), THEIR FAMILIES AND/OR THEIR SIGNIFICANT OTHERS, EMPLOYERS,

OR CLOSE ASSOCIATES WILL RECEIVE BENEFITS OR GAINS.

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Name of the organization

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Employer identification number
54-1087829

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. THE BOARD OF DIRECTORS

WILL DISCUSS THE PRESIDENT & CEO'S PERFORMANCE BASED ON INPUT FROM STAFF

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 IN MAY 2023 FOR THE CURRENT PRESIDENT &

CEO.

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
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 STAFF
ACCOUNTANT. THE FORM REFLECTS THE OLD PAY RATE, THE NEW PAY RATE, ANY OTHER

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization DOORWAYS FOR WOMEN AND FAMILIES, INC. 54-1087829 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.

# SCHEDULE R (Form 990)

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

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

DOORWAYS FOR WOMEN AND FAMILIES, INC.

Attach to Form 990.

2022

OMB No. 1545-0047

Employer identification number 54-1087829

OORWAYS FOR WOMEN & Direct controlling INC 723,076. FAMILIES, End-of-year assets **e** -16,236 Total income ਉ Legal domicile (state or foreign country) /IRGINIA COMMONS APARTMENTS TO USE TO PURCHASE THE CAMERON Primary activity BY CLIENTS Name, address, and EIN (if applicable) DOORWAYS CAMERON, LLC - 26-2832867 of disregarded entity 2704 NORTH PERSHING DRIVE VA 22201 ARLINGTON, 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.

J	.					I		l		I	
	(g)	on 5 12(b)( 13 ontrolled	entity?	s No							
	-	o oecili		Yes							
	(f)	Direct controlling	entity								
	(e)	Public charity	status (if section	501(c)(3))							
		Exempt Code									
	(c)	Legal domicile (state or	foreign country)								
	(q)	Primary activity									
	(a)	Name, address, and EIN	of related organization								

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Schedule R (Form 990) 2022

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Page 2

INC. DOORWAYS FOR WOMEN AND FAMILIES,

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. Schedule R (Form 990) 2022

PartIII

General or Percentage managing ownership 乏 managing partner? YesNo 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(g</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e (d)
| Direct controlling | entity Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN of related organization <u>a</u>

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

ı			ı	ı		ı		ı		ı		ı	
	<u> </u>	512(b)(13) controlled	å										
		512 con	Yes										
	Ð	Percentage ownership											
	(a)	Share of end-of-year	assets										
	£	Share of total income											
	(e)	ling Type of entity Sh. (C corp, S corp,	or trust)										
	(g)	Direct control entity											
	(c)	Legal domicile (state or	country)										
IIIg tile tax year.	(a)	Primary activity											
organizations treated as a corporation or trust dufing the tax year.	(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2022

Page 3 54-1087829

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

				$\vdash$	
Note: Complete line in any entity is listed in Parts in, in, or to or this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	in Parts II-IV?	Les Les	Q
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	`			1a	
				<b>1</b> p	
Giff grant or capital contribution from related organization(s)				2	
Loope or loop distantage to or for related organization(e)				2 7	
Edails of Idail gualafices to of Idileated of gallization (s)				2 ,	
e Loans or loan guarantees by related organization(s)				<b>1</b> е	
f Dividends from related organization(s)				¥	
				: 5	
9 care of accept from related organization(c)				50 <u>c</u>	
				≣ ;	
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				=	
j Lease of facilities, equipment, or other assets to related organization(s)				į.	
k I base of facilities equipment or other assets from related organization(s)				÷	
Destormance of consider or membership or fundaciens colinitations for related organizations(s)	pization(e)			<b>=</b>	
reflormance of services of membership of tandraising soficitations for selected organ	nization(s)			= 4	
m Performance of services of membership of fundraising solicitations by related organization(s)	nization(s)			E	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			t t	
o Sharing of paid employees with related organization(s)				10	[
p Reimbursement paid to related organization(s) for expenses				1р	
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	
r Other transfer of cash or property to related organization(s)				11	
				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.		
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	olved	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
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Page 4

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

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

(h) (i) v. Code V-UBI General or Percentage funcations? of Schedule K-1 partner? Ownership Ves No (Form 1065) Yes No end-of-year Share of assets Share of income total (e) Are all partners sec. 501(c)(3) orgs.? Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ Legal domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of entity (a)

Schedule R	(Form 990) 2022	DOORWAYS	FOR	WOMEN	AND	FAMILIES,	INC.	54-1087829	Page 5
Part VII	(Form 990) 2022 Supplemental Infori	mation							r age o
1 0.11									
	Provide additional informa	ation for responses	to ques	tions on Sci	nedule F	R. See instructions.			

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