

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **NORTHWOODS WOMEN, INC.**

Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 88

City or town, state or province, country, and ZIP or foreign postal code
ASHLAND WI 54806

D Employer identification number: **39-1364912**

E Telephone number: **715-682-9566**

G Gross receipts \$: **530,293**

F Name and address of principal officer:
KATHY ROPER
PO BOX 88
ASHLAND WI 54806

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527

J Website: **WWW.NDSHELTER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1979** **M** State of legal domicile: **WI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SHELTER FOR DOMESTIC ABUSE VICTIMS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	81
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	495,649	429,657
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,988	1,005
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,521	46,361
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	496,116	477,023
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		273,465	304,337
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		156,191	125,311
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	429,656	429,648	
19 Revenue less expenses. Subtract line 18 from line 12	66,460	47,375	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	243,446	300,164
	22 Net assets or fund balances. Subtract line 21 from line 20	74,872	84,215
		168,574	215,949

Part II Signature Block

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

Sign Here

Signature of officer: **TOM POTTERTON** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **RICHARD A. SETZKE** Preparer's signature: **RICHARD A. SETZKE** Date: **08/11/16** Check if PTIN self-employed **P01519121**

Firm's name ▶ **MAITLAND SINGLER & VAN VLACK S.C.** Firm's EIN ▶ **39-1389664**
 Firm's address ▶ **306 W. 3RD STREET** Phone no. **715-682-5544**
ASHLAND, WI 54806

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

Form 990 (2015) **NORTHWOODS WOMEN, INC.**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	34,779	1	43,748
	2	108,746	2	177,921
	3		3	
	4	56,569	4	34,964
	5		5	
	6		6	
	7		7	
	8		8	
	9	12,758	9	13,711
	10a	65,595		
	10b	35,775		
	10c	30,594		29,820
	11		11	
	12		12	
	13		13	
	14		14	
15		15		
16	243,446	16	300,164	
Liabilities	17	19,231	17	29,257
	18		18	
	19	5,641	19	4,958
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25	50,000	25	50,000
	26	74,872	26	84,215
Net Assets or Fund Balances	27	168,574	27	215,949
	28		28	
	29		29	
	30		30	
	31		31	
	32		32	
	33	168,574	33	215,949
	34	243,446	34	300,164