308 0 Forr	8/11/2016 8:21 AM	Return of Organization E Under section 501(c), 527, or 4947(a)(1) of the Inte	ernal Revenue Code (except private fo	undatio	ons)	OMB No. 1545-004 2015			
	rtment of the Treasu al Revenue Service	<ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Information about Form 990 and its instructions is at www.irs.gov/form990.</li> </ul>				Open to Public Inspection			
A	For the 2015 c								
	Check if applicable:	Name of organization		D Employer identification number					
	Address change	NORTHWOODS WOMEN, INC.		-	9_1	364912			
ı 📋	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephone	number			
ليت	nitial return	PO BOX 88		7	15-0	682-9566			
	Final return/ erminated	City or town, state or province, country, and ZIP or foreign postal code			_	E20 1	002		
<i>µ</i>	Amended return	ASHLAND WI 54806	<u> </u>	G	Gross rece				
	Application pending KATHY ROPER				eturn for su	bordinates? Yes X	No		
	PO BOX 88 H(b) Are all					ubordinates included? Yes No			
		'No," atta	ch a list. (s	see instructions)					
<u> </u>	Tax-exempt status:								
		W.NDSHELTER.ORG	Group exemption number						
_	Form of organization:	X Corporation Trust Association Other	L Year of formation	197	9	M State of legal domicile:	WI		
		nmary cribe the organization's mission or most significant activities:							
		ER FOR DOMESTIC ABUSE VICTIMS		•••••	• • • • • • • • •		• • • • •		
nce						••••••	• • • • •		
& Governance	• • • • • • • • • • • • • • • • • • • •						· · · · · ·		
30V		box $\blacktriangleright$ if the organization discontinued its operations or discontinued its operations or discontinued its operations.			, ,				
		voting members of the governing body (Part VI, line 1a)			3	11			
Activities		independent voting members of the governing body (Part VI, li			4	11			
stivi		per of individuals employed in calendar year 2015 (Part V, line :			5	<u>20</u> 81			
Ā		per of volunteers (estimate if necessary)	·····		7a	<u></u>	0		
		ted business taxable income from Form 990-T, line 34			7b		0		
			Prio	Year		Current Year			
er	8 Contribut	ons and grants (Part VIII, line 1h)		95,	649	429,6	<u>557</u>		
Revenue	9 Program	ervice revenue (Part VIII, line 2g)		6	988	1 0			
Re	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					<u> </u>			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)					477,0	_		
		d similar amounts paid (Part IX, column (A), lines 1–3)		96,			0		
	14 Benefits	aid to or for members (Part IX, column (A), line 4)					0		
sa	15 Salaries,	ther compensation, employee benefits (Part IX, column (A), line	es 5–10)	273,	465	304,3	37		
Expenses							0		
äx			0	5.6	101	105.0			
				156, 129,	125,3				
		nses. Add lines 13–17 (must equal Part IX, column (A), line 25) ess expenses. Subtract line 18 from line 12		460	429,6	_			
or	10 11010100		Beginning o	Current	Year	End of Year			
Assets or Balances	20 Total assets (Part X, line 16)				446	300,1			
et As Ind B		ities (Part X, line 26)		74,		84,2			
<u>~</u> 2		or fund balances. Subtract line 21 from line 20		.68,	574	215,9	949		
		nature Block							
		erjury, I declare that I have examined this return, including accompanyi nplete. Declaration of preparer (other than officer) is based on all inform			ту кпоч	viedge and belief, it is			
			· · · · · · · · · · · · · · · · · · ·		1	·····			
Sig	in 📔 🖥	nature of officer		Date					
Hei	re 📐 _								
•		be or print name and title				· · · · · · · · · · · · · · · · · · ·			
Paic		preparer's name Preparer's signature	Date		Check	if PTIN			
	haror	A. SETZKE  RICHARD A. SETZ MAITLAND SINGLER & VAN VI			self-emp		5.4		
-	Only Firm's nar	306 W. 3RD STREET		Firm's	EIN 🕨	39-138966	<u>, , , , , , , , , , , , , , , , , , , </u>		
	Firm's add			Phone	. 80	715-682-55	544		
Мау		this return with the preparer shown above? (see instructions)	·····				No		
For I	Paperwork Redu	tion Act Notice, see the separate instructions.				Form <b>990</b>			
unn									

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Form 990 (2015) NORTHWOODS WOMEN, INC.

39-1364912

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	io any line <u>in t</u>	his Part X	(A)	<u> </u>	(B)
					(A) Beginning of year	l l	End of year
		• · · · · · · · · · · · · · · · · · · ·			34,779	-+-	43,748
	1	Cash—non-interest bearing	·····	108,746	-	177,921	
	2	Savings and temporary cash investments				3	
	3	Pledges and grants receivable, net			56,569	4	34,964
	4	Accounts receivable, net					
Assets	5	Loans and other receivables from current and former of	icers, director	rs,			
	-	trustees, key employees, and highest compensated employees.				5	
		Complete Part II of Schedule L					
	6	cans and other receivables from other disgualified persons (as defined under section					
		1958(f)(1)) persons described in section 4958(c)(3)(B), and contributing employers and					
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary				6	
		organizations (see instructions). Complete Part II of Schedule L				7	
	7	Notes and loans receivable, net			8		
As	8		Inventories for sale or use				13,711
	9	Prepaid expenses and deferred charges			12,758	3	
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	65,595	30,594	100	29,820
	b	Less: accumulated depreciation		35,775		11	
	11	Investments—publicly traded securities				12	
	12	Investments-other securities. See Part IV, line 11		······	13		
	13	Investments-program-related. See Part IV, line 11			14		
	14	Intangible assets			15		
	15	Other assets. See Part IV, line 11			243,446		300,164
	16	Total assets. Add lines 1 through 15 (must equal line a	34)		19,231		29,257
	17	Accounts payable and accrued expenses			18		
	18			5,641		4,958	
	19				20		
	20	Tax-exempt bond liabilities			21		
	21	Escrow or custodial account liability. Complete Part IV	of Schedule I	<b>,</b>		<u> </u>	
ø	22	Loans and other payables to current and former office	rs, directors,				
litle		trustees, key employees, highest compensated employ	yees, and			22	
Liabilitles		disqualified persons. Complete Part II of Schedule L				23	
Ξ	23	Secured mortgages and notes payable to unrelated third parties				24	
	24	Unsecured notes and loans payable to unrelated third					
	25	Other liabilities (including federal income tax, payable	s to related th	ird Di V			
		parties, and other liabilities not included on lines 17-2-	Рапх	50,000	) 25	50,000	
		of Schedule D			74,872		84,215
	26	5 Total liabilities. Add lines 17 through 25	. <u></u>	X and			
		Organizations that follow SFAS 117 (ASC 958), che	eck here 🕨				
20		complete lines 27 through 29, and lines 33 and 34.			168,57	4 27	215,949
anc	27	Unrestricted net assets				28	
P.al	28			29			
P u	2	9 Permanently restricted net assets		ere ▶ and			
Net Assets or Fund Balances	-	Organizations that do not follow SFAS 117 (ASC 9	58), CNECK N				
	5	complete lines 30 through 34.				30	
	ğ   3	0 Capital stock or trust principal, or current funds	·····	<u> </u>	31		
č	g   3	Paid-in or capital surplus, or land, building, or equipment fund				32	
	ğ   3	<ul> <li>Retained earnings, endowment, accumulated income, or other funds</li> <li>Total net assets or fund balances</li> </ul>			168,57	4 33	
-	3		243,44				
	3	A Total liabilities and net assets/tund balances	<u></u>	<u></u>			- 000 margi

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