

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](http://www.irs.gov/form990).

<b>A</b> For the 2015 calendar year, or tax year beginning and ending																										
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>THE WOMEN'S CENTER, INC.</b></td> <td><b>D</b> Employer identification number <b>39-1269698</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2"><b>E</b> Telephone number <b>262-547-4600</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>505 N. EAST AVENUE</b></td> <td rowspan="2"><b>G</b> Gross receipts \$ <b>2,317,058.</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>WAUKESHA, WI 53186</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>ANGELA MANCUSO</b> <b>SAME AS C ABOVE</b></td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.TWCWAUKESHA.ORG</b></td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <b>1977</b> <b>M</b> State of legal domicile: <b>WI</b></td> </tr> </table>	<b>C</b> Name of organization <b>THE WOMEN'S CENTER, INC.</b>		<b>D</b> Employer identification number <b>39-1269698</b>	Doing business as		<b>E</b> Telephone number <b>262-547-4600</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>505 N. EAST AVENUE</b>		<b>G</b> Gross receipts \$ <b>2,317,058.</b>	City or town, state or province, country, and ZIP or foreign postal code <b>WAUKESHA, WI 53186</b>		<b>F</b> Name and address of principal officer: <b>ANGELA MANCUSO</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>J</b> Website: ▶ <b>WWW.TWCWAUKESHA.ORG</b>		<b>H(c)</b> Group exemption number ▶	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1977</b> <b>M</b> State of legal domicile: <b>WI</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE SAFETY AND SUPPORT TO WOMEN AND THEIR FAMILIES AND TO FACILITATE THEIR DEVELOPMENT</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float:right"><b>3</b> <b>19</b></span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right"><b>4</b> <b>19</b></span>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) <span style="float:right"><b>5</b> <b>59</b></span>
	<b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right"><b>6</b> <b>167</b></span>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right"><b>7a</b> <b>0.</b></span>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float:right"><b>7b</b> <b>0.</b></span>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float:right"><b>Prior Year</b> <b>1,838,672.</b> <b>Current Year</b> <b>1,811,265.</b></span>
	<b>9</b> Program service revenue (Part VIII, line 2g) <span style="float:right"><b>53,970.</b> <b>45,926.</b></span>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float:right"><b>51,612.</b> <b>62,330.</b></span>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float:right"><b>196,701.</b> <b>158,813.</b></span>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float:right"><b>2,140,955.</b> <b>2,078,334.</b></span>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float:right"><b>0.</b> <b>0.</b></span>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float:right"><b>0.</b> <b>0.</b></span>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float:right"><b>1,616,240.</b> <b>1,628,047.</b></span>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float:right"><b>0.</b> <b>0.</b></span>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>301,427.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float:right"><b>459,857.</b> <b>533,894.</b></span>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float:right"><b>2,076,097.</b> <b>2,161,941.</b></span>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float:right"><b>64,858.</b> <b>-83,607.</b></span>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <span style="float:right"><b>Beginning of Current Year</b> <b>4,059,618.</b> <b>End of Year</b> <b>3,910,831.</b></span>
	<b>21</b> Total liabilities (Part X, line 26) <span style="float:right"><b>142,653.</b> <b>154,612.</b></span>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <span style="float:right"><b>3,916,965.</b> <b>3,756,219.</b></span>

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer		Date
	▶ <b>ANGELA MANCUSO, EXECUTIVE DIRECTOR</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>BRYAN L. PAUTSCH, CPA</b>	<b>BRYAN L. PAUTSCH, CP</b>	<b>06/28/16</b>
	Firm's name ▶ <b>SIKICH LLP</b>	Firm's EIN ▶ <b>36-3168081</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00034913</b>
	Firm's address ▶ <b>13400 BISHOPS LANE, SUITE 300</b> <b>BROOKFIELD, WI 53005</b>	Phone no. (262) 754-9400	

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