29492299039209

# Form 990-EZ

## Short Form 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.

► Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-1150

**2018**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning July 1, 2018, and ending June 30, 2019

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

C Name of organization
Women's Informal Network

Number and street (or P.O box, if mail is not delivered to street address) | Room/suite
P.O. Box 32790

City or town, state or province, country, and ZIP or foreign postal code
Detroit, MI 48232

D Employer identification number
38-3087736

E Telephone number
313-963-4946

F Group Exemption Number ► n/a

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► www.womensinformalnetwork.org

J Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other Non-Profit

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

| | | | | |
|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 27,392.09 |
| | 2 | Program service revenue including government fees and contracts | 2 | .00 |
| | 3 | Membership dues and assessments | 3 | 1,145.00 |
| | 4 | Investment income | 4 | .00 |
| | 5a | Gross amount from sale of assets other than inventory 5a | | |
| | b | Less: cost or other basis and sales expenses 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | .00 |
| | 6 | Gaming and fundraising events: | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) 6a | | |
| | b | Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b | | |
| | c | Less: direct expenses from gaming and fundraising events 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | .00 |
| | 7a | Gross sales of inventory, less returns and allowances 7a | | |
| | b | Less: cost of goods sold 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | .00 |
| | 8 | Other revenue (describe in Schedule O) | 8 | .00 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | 9 | 28,537.09 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 32,925.00 |
| | 11 | Benefits paid to or for members | 11 | .00 |
| | 12 | Salaries, other compensation, and employee benefits | 12 | .00 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 1,023.70 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 3,144.00 |
| | 15 | Printing, publications, postage, and shipping | 15 | 1,938.00 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 3,752.86 |
| | 17 | **Total expenses.** Add lines 10 through 16 ► | 17 | 42,783.56 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | (14,246.47) |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 23,309.39 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | .00 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ► | 21 | 9,062.92 |

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**Part II** **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 23,309.39 | 22 | 9,062.92 |
| 23 | Land and buildings | 00 | 23 | .00 |
| 24 | Other assets (describe in Schedule O) | .00 | 24 | .00 |
| 25 | **Total assets** | 23,309.39 | 25 | 9,062.92 |
| 26 | **Total liabilities** (describe in Schedule O) | .00 | 26 | .00 |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 23,309.39 | 27 | 9,062.92 |

**Part III** **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? To promote the growth and development of African American women in metropolitan Detroit.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 WIN's annual luncheon during Women's History Month in March to honor the contributions and accomplishments of African American women in Metropolitan Detroit

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ 28a 7,273.00

29 Celebrated WIN's 25th year of African American women roles in government, corporate, philanthropy and community to continue the charge for change.

(Grants $ ) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a 21,000.00

30 WIN's volunteerism and financial support to various agencies to provide assistance to families with children during the holidays and to assist young women financially in continuing her education and health fair.

(Grants $ ) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a 4,652.00

31 Other program services (describe in Schedule O) . . . . . .

(Grants $ ) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a 0.00

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 32,925.00

**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| Beverly Smith, President | 20 | 0 | | 0 |
| Bobbie Smith, Vice President | 6 | 0 | | 0 |
| Vela White, Recording Secretary | 4 | 0 | | 0 |
| Hazel Rivers, Treasurer | 24 | 0 | | 0 |
| Patricia Cole, Founder | 16 | 0 | | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE A (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization: Women's Informal Network

Employer identification number: 38-3087736

**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.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).** 09

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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.

5 ☐ 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).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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 university.

10 ☒ An organization that normally receives (1) more than 33⅓% 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 33⅓% 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) N/A | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 **Total.** Add lines 1 through 3 . . . . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 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) . . . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6 **Public support.** Subtract line 5 from line 4 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 . . . . . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 **Total support.** Add lines 7 through 10 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . . | | | | | 12 | 0.00 |

13 **First five 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**

| | | | |
|---|---|---|---|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 | 0% |
| 15 | Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . | 15 | 0% |

16a **33⅓% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 **stop here.** 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 . . . . . ▶ ☐

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

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

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

| **Section B—Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e **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 1-1/2% 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 .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

| **Section C—Distributable Amount** | | Current Year |
|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 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-functionally integrated Type III supporting organization (see instructions).

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

| Section D—Distributions | | Current Year |
|---|---|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in **Part VI**). See instructions. | |
| 7 | **Total annual distributions.** Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions. | |
| 9 | Distributable amount for 2018 from Section C, line 6 | |
| 10 | Line 8 amount divided by line 9 amount | |

| Section E—Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|---|---|---|---|
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in **Part VI**). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| a | From 2013 . . . . | | | |
| b | From 2014 . . . . . | | | |
| c | From 2015 . . . . . | | | |
| d | From 2016 . . . . . | | | |
| e | From 2017 . . . . | | | |
| f | **Total** of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, line 7: $ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions. | | | |
| 7 | **Excess distributions carryover to 2019.** Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2014 . | | | |
| b | Excess from 2015 . . . | | | |
| c | Excess from 2016 . . . | | | |
| d | Excess from 2017 . . . | | | |
| e | Excess from 2018 . . | | | |