

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

CT0252895

Date: **APR 27 2017**

WOMENSV
C/O ADLER & COLVIN
ROSEMARY E FEI
235 MONTGOMERY ST STE 1220
SAN FRANCISCO, CA 94104

Employer Identification Number:
81-5015102
DLN:
17053060371007
Contact Person:
JULIE CHEN ID# 31261
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 1, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

RECEIVED

MAY 02 2017

ADLER & COLVIN

WOMENSV

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Stephen a. martin

Director, Exempt Organizations
Rulings and Agreements

February 27, 2017

VIA FEDERAL EXPRESS

Internal Revenue Service
Attention: EO Determination Letters
Stop 31
201 West Rivercenter Boulevard
Covington, Kentucky 41011

Re: WomenSV
Employer Identification Number 81-5015102

Dear Sir/Madam:

We enclose the tax exemption application of WomenSV, a California nonprofit public benefit corporation, for your review. WomenSV seeks a determination that it is a charitable organization described in Section 501(c)(3) of the Internal Revenue Code, and a publicly supported organization described in Sections 509(a)(1) and 170(b)(1)(A)(vi). The application consists of the following documents:

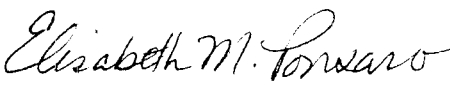
1. Our check for \$850.00;
2. Form 1023 Checklist;
3. Form 2848, Power of Attorney;
4. Form 1023, Application for Recognition of Exemption;
5. Articles of Incorporation and amended and restated Articles of Incorporation, each certified by the California Secretary of State;
6. Bylaws;
7. Proposed Budget;
8. Supplemental Responses to Form 1023; and
9. Conflict of Interest Policy.

Internal Revenue Service
Attn: Extracting - Stop 312
February 27, 2017
Page 2

RE: WomenSV
EIN: 81-5015102

We look forward to receiving your prompt decision that WomenSV is an organization described in Section 501(c)(3) and a publicly supported organization described in Sections 509(a)(1) and 170(b)(1)(A)(vi). If you have any questions, however, please contact this office.

Very truly yours,

By: 
Elisabeth M. Ponsano
Paralegal

EMP:bhs

Enclosures

cc: WomenSV

Form 1023 Checklist

(Revised December 2013)

Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

Note. Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

- Assemble the application and materials in this order:
- Form 1023 Checklist
 - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
 - Form 8821, *Tax Information Authorization* (if filing)
 - Expedite request (if requesting)
 - Application (Form 1023 and Schedules A through H, as required)
 - Articles of organization
 - Amendments to articles of organization in chronological order
 - Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B
 - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- Employer Identification Number (EIN)
- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.
- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- | | | | | | | | | | |
|------------|-----|-----|----|----------|------------|-----|-----|----|----------|
| Schedule A | Yes | ___ | No | <u>X</u> | Schedule E | Yes | ___ | No | <u>X</u> |
| Schedule B | Yes | ___ | No | <u>X</u> | Schedule F | Yes | ___ | No | <u>X</u> |
| Schedule C | Yes | ___ | No | <u>X</u> | Schedule G | Yes | ___ | No | <u>X</u> |
| Schedule D | Yes | ___ | No | <u>X</u> | Schedule H | Yes | ___ | No | <u>X</u> |

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
 - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) **P. 1, Art. II, Para. B**
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law **P. 2, Art. IV**

- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
 - Signature at Part XI of Form 1023.

- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service
201 West Rivercenter Blvd.
Attn: Extracting Stop 312
Covington, KY 41011

**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

▶ (Use with the June 2006 revision of the instructions for Form 1023 and the current Notice 1382)

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
WomenSV			
3 Mailing address (Number and street) (see instructions)		Room/Suite	4 Employer Identification Number (EIN)
146 Main Street			81-5015102
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
Los Altos, CA 94022		12	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: 650-996-2200	
a Name: Ruth Patrick		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website: www.womensv.org			
b Organization's email: (optional) n/a			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		08/01/2016	
12 Were you formed under the laws of a foreign country? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. Yes No
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. Yes No
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. Yes No
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. Yes No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. Yes No
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. Yes No

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language.

Location of Purpose Clause (Page, Article, and Paragraph): **Page 1, Article II, Paragraph B**
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
 - b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. **Page 2, Article IV**
 - c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Ruth Patrick	Director & President/CEO	146 Main Street Los Altos, CA 94022	\$100,000
Rebecca A. Sherwood	Director & Secretary	146 Main Street Los Altos, CA 94022	None
Michele Braucht	Director & Treasurer	146 Main Street Los Altos, CA 94022	None

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

c List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

2a Are any of your officers, directors, or trustees **related** to each other through **family** or **business relationships**? If "Yes," identify the individuals and explain the relationship. Yes No

b Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No

c Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

3a For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties. **Please see Supplemental Response.**

b Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

4 In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No
- b** Do you or will you approve compensation arrangements in advance of paying compensation? Yes No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No
- e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- f Do you or will you record in writing both the information on which you relied to base your decision and its source? Yes No
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.
-
- 5a Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. Yes No
- b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
- Note.** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.
-
- 6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
-
- 7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. Yes No
- b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. Yes No
-
- 8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. Yes No
- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
-
- 9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. Yes No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. Yes No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. Yes No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) **Yes** **No**

- mail solicitations
- email solicitations
- personal solicitations
- vehicle, boat, plane, or similar donations
- foundation grant solicitations
- phone solicitations
- accept donations on your website
- receive donations from another organization's website
- government grant solicitations
- Other

Attach a description of each fundraising program.

- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. **Yes** **No**
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. **Yes** **No**
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. **Yes** **No**

5 Are you **affiliated** with a governmental unit? If "Yes," explain. **Yes** **No**

6a Do you or will you engage in **economic development**? If "Yes," describe your program. **Yes** **No**

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. **Yes** **No**

b Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. **Yes** **No**

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. **Yes** **No**

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. **Yes** **No**

b Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. **Yes** **No**
Please see Supplemental Response.

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. **Please see Supplemental Response.** Yes No
- 12a** Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. Yes No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. Yes No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. Yes No
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i) Do you require an application form? If "Yes," attach a copy of the form. Yes No
- (ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. Yes No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. Yes No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. Yes No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. Yes No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. Yes No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. Yes No

Part VIII Your Specific Activities (Continued)

- 15 Do you have a **close connection** with any organizations? If "Yes," explain. Yes No
- 16 Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain. Yes No
- 17 Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain. Yes No
- 18 Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain. Yes No
- 19 Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. Yes No
- 20 Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C. Yes No
- 21 Do you or will you provide **low-income housing** or housing for the **elderly** or **handicapped**? If "Yes," complete Schedule F. Yes No
- 22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. Yes No
- Note.** Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years		(e) Provide Total for (a) through (d)	
		(a) From _____ To _____	(b) From _____ To _____	(c) From _____ To _____		(d) From _____ To _____
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	Please see Proposed Budget attached.				
	2 Membership fees received					
	3 Gross investment income					
	4 Net unrelated business income					
	5 Taxes levied for your benefit					
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)					
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)					
	8 Total of lines 1 through 7					
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					
	10 Total of lines 8 and 9					
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)					
	12 Unusual grants					
	13 Total Revenue Add lines 10 through 12					
Expenses	14 Fundraising expenses					
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
	16 Disbursements to or for the benefit of members (attach an itemized list)					
	17 Compensation of officers, directors, and trustees					
	18 Other salaries and wages					
	19 Interest expense					
	20 Occupancy (rent, utilities, etc.)					
	21 Depreciation and depletion					
	22 Professional fees					
	23 Any expense not otherwise classified, such as program services (attach itemized list)					
	24 Total Expenses Add lines 14 through 23					

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Year End: **12/31/16**
(Whole dollars)

Assets		
1	Cash	1
2	Accounts receivable, net	2
3	Inventories	3
4	Bonds and notes receivable (attach an itemized list)	4
5	Corporate stocks (attach an itemized list)	5
6	Loans receivable (attach an itemized list)	6
7	Other investments (attach an itemized list)	7
8	Depreciable and depletable assets (attach an itemized list)	8
9	Land	9
10	Other assets (attach an itemized list)	10
11	Total Assets (add lines 1 through 10)	11 0
Liabilities		
12	Accounts payable	12
13	Contributions, gifts, grants, etc. payable	13
14	Mortgages and notes payable (attach an itemized list)	14
15	Other liabilities (attach an itemized list)	15
16	Total Liabilities (add lines 12 through 15)	16 0
Fund Balances or Net Assets		
17	Total fund balances or net assets	17
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18 0
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1 a** Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No
- b** As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2** Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No
- 3** Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No
- 4** Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No
- 5** If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
- The organization is not a private foundation because it is:
- a** 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b** 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
 - c** 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d** 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

- 6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.
- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____
 - (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
 - (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
 - (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

- 7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No

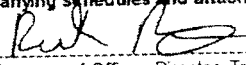
Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of gross receipts over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? Yes No
 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).
 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here


 (Signature of Officer, Director, Trustee, or other authorized official)

Ruth Patrick
 (Type or print name of signer)

2-17-2017
 (Date)

President/CEO
 (Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

WomenSV
EIN: 81-5015102
 146 Main Street
 Los Altos, California 94022

PROPOSED BUDGET

	Notes	Year One 2016*	Year Two 2017	Year Three 2018	Year Four 2019	Total
INCOME						
Gifts, grants, and contributions:						
Government grants		\$ -	\$ -	\$ -	\$ -	\$ -
Public charity grants	1	-	70,000	45,000	50,000	165,000
Private foundation grants		-	-	-	-	-
Corporate contributions		-	-	-	-	-
Individual contributions		-	100,000	137,000	154,000	391,000
Special Events		-	77,000	105,000	105,000	287,000
Unrelated business income		-	-	-	-	-
Investment income (interest, etc.)		-	-	-	-	-
Other		-	-	-	-	-
Total Income		0	247,000	287,000	309,000	843,000
EXPENSES						
Salaries and wages:						
Directors and officers	2	-	100,000	102,000	102,000	304,000
Other employees		-	60,000	72,000	120,000	252,000
<i>Subtotal salary and wages</i>		<i>0</i>	<i>160,000</i>	<i>174,000</i>	<i>222,000</i>	<i>556,000</i>
Payroll taxes and benefits (20%)		-	32,000	34,800	44,400	111,200
Emergency client support	3	-	-	3,600	6,000	9,600
Occupancy		-	8,040	12,000	12,000	32,040
Insurance		-	1,440	1,440	1,440	4,320
Telecommunications		-	3,500	3,500	3,500	10,500
Postage & shipping		-	600	600	600	1,800
Printing & copying		-	600	600	600	1,800
Office supplies		-	500	500	500	1,500
Office equipment & furniture		-	-	600	600	1,200
Educational materials		-	2,000	2,500	2,500	7,000
Travel		-	-	-	-	-
Consultants	4	-	15,000	-	-	15,000
Other		-	-	-	-	-
Total Expenses		0	223,680	234,140	294,140	751,960
NET INCOME		\$ 0	\$ 23,320	\$ 52,860	\$ 14,860	\$ 91,040

Notes

1 In Year 2, DVIC, a public charity, intends to grant Project funds to WomenSV to carry out the Project's activities. As explained in response to Part IV, DVIC is the current fiscal sponsor of the Project.

2 Salaries and Wages cover 2 full-time positions in 2017 and 2018, and three full-time positions in 2019. The highest paid position is budgeted at \$100,000 for full-time work in 2017. All staff will be paid amounts which are reasonable in light of amounts paid to comparably qualified individuals by comparable organizations for comparable responsibilities.

3 Emergency client support may include provision of a cell phone, hotel accommodations, and/or food, clothing, and toiletries.

4 In Year 2, WomenSV has budgeted \$15,000 for legal fees related to its formation and exemption application.

* WomenSV incorporated in August 2016, and had no income or expenses in that year. Thus it has no data to report for 2016.

WOMENSV
146 Main Street
Los Altos, California 94022
EIN: 81-5015102

SUPPLEMENTAL RESPONSES TO FORM 1023

Part I: Identification of Applicant.

Question 7: Authorized Representative. The names, firm, and address of the authorized representatives of WomenSV are:

Rosemary E. Fei and Emily N. Chan
Adler & Colvin
235 Montgomery Street, Suite 1220
San Francisco, California 94104

We attach a completed **Form 2848**.

Part II: Organizational Structure.

Question 1: Corporation. We attach a certified copy of the Articles of Incorporation of WomenSV, filed with the Secretary of State of California on August 1, 2016, and a certified copy of the Certificate of Amendment and Restatement of the Articles of Incorporation, filed with the Secretary of State of California on February 14, 2017.

Question 5: Bylaws. We attach a copy of the Bylaws of WomenSV, as adopted on January 29, 2017. There have been no amendments to the Bylaws to date.

Part IV: Narrative Description of Past, Present, and Planned Activities.

Background and Purposes

Most people think that domestic violence doesn't happen in affluent communities. Or if it does, then women should have the means to handle it on their own. But domestic violence cuts across all socioeconomic levels, professions, cultures, ages, and neighborhoods. And when there are substantial assets involved, the abusive partner often has control over them, even if his wife has her own career. WomenSV's goal is to address the gap in services available to victims of affluent abusers and help them find the means to break free from abuse and go on to build healthier lives for themselves, their children, and ultimately their community. WomenSV also seeks to raise public awareness about this issue.

WomenSV**EIN: 81-5015102**

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History

WomenSV initially began in February 2012 as a fiscally sponsored project (the "Project") of Los Altos Community Foundation, then became a fiscally sponsored project of Family & Children Services Silicon Valley. In 2015 the Project was taken over by Domestic Violence Intervention Collaborative ("DVIC"). Through the fiscal sponsorship of these three California nonprofit public benefit corporations (all of which are 501(c)(3) public charities), the Project has grown and expanded. The Project's activities are now being taken over by a newly-formed California public benefit corporation with the same name as the Project, WomenSV, that began operations in early 2017 as a legal entity independent of DVIC.

Program Description

WomenSV helps women take that first step towards a life free of domestic violence and abuse of all kinds, including emotional, verbal, physical, and sexual violence and financial, technology and legal abuse. It will offer information, support, and resources to help women deal with affluent abusers more safely and effectively, and seeks to increase public awareness through presentations, trainings, articles, interviews, and educational materials.

Services provided to victims of domestic violence include:

- Safety planning and consulting
- Weekly support groups
- Confidential private consulting by phone and in person
- Court and police station accompaniment
- A directory of domestic violence resources which includes: therapists and lawyers with training and experience in all forms of domestic violence; educational consultants for children struggling in school, financial consultants to help determine and manage assets; educational materials and online resources, links to social and legal services.

WomenSV will also provide training and/or educational materials on issues related to domestic violence in affluent communities to government and social services agencies, professional organizations and individuals who provide legal, medical, and social services, and religious leaders, interns and students in domestic violence-related programs, and members of the general public.

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Part V: Compensation and Other Financial Arrangements with Key Personnel.

Question 3a: Qualifications and Duties of Directors, Officers, and Key Personnel.

i. Ruth Patrick, President/CEO and Director.

Duties and Hours. As President and Chief Executive Officer, Ms. Patrick presides at all meetings of the Board of Directors and, subject to control of the Board, generally supervises, directs, and controls the business and other officers of the corporation. Ms. Patrick has the general powers and duties of management usually vested in the office of president of a corporation and has such other powers and duties as may be prescribed by the Board or the Bylaws. She serves as many hours as are necessary to complete her responsibilities as President.

Qualifications. Ms. Patrick is a domestic violence advocate with a teaching credential and state certification in domestic violence advocacy, as well as a Master's in English Literature. In addition to working full-time as the founder of the Project since 2012, and now starting up WomenSV, Ms. Patrick serves on the Domestic Violence Death Review Team, and is a member of the Association of Threat Assessment Professionals (ATAP). She also participates in the Santa Clara County Courts Systems meetings and Police Victim-Advocacy Committee under the auspices of the Santa Clara County Domestic Violence Council.

Ms. Patrick has received service awards from the Santa Clara County Psychological Association, Silicon Valley Business Journal (Woman of Influence, 2016), Los Altos/Los Altos Hills, and commendations from Assemblymember Rich Gordon, Congresswoman Anna Eshoo, and Supervisor Joe Simitian. Ms. Patrick was interviewed as an expert on domestic violence in the affluent community and featured in an Investigation Discovery documentary that aired nationally, called "Behind Closed Doors, Shocking Secrets" (<http://www.discoverychannel.com.au/discovery-id/behind-closed-doors-shocking-secrets/>).

For duties and hours of directors, see *paragraph iv.*, below.

ii. Rebecca A. Sherwood, Secretary and Director.

Duties and Hours. As Secretary, Ms. Sherwood supervises the keeping of a full and complete record of the proceedings of the Board and its committees, the giving of such notices as may be proper or necessary, and the keeping of the minute books of the corporation, among other duties as are usually vested in the office of Secretary. She has such other powers and duties as may be prescribed by the Board or the Bylaws. Ms. Sherwood serves as many hours as necessary to complete her responsibilities as Secretary.

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Qualifications. Ms. Sherwood has been a full-time faculty member in the Department of Nursing at De Anza College in Cupertino, California, for more than twenty-five years. She earned undergraduate and graduate degrees in Nursing, culminating with the Doctor of Nursing Science degree in 1984 from Boston University. Ms. Sherwood's teaching specialty is psychosocial and psychiatric-mental health nursing. In her theory course, she teaches on the topic of family abuse, including intimate partner abuse. Her students are in a program to become R.N.s and she emphasizes the importance of them having a sound understanding of domestic violence. Ms. Sherwood has completed the state mandated "40 hour course" on domestic violence.

For duties and hours of directors, see *paragraph iv.*, below.

iii. Michele Braucht, Treasurer and Director.

Duties and Hours. As Treasurer, Ms. Braucht supervises the charge and custody of all funds of the corporation, the deposit of such funds in the manner prescribed by the Board of Directors, and the keeping and maintaining of adequate and correct accounts of the corporation's properties and business transactions. She renders reports and accountings as required, and has such other powers and duties as may be prescribed by the Board or the Bylaws. Ms. Braucht serves as many hours as necessary to complete her responsibilities as Treasurer.

Qualifications. Ms. Braucht has worked for over 25 years in local government agency management as a Director of Finance and/or Director of Administrative Services. She has worked collaboratively at all levels, including the City Manager, Councils, Commissions, line-staff, and the community. Ms. Braucht's skillset is well-balanced in all aspects of municipal finance, human resources, and management of information technology. She earned her bachelor of science degree from San Jose State University in Business Administration with an emphasis in Accounting, and has passed the CPA examination.

For duties and hours of directors, see *paragraph iv.*, below.

iv. Duties and Hours of Directors.

Directors serve on the Board of Directors, which generally is expected to meet a minimum of once per year for as long as needed to cover all agenda items. Additional meetings will be held as needed. Under California corporate law governing nonprofit public benefit corporations like WomenSV, the Board is responsible for overall direction and management of WomenSV's activities and affairs, although the Board is permitted to delegate with supervision. Each director shall perform the duties of a director in good faith, in a manner the director believes to be in the best interests of WomenSV, and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances.

WomenSV

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Question 5a: Conflict of Interest Policy. We attach a copy of WomenSV's Conflict of Interest Policy, adopted by Action of the Sole Incorporator on January 29, 2017.

Question 6a/b: Non-fixed Payments of Compensation. While WomenSV's Board of Directors has no immediate plans for payment of non-fixed compensation, the Board might, at some point in the future, consider such an arrangement if it allowed the organization to recruit and/or retain leadership or staff that might otherwise be unavailable (for instance, by linking compensation to the achievement of WomenSV's fundraising goals). To ensure that any such arrangement, if approved, would not result in unreasonably high compensation, a cap would be placed on the total compensation package. The cap, which would be based on a review of what comparable organizations pay comparably-qualified individuals for similar tasks, would be determined and approved by the Board of Directors at the time the compensation arrangement was implemented.

Part VI: Benefits to Individuals and Organizations.

Question 1a. Goods, Services, or Funds Provided to Individuals. As described in **Part IV**, WomenSV will provide information, support, and resources to help needy individuals who are victims of domestic violence deal with affluent abusers more safely and effectively. In some instances, WomenSV may provide assistance for immediate needs in the form of a cell phone, hotel accommodations, and/or food or clothing.

Question 1b. Goods, Services, or Funds Provided to Organizations. As described in **Part IV**, WomenSV will provide training and educational materials to organizations and individual providers of legal, medical, and social services, as well as students, interns and members of the public, on issues related to domestic violence in affluent areas.

Part VIII: Specific Activities.

Question 4a: Fundraising Programs. WomenSV is at the initial stages of developing a fundraising plan. WomenSV anticipates fundraising mostly through solicitation of individual, corporate and foundation gifts and/or grants via personal contacts and use of a website.

Question 4b: Fundraising Contracts. WomenSV has no immediate plans to retain any outside organization or individual to raise funds for it. However, WomenSV may, at some point in the future, engage the services of one or more professional fundraisers to assist with solicitations. If it does so, WomenSV will comply with all applicable provisions of California's Nonprofit Integrity Act (the "NIA"). The NIA requires that charitable organizations enter into written contracts with commercial fundraisers or fundraising counsel for each solicitation campaign, event, or service, and specifies several provisions required to be included

WomenSV

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in such contracts. The NIA also requires all commercial fundraisers and fundraising counsel to register with the state prior to starting any solicitation. We have not attached any fundraising contracts because there are no such agreements in existence at this time.

Question 10: Intellectual Property. The Project developed a website and Internet presence while operating under DVIC, and these will be transferred to WomenSV as part of the transfer of assets from DVIC to WomenSV. Ms. Patrick, the founder, will also transfer the trademarked name "WomenSV" to WomenSV. WomenSV may create and publish presentations, articles, and training and educational materials to assist victims of domestic violence understand the resources available to them and obtain the assistance they need, and to educate the public about the issues faced by victims of domestic violence. WomenSV will conduct its publishing program, including the distribution of its publications, in a noncommercial manner in compliance with Revenue Ruling 67-4, 1967-1 Cum. Bull. 121. If any materials are copyrighted, WomenSV intends to retain the copyright whenever possible. WomenSV does not have any plans to have publications that contain commercial advertising, although should that change in the future, WomenSV would comply with any requirement to pay taxes on unrelated income generated thereby. WomenSV's publications may be distributed without charge, or for a modest fee not to exceed fair market value.

Question 11: Non-cash Contributions Accepted. WomenSV has no current plans to solicit or accept contributions of closely-held securities, real property, intellectual property, licenses, royalties, vehicles, or collectibles. If offered such assets, however, the Board of Directors would evaluate the possible use to WomenSV's mission of any proffered in-kind gift, the risks and difficulties associated with holding or liquidating it, and any donor restrictions associated with the gift, on a case-by-case basis before deciding to accept any such gift. WomenSV would expect to liquidate all in-kind gifts promptly, unless they are useful in its operations or unless liquidation is prohibited by the donor. Should WomenSV decide to accept any such gift, WomenSV will ensure that the gift is properly documented, including any donor-imposed conditions or restrictions. WomenSV will not accept any in-kind gift subject to donor-imposed conditions or restrictions unless the Board of Directors determines that such conditions or restrictions are consistent with WomenSV's charitable purposes and programs.

Part IX: Financial Data.

Question A: Statement of Revenue and Expenses. A proposed budget for WomenSV is attached.

Question B: Balance Sheet. WomenSV had no assets or liabilities in 2016.

**CONFLICT OF INTEREST POLICY
WOMENSV**

Article I: Purpose

This conflict of interest policy is designed to foster public confidence in the integrity of WomenSV (the "Charity") and to protect the Charity's interest when it is contemplating entering a transaction (defined below) that might benefit the private interest of a director, a corporate officer, the top management or top financial official, an employee, a person with substantial influence over the Charity, or other Insider Person.

Article II: Definitions

As used throughout this policy, the terms below shall be defined as follows:

Person means any individual or entity, including a trust, estate, partnership, association, company, or corporation.

Insider means a person with substantial influence over the Charity. The following four categories of persons are deemed to have substantial influence over the Charity, and therefore are considered "insiders" for the purposes of this policy:

1. Each member of the Board of Directors or other governing body.
2. The Chair of the Board, President, Chief Executive Officer, Secretary, Treasurer, Chief Financial Officer, or any person with the responsibilities of any of these positions (whether or not the person is an officer of the Charity under the Charity's Bylaws and the California Corporations Code).
3. Any other person whom the Board, based on the facts and circumstances, determines to have substantial influence over the Charity. Such persons may include a founder of or a substantial contributor to the Charity, a person with managerial authority over the Charity, or a person with control over a significant portion of the Charity's budget (such as a key employee).
4. Any person who met any of the above definitions at any time during the five years before the proposed transaction.

Insider Person includes Insiders in any of the four categories above and any person described in either of the two categories below.

5. Spouses, ancestors, children, grandchildren, great-grandchildren, brothers, sisters, and the spouses of their children, grandchildren, great-grandchildren, brothers, and sisters of any Insider.
6. Any entity in which any combination of persons listed above in categories 1 – 5 holds more than 35 percent of the combined voting power, if the entity is a

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business corporation; profits interests, if a partnership; or beneficial interest, if a trust or estate.

Interest means any commitment, investment, relationship, obligation, or involvement that may influence a person's judgment, including receipt of compensation from the Charity, a sale, loan, or exchange transaction with the Charity, and other financial interests, direct or indirect, as well as personal, political, social, or professional interests.

Compensation means any payment for services rendered, whether as an employee or independent contractor, and includes direct and indirect remuneration as well as gifts or favors that are more than insubstantial.

A *conflict of interest* is present when, in the judgment of the body or individual determining whether a conflict exists, an Insider Person's or employee's stake in the transaction is such that it reduces the likelihood that an Insider's influence can be exercised impartially in the best interests of the Charity.

Transaction means any transaction, agreement, or arrangement between an Insider Person and the Charity, or between the Charity and any third party where an Insider Person has an interest in the transaction or any party to it. Transactions specifically identified as presenting no conflict of interest by applicable law, or under a corporate policy adopted by the Board of Directors to govern certain similar transactions and impartially administered, are excepted from the term transaction for purposes of this policy. Nothing in this policy permits the Charity to engage in a transaction prohibited by law.

Article III: Procedures

1. Duty to Disclose

Each employee who is not an Insider Person shall disclose to the Charity's President all material facts regarding his or her interest (including relevant affiliations) in any transaction being considered by the Charity (other than his or her own compensation as an employee). The employee shall make that disclosure promptly upon learning of the proposed transaction. If there is a question as to whether the employee is an Insider Person, the President shall present this issue to the Board of Directors, and the Board shall resolve the matter.

Each Insider Person shall disclose to the Board, or to the Executive Committee or other Board Committee empowered to approve a specific transaction or type of transaction ("Committee"), all material facts regarding his, her, or its interest (including relevant affiliations) in the transaction. The Insider Person shall make that disclosure promptly upon learning of the proposed transaction. Insiders shall make disclosures on behalf of Insider Persons related to them unless the related Insider Person does so. (Committee powers and procedures depend on state corporate law and the authority properly delegated to the Committee by the Board. Committee actions taken under this policy must also comply with such law and authority.)

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2. *Determining Whether a Conflict of Interest Exists*

With regard to an employee who is not an Insider Person, the President shall determine whether a conflict of interest exists.

With regard to an Insider Person, the Board or Committee shall determine if a conflict of interest exists. The Insider(s) and any other Insider Person(s) involved with the transaction shall not be present during the Board or Committee's discussion or determination of whether a conflict of interest exists, except as provided in Article IV below.

3. *Procedures for Addressing a Conflict of Interest*

Once a conflict of interest has been found:

With regard to an employee who is not an Insider Person, the President shall ascertain that all material facts regarding the transaction and the employee's conflict of interest have been disclosed, and decide the appropriate response by the Charity, taking into consideration the seriousness of the conflict.

With regard to an Insider Person, the Board or Committee shall follow the procedures set forth in Article IV in order to decide what measures are needed to protect the Charity's interests in light of the nature and seriousness of the conflict, to decide whether to enter into the transaction and, if so, to ensure that the terms of the transaction are appropriate. In the case of an insider who is a director, the director shall not vote on any transaction in which the director has an interest, and the remaining Board or Committee members shall decide the matter.

Article IV: Review by the Board or Committee

The Board or Committee may ask questions of and receive presentation(s) from the Insider(s) and any other Insider Person(s), but shall deliberate and vote on the transaction in their absence. The Board or Committee shall ascertain that all material facts regarding the transaction and the Insider Person's conflict of interest have been disclosed to the Board or Committee, and shall compile appropriate data to ascertain whether the proposed transaction is fair and reasonable to the Charity.

After exercising due diligence, which may include investigating alternatives that present no conflict, the Board or Committee shall determine whether the transaction is in the Charity's best interest, for its own benefit, and whether it is fair and reasonable to the Charity. If the transaction involves a director, the Board or Committee shall also determine that the corporation could not have obtained a more advantageous arrangement with reasonable effort under the circumstances.

If the transaction involves a director with a material financial interest, the transaction may then be approved by a vote of the majority of the directors then in office, not including any interested directors. If it is not reasonably practical to obtain advance approval by the full Board in this way, a Committee may approve the transaction with the director by a vote of a majority of the Committee members, not counting any interested Committee members. Then, at the next Board meeting, the transaction must be ratified by the full Board, again by a

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vote of a majority of directors then in office not counting any interested directors. If the transaction does not involve a director with a material financial interest, the transaction can be approved by the Board or Committee by majority vote of those present at a meeting for which quorum requirements have been met.

Article V: Records of Proceedings

The minutes of any meeting of the Board and any Committee pursuant to this policy shall contain the name of each Insider Person who disclosed or was otherwise determined to have an interest in a transaction; the nature of the interest and whether it was determined to constitute a conflict of interest; any alternative transactions considered; the members of the Board or Committee who were present during the debate on the transaction, those who voted on it, and to what extent Insider Persons were excluded from the deliberations; any comparability data or other information obtained and relied upon by the Board or Committee and how the information was obtained; and the result of the vote, including, if applicable, the terms of the transaction that was approved and the date it was approved.

The records must be prepared by the later of the next meeting of the Board or Committee or 60 days after the final action of the Board or Committee with respect to the transaction, and must be approved by the Board or Committee within a reasonable time afterwards.

Article VI: Annual Disclosure and Compliance Statements

Each director, each corporate officer, the top management official, the top financial official, and each employee of the Charity, and others that the Charity may identify, shall annually sign a statement, that:

- affirms that the person has received a copy of this conflict of interest policy, has read and understood the policy, and has agreed to comply with the policy; and
- for certain individuals, discloses the person's financial interests and family relationships that could give rise to conflicts of interest.

All such statements returned to the Charity shall be retained in a safe place with the other important records of the Charity.

Article VII: Past Transactions; Violations

If the President has reasonable cause to believe that an employee who is not an Insider Person of the Charity has failed to disclose actual or possible conflicts of interest, he or she shall inform such employee of the basis for this belief and afford the employee an opportunity to explain the alleged failure to disclose. If, after hearing the employee's response and making further investigation as warranted by the circumstances, the President determines that the employee has failed to disclose an actual or possible conflict of interest, the President shall take appropriate disciplinary and corrective action.

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If the Board has reasonable cause to believe that an Insider of the Charity has failed to disclose actual or possible conflicts of interest, including those arising from a transaction with a related Insider Person, it shall inform such Insider of the basis for this belief and afford the Insider an opportunity to explain the alleged failure to disclose. If, after hearing the Insider's response and making further investigation as warranted by the circumstances, the Board or Committee determines that the Insider has failed to disclose an actual or possible conflict of interest, the Board or Committee shall take appropriate disciplinary and corrective action.

In situations where a transaction involving a conflict of interest is discovered after it has already occurred or begun (because, for example, the interest was inadvertently not disclosed prior to the transaction, or the Charity's leadership did not realize that a review was necessary or advantageous), the Board or Committee shall conduct a review as described above in Article IV, and determine whether disciplinary or corrective action is possible or warranted. In appropriate cases, the Board or Committee may determine, upon completion of the review, that ratification of the transaction is in the Charity's best interest, for its own benefit, and is fair and reasonable to the Charity.

Article VIII: Annual Reviews

To ensure that the Charity operates in a manner consistent with its charitable purposes and its status as an organization exempt from federal income tax, the Board shall authorize and oversee an annual review of the administration of this conflict of interest policy. The review may be written or oral. The review shall consider the level of compliance with the policy, the continuing suitability of the policy, and whether the policy should be modified and improved.

Article IX: Legal Standards

The Charity and its directors and officers shall adhere to fiduciary duty and conflict of interest rules imposed by law, including those contained in Section 4958 and other sections of the Internal Revenue Code and Sections 5231, 5233, and other sections of the California Nonprofit Public Benefit Corporation Law.

Version dated January, 2017

WOMENSV

**CONFLICT OF INTEREST POLICY:
ACKNOWLEDGMENT AND FINANCIAL INTEREST DISCLOSURE STATEMENT**

WomenSV (the "Charity") follows a conflict of interest policy designed to foster public confidence in our integrity and to protect our interest when we are contemplating entering a transaction or arrangement that might benefit the private interest of a director, a corporate officer, our top management official and top financial official, any of our employees, any person with substantial influence over the Charity, or other Insider Persons.

Part I. Acknowledgment of Receipt (all listed persons)

To promote awareness of and compliance with the policy, we provide each person listed below with a copy of the policy, and ask each to acknowledge receipt of, and agree to comply with, the policy, by completing this Part I.

I hereby acknowledge that I have received a copy of the conflict of interest policy of the Charity, have read and understood it, and agree to comply with its terms.	
_____	_____
Signature	Date

Printed Name	

Part II. Disclosure of Financial Interests (directors, corporate officers, top management official, top financial official, and key employees only)

We are required annually to file Form 990 with the Internal Revenue Service, and the form we file is available to the public. In order to complete Form 990 fully and accurately, we need each officer, director and key employee (defined below) to disclose the information requested in this Part II.

A "conflict of interest," for purposes of Form 990, arises when a person in a position of authority over an organization, such as an officer, director, or key employee, may benefit financially from a decision he or she could make in such capacity, including indirect benefits such as to family members or businesses with which the person is closely associated.¹ Only financial interests must be listed on this disclosure form.

The purpose of this disclosure is to provide the Board of Directors or other governing body with a meaningful opportunity to determine whether a conflict of interest exists, by disclosing any interest that could give rise to a conflict of interest. Complete, accurate disclosure gives the governing body information it needs to fulfill its fiduciary obligations and to make decisions that are in the best interest of the organization.

¹ This definition applies for purposes of this Part II disclosure form and is more limited than the definition of a conflict of interest under the Charity's policy.

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Part II To be completed by each director, corporate officer, top management official, top financial official, and "key employee" of WomenSV. "Key employee" means an employee whose total annual compensation (including benefits) from the organization and its affiliates is more than \$150,000 and who (a) has responsibilities or influence over the organization similar to that of officers, directors, or trustees; or (b) manages a program that represents 10% or more of the activities, assets, income, or expenses of the organization; or (c) has or shares authority to control 10% or more of the organization's capital expenditures, operating budget, or compensation for employees.

Please check ONE of the following boxes:

My interests and relationships have not changed since my last disclosure of interests. [Proceed to signature block below. Do not complete the tables.]

OR

I hereby disclose or update my interests and relationships that could give rise to a conflict of interest: [Complete the table below. Use additional pages as needed.]

Family Relationships	Names of those presenting a potential conflict of interest
Include spouse/domestic partner, living ancestors, brothers and sisters (whether whole or half blood), children (whether natural or adopted), grandchildren, great grandchildren, and spouses/domestic partners of brothers, sisters, children, grandchildren, and great grandchildren	

Type of interest	Description of interest that could lead to a conflict of interest
Transactions or arrangements with WomenSV	
Transactions or affiliations with other organizations	
Substantial business or investment holdings	
Transactions or affiliations with businesses	

I am not aware of any financial interest involving me or a family member that could present a conflict of interest that I have not disclosed either above or in a previous disclosure statement.

Signature

Date