#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs

ons is at  $_{WWW\ irs\ gov/form990}$  and ending  $\ JUN\ 30$  , A For the 2013 calendar year, or tax year beginning JUL 1. 2013 Check if C Name of organization D Employer identification number Address change WOMEN IN NEED, INC. Name change 13-3164477 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-115 WEST 31ST STREET 212-695-4758 Amended return 50,498,844. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-NEW YORK, NY 10001 H(a) Is this a group return pending F Name and address of principal officer: ERIC ROSENBAUM for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.WINNYC.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1983 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 26 26 Number of independent voting members of the governing body (Part VI, line 1b) 438 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 935 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T. line 34 **Prior Year Current Year**  $\overline{36,271,584}$ 45,074,839. Contributions and grants (Part VIII, line 1h) Revenue 2,534,989. 425,068. Program service revenue (Part VIII, line 2g) 2,831,488. 860. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,234,870. 1,895,490. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 49,396,257. 42,872,931. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 17,511,839.14,528,735. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 25,174,964. 31,345,363. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 39,703,699. 48,857,202. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,169,232. 539,055. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 14,552,157. 15,218,306. 20 Total assets (Part X, line 16) 5,017,868. 5,144,962. 21 Total liabilities (Part X. line 26) Net 9,534,289. 10,073,344. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ERIC ROSENBAUM, CHIEF OPERATING OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ISRAEL TANNENBAUM P01589203 Paid LOEB & TROPER LLP 13-1517563 Preparer Firm's name Firm's EIN Firm's address 55 THIRD AVENUE, 12TH FLOOR Use Only NEW YORK, NY 10017 Phone no. 212-867-4000 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

	1990 (2013) WOMEN IN NEED, INC.	13-31644//	Page 2
Pa	rt III Statement of Program Service Accomplishments		X
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[A
1	Briefly describe the organization's mission: SEE SCHEDULE O		
	DEE SCHEDOLE O		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	XYes	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$36 , 429 , 855 • including grants of \$) (Revenue)		325.
	WIN OPERATES EIGHT TRANSITIONAL HOUSING RESIDENCES WITH		
	INDIVIDUAL FAMILY UNITS IN MANHATTAN, BROOKLYN AND THE I		13.700
	SHELTERS PROVIDE VOCATIONAL, EDUCATIONAL, JOB TRAINING,		
	HOUSING ASSISTANCE. WIN HOUSING ADDRESSES PHYSICAL AND		
	ISSUES, SUCH AS SUBSTANCE ABUSE, LEGAL ISSUES, AND DOMES		E,
	ENTITLEMENT BENEFITS AND SOCIALIZATION NEEDS. IN FY 2014 TRANSITIONAL RESIDENCES FOR HOMELESS FAMILIES SHELTERED		7 C'
	MANY FAMILIES AS TEN YEARS AGO. IN THE LAST TWO YEARS, M		
	OUR FAMILIES THAT MOVED TO PEMANENT HOUSING HAVE REMAIN		
	HOUSING.	TI DIADE	
	10001110		
4b	(Code: ) (Expenses \$ 5,441,181 • including grants of \$ ) (Revenue	754,	087.
	IN FY 14, WIN OPERATED 240 SUPPORTIVE HOUSING UNITS WITH		
	TO SERVE MORE THAN 600 WOMEN AND THEIR CHILDREN, INCLUDE		
	MOTHERS WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM, FAI		
	DOMESTIC VIOLENCE HISTORIES OR IN RECOVERY FROM ALCOHOL	AND DRUG	
	PROBLEMS, FAMILIES WITH MULTIPLE EPISODES OF HOMELESSNES		
	BASIC LIVING SKILLS, HAVE NEVER HAD A HOME, AND HAVE EXI		
	CHILDHOOD SEXUAL AND/OR PHYSICAL ABUSE. SERVICES INCLUDE		-
	CASE AMANGEMENT, VOCATIONAL AND EDUCATIONAL SERVICES AND		
	PARENTING, BUDGETING SKILLS, AND BUILDING COMMUNITY SUPI	PORT SYSTEMS	5.
4-	(Code: ) (Expenses \$ 1,010,207 • including grants of \$ ) (Revenue)	. /31	656.
4C	(Code:) (Expenses \$1,010,207. including grants of \$) (Revenue WIN SINGLE-GENDER SUBSTANCE ABUSE TREATMENT SERVICES ARE		
	HUNDREDS OF WOMEN EACH YEAR AT OUR OASAS-LICENSED OUTPAT		
	THE BRONX CREATED TO MEET THE UNIQUE NEEDS OF WOMEN AND		. 111
	CLIENTS RECEIVE INDIVIDUAL SERVICES TO MAINTAIN AND SUST		עי
	REACH VOCATIONAL/EDUCATIONAL GOALS, AND FOSTER FAMILY AND		
	STABILITY. WIN WAS ONE OF THE FIRST TO PROVIDE ON-SITE OF		•
	WITHOUT THIS SERVICE MANY OF OUR CLIENTS WOULD NOT BE AN		ID.
	SERVICES INCLUDED INDIVIDUAL COUNSELING, MEDICAL ASSESSMENT		
	PREVENTION, DRUG AND ALCOHOL EDUCATION, PARENTING AND ALCOHOL EDUC		
	GROUPS. WE RECENTLY ADDED THREE SATELLITE CLINIC REFERRA		
	ENABLE US TO SCREEN AND REFER CLIENTS IN FOUR WIN SHELTI		
	SUBSTANCE ABUSE TREATMENT SERVICES.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 275,000 • including grants of \$ ) (Revenue \$	١	
— 4е	Total program service expenses ► 43,156,243.		
_		Form <b>9</b>	<b>990</b> (2013

332002 10-29-13

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		,,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
			aan /	(0040)

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		х
h	Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

# Form 990 (2013) WOMEN IN NEED, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Section   Sect		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. Find applicable						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter of Irind applicable OIst the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a 438  2a 438  2b X  A 38  2c Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, rifled for the calendar year ending with or within the year covered by this return  3b If at least one is reported on line 2a, did the organization fall elequined federal employment tax returns?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization thave unrelated business gross income of \$1,000 or more during the year?  3c Did the organization and the organization have an interest in, or a signature or other authority over, a financial account or former financial account or the relation of the organization of the organization have an interest in, or a signature or other authority over, a financial account or former financial account?  3c Did the organization and party to a prohibited tax shelter transaction at any time during the tax year?  3c Did any taxelegate party nortly the organization file Form 8886.77  3c Did any taxelegate party nortly the organization file Form 8886.77  3c Did the organization and party to a prohibited tax shelter transaction at any time during the tax year?  3c Did to organization shelt was propagated to the time so is a party to a prohibited tax shelter transaction at any time during the tax year?  3c Did the organization shelt was propagated to the time so is a party to a prohibited tax shelter transaction?  3c Did the organization shelt was propagated to the organization shelt and the organization file form 8886.77  3c Did the organization shelt was propagated to the sale o	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.    Filed for the calendar year ending with or within the year covered by this return   1	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Earth the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
freed for the calendar year ending with or within the year covered by this return    1		(gambling) winnings to prize winners?			1c		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e <sup>1</sup> /bite (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have an inferrest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  4a At any time the name of the foreign country   ▶ See instructions for filing requirements for Form TD F 00 22.1, Report of Foreign Bank and Financial accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If Yes, it line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization neceive a payment in excess of 3/5 made party as a contribution and party for goods and services provided to the payor?  7c Did the organization receive a payment in excess of 3/5 made party as a contribution and party for goods and services provided to the payor?  7b If Yes, if did the organization notify the donor of the value of the goods or services provided?  7c X  7d If Yes, if indicate the number of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If Yes, if indicate the number of Forms 8282 filed during the year  8 pone organization make any taxable distribution to a donor, donor advised funds.  9 pone organizati	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross norm of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (see has a bank account, securities account, in a foreign country (see has a bank account, securities account, or other financial accountry over, a financial accountry over, a financial account in a foreign country. ►  5a If "Yes," enter the name of the foreign country. ►  5a instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b Veryes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b Veryes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  7b Variable or organization that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Variable organization organization notify the donor of the value of the goods or services provided?  7c Variable organization organization organization organization organization fee provided to the payor?  7b Variable organization organization organization organiza		filed for the calendar year ending with or within the year covered by this return	2a	438			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filled a Form 980°T for this year? If "No," to line 3b, provide an explanation in Schedule O  4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5c b If "Yes," enter the name of the foreign country" ▶  5c se instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5c b Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts.  5c b Was the organization filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5c b Was the organization filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5c b Was the organization filing from 8886.17  6c lot filing the system of the organization filing form 8886.17  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions was an unal gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions?  6d If "Yes," the did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 1090 for year to the property of the organization fi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly financial accoun		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization required the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization that the shelfer transaction at any time during the tax year?  5a Was the organization that the shelfer transaction at any time during the tax year?  5b Was the organization that are not save deductible as charitable contributions?  5c Was deductible party foreign and the same annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Was deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  8d Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  9d Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  17a X Was indicate the number of Forms 8282 filed during the year  17b Did *Yes,* indicate the number of Forms 8282 filed during the year  17c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  17e X Was indicated the number of Forms 8282 filed during the year payment with the organization file or mathematical and particular property, did the organization file a Form 1098-C?  17e Sponsoring organization secleved a contribution of qualified intellet	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
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a Initiation fees and capital contributions included on Part VIII, line 12					30		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		· · · / · ·	10a				
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		·					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а	Gross income from members or shareholders	11a				
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	12a	•	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		·					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	· · · · · · · · · · · · · · · · · · ·	ı				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Did the consideration we sit a survey of the facility of the f			44		y
	D	ii res, rias it iiled a Form 720 to report triese payments? II No, provide an explanation in Schedule	<del>.</del>			990	(2013)

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					LX.
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervisior	ո			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		Ī			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		Ī			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					
				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		,			
		,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		[	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of					
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,	·····			
	Did the apprinction have a written conflict of interest notice Off "No." so to line 12			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
Ŭ	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
 15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			154		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the steps are steps and take steps to safeguard the organization of the steps are steps and take steps are steps are steps and take steps are steps are steps and take steps are steps and take steps are steps are steps and take steps are steps are steps are steps are steps are steps are steps and take steps are steps are step and take steps are steps are steps are steps are step at the step and take steps are step and take steps are step and the step are step are step at the step are step are step at the step at	• •				
				16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed ►NY , NJ					
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)	s onlv) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	( ) = = = = = = = = (5)(0)(	<b>,</b> , u		-	
		in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	•	licv. and	l finar	icial	
	statements available to the public during the tax year.	eac or antoroot pe	, and		. 5.01	
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the o	rganizat	ion: 🖿	•	
	JOHN GOLDSTEIN - 212-695-4758		. gai 112at			
	115 WEST 31ST STREET, NEW YORK, NY 10001					

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box,	not c unle	ss pe	ition more rson i	than is bot	h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAQUI LIVIDINI	8.00	x		х				0.	0.	0
BOARD CHAIRPERSON (2) KATHERINE FREED JENNINGS	8.00	Δ		Λ			-	0.	0.	0.
VICE CHAIR	0.00	х		х				0.	0.	0.
(3) EILEEN THOMAS	8.00	23							•	
VICE CHAIR	0.00	x		Х				0.	0.	0.
(4) CHRIS STERN HYMAN	8.00									
VICE CHAIR		x		х				0.	0.	0.
(5) EUGENIA ULASEWICZ	8.00								9 -	
VICE CHAIR		x		х				0.	0.	0.
(6) BENEDETTA CASAMENTO	8.00									
TREASURER		Х		Х				0.	0.	0.
(7) MYLA LERNER	4.00									
SECRETARY		Х		X				0.	0.	0.
(8) YFAT REIS GENDELL	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MARGO FULD	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) JUDY LOEB GOLDFEIN	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) KAREN HARVEY	2.00	_								•
DIRECTOR		Х						0.	0.	0.
(12) LOIS HERZECA	2.00	,,								0
DIRECTOR	2 00	Х						0.	0.	0.
(13) JANE PERIN	2.00	,,						0.	0.	0
DIRECTOR	2.00	Х					-	0.	0.	0.
(14) BARBARA PERLMUTTER DIRECTOR	2.00	x						0.	0.	0.
(15) KARIN SADOVE	2.00	Λ						0.	0.	<u> </u>
DIRECTOR	4.00	x						0.	0.	0.
(16) CLOVER BERGMANN	2.00	22							0.	<u></u>
DIRECTOR	2.00	x						0.	0.	0.
(17) MELISSA BESTE	2.00						H	<del>                                     </del>		
DIRECTOR		x						0.	0.	0.

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Form 990 (2013)

Form 990 (2013) WOMEN IN	NEED,	T 1/1 (	٠.						13-3164	4//	Pi	age <b>8</b>
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos check	itior more	) than	one	Reportable	Reportable	Es	stimate	ed
	hours per	box	, unle	ess pe	erson	is bot	h an	compensation	compensation	an	nount	of
	week	<del></del>	Cer ar	lu a u	T	)r/trus	T ee)	from	from related		other	
	(list any	ecto						the	organizations	l	pensa	
	hours for related	ordi	8			ated		organization	(W-2/1099-MISC)	l	om th	
	organizations	nstee	trust		g,	suadı		(W-2/1099-MISC)			anizat d relat	
	below	ual tr	tional		ploye	t con	L				u reiai anizati	
	line)	Individual trustee or director	institutional trustee	Officer	key employee	Highest compensated employee	Former			l	ai iizati	0110
(18) TRACY GARDNER	2.00	┢	┢	Ť	Ť	1 0	Ť					
DIRECTOR		x						0.	0.			0.
(19) ELLEN SCHONINGER	2.00											
DIRECTOR		Х						0.	0.			0.
(20) NICOLE LAPIN	2.00											
DIRECTOR		Х						0.	0.			0.
(21) NANDA ANAND	2.00	۱							0			•
DIRECTOR	2 00	Х						0.	0.			0.
(22) LAUREN BOGLIVI	2.00	X						0.	0.			0.
DIRECTOR (23) MONICA RICH KOSANN	2.00	^						0.	0.			<u> </u>
DIRECTOR	2.00	$ \mathbf{x} $						0.	0.			0.
(24) ANN LANE	2.00	+										
DIRECTOR		x						0.	0.			0.
(25) LIZ RODBELL	2.00											
DIRECTOR		X						0.	0.			0.
(26) JILL SEELIG	2.00	1										_
DIRECTOR		Х						0.	0.			0.
1b Sub-total								0.	0.	10	1 0	0.
c Total from continuation sheets to Part V								1,443,492.	0.	10	1,9	34.
d Total (add lines 1b and 1c)								1,443,492.	0.	10	1,9	34.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bove	e) wl	ho r	eceived more than \$100	,000 of reportable			1.0
compensation from the organization											Yes	10 No
3 Did the organization list any <b>former</b> officer			- 1		1			h:			162	NO
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for				-	-	-		· ·		3		Х
4 For any individual listed on line 1a, is the s								her compensation from		3		
and related organizations greater than \$15	•							•	•	4	х	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	-				-			<del>-</del>		5		Х
Section B. Independent Contractors												
Complete this table for your five highest or	ompensated in	den	and c	nt c	onti	racto	ore t	that received more than	\$100,000 of company	ation	from	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)		(0)
(A)	(B)	(C)
Name and business address	Description of services	Compensation
TERRY DAVIGON	·	·
TERRI RAWSON		
4 BRYN MAWR ROAD, WELLESLEY, MA 02482	MARKETING	150,000.
LOEB & TROPER, 655 THIRD AVENUE, 12TH		
FLOOR, NEW YORK, NY 10017	ACCOUNTING	119,100.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

Form 990 WOMEN IN	NEED, .	LING	٠.						13-316	44//
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Ė		((				(D)	(E)	(F)
Name and title	Average hours	(cl		Pos	ition	ı app	ıly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) BONNIE STONE	40.00			l					•	44 400
PRESIDENT/CEO				Х				289,928.	0.	11,408.
(28) ERIC ROSENBAUM COO	40.00			х				211,639.	0.	25,905
(29) ROBIN WHITE	40.00									
VP-DEVELOPMENT		1		Х				204,610.	0.	16,339
(30) OPHELIA SMITH VP PROGRAMS	40.00			х				171,435.	0.	18,163
(31) JOHN GOLDSTEIN	40.00							1/1,455.	0.	10,105
CONTROLLER						х		112,596.	0.	20,049
(32) TERI MILONA	40.00									
VP WORKFORCE DEVELOPMENT AND CCO						Х		138,669.	0.	6,236
(33) MARGUERITE VON STOLK	40.00									
ASSISTANT VP DEVELOPMENT						Х		108,218.	0.	0
(34) ANGELA GONZALEZ	40.00									
ASSISTANT VP QUALITY ASSURANCE & FAC						Х		105,612.	0.	3,834.
(35) MARY THAMAN	40.00									
DIRECTOR OF GRANTS MANAGEMENT						Х		100,785.	0.	0.
Total to Part VII, Section A, line 1c								1,443,492.		101,934.

	I VII	Check if Schedule O cont		se or note to any lin	e in this Part VIII			
			,		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Gra Jou		Membership dues						
An An	С	Fundraising events	1c	686,701.				
를 돌	d	Related organizations	1d					
imi,	е	Government grants (contribut	ions) <b>1e</b>	41,259,392.				
호텔	f	All other contributions, gifts, gran	ts, and					
ള		similar amounts not included abo	ve 1f	3,128,746.				
dot	g	Noncash contributions included in lines	1a-1f: \$					
a S	h	Total. Add lines 1a-1f		<b>&gt;</b>	45,074,839.			
				Business Code				
9	2 a	SUBCONTRACTED FEES		531110	1,239,325.	1,239,325.		
e Ķ	b	SUPPORTIVE HOUSING CLI	ENT RENT	531110	754,087.	754,087.		
S Z	С	MEDICAID		621400	431,656.	431,656.		
Program Service Revenue	d							
₽ E	е							
ᇫ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<b></b>	2,425,068.			
	3	Investment income (including						
		other similar amounts)		<b>&gt;</b>	860.			860.
	4	Income from investment of tax						
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents	406,54	14.				
	b	Less: rental expenses	554,31	L6.				
	С	Rental income or (loss)	-147,77	72.				
	d	Net rental income or (loss)		<b>&gt;</b>	-147,772.			-147,772.
		Gross amount from sales of	(i) Securitie					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
o l		Gross income from fundraising						
ᇍ		including \$ 686	,701. of					
ě		contributions reported on line	1c). See					
┈		Part IV, line 18		a 2,590,391.				
Other Revenue	b	Less: direct expenses						
۱ -		Net income or (loss) from fund			2,042,120.			2,042,120.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19		a				
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns	η Π				
		and allowances		а				
	b	Less: cost of goods sold		b				
	С	Net income or (loss) from sale	s of inventory	<i>'</i> ▶				
[		Miscellaneous Revenu	е	Business Code				
	11 a	MISCELLANEOUS		900099	1,142.			1,142.
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b></b>	1,142.			
	12	Total revenue. See instructions.			49,396,257.	2,425,068.	0.	1,896,350.
332009 10-29-	9 13		<u></u>	<u> </u>				Form <b>990</b> (2013)

# Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must con		ner organizations must co	mplete column (A).	
20011	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	899,350.	83,647.	584,172.	231,531.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	40 600 004	11 710 001	4 450 000	202 252
7	Other salaries and wages	13,607,271.	11,742,221.	1,472,000.	393,050.
8	Pension plan accruals and contributions (include	00 545	00 000	0 - 1 1	680
	section 401(k) and 403(b) employer contributions)	23,515.	20,292.	2,544.	679.
9	Other employee benefits	1,794,961.		194,174.	51,848.
10	Payroll taxes	1,186,742.	871,289.	236,994.	78,459.
11	Fees for services (non-employees):				
а	Management	<u> </u>	40.465	6 600	
	Legal	54,854.	48,165.	6,689.	
С	Accounting	221,600.		221,600.	
	Lobbying	62,500.		62,500.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 101 560	FF6 000	016 000	400 060
	column (A) amount, list line 11g expenses on Sch 0.)	1,181,769.	556,822.	216,087.	408,860.
12	Advertising and promotion	150,000.	2 620 001	150,000.	107 552
13	Office expenses	4,098,973.	3,630,221.	361,199.	107,553.
14	Information technology				
15	Royalties	22 456 251	22 061 754	400 010	2 707
16	Occupancy	23,456,351.		490,810.	3,787.
17	Travel	137,705.	114,583.	20,585.	2,537.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,827.	12,827.		
20	Interest	14,04/.	14,04/•		
21	Payments to affiliates	477,600.	452,041.	23,804.	1,755.
22	Depreciation, depletion, and amortization	743,228.	694,837.	38,206.	10,185
23	Insurance Other expanses Itemize expanses not covered	743,220.	0,4,037.	30,200.	10,103
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STAFF TRAINING	423,185.	94,174.	324,238.	4,773.
b	FOOD	324,771.	324,431.	340.	= , 3 .
c		, , , , , , , , , , , , , , , , , , ,	022,2023		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,857,202.	43,156,243.	4,405,942.	1,295,017.
26	<b>Joint costs.</b> Complete this line only if the organization	, , , ====	, , , , ,	, , , , , , , ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00004	1 10-10-13				Form <b>990</b> (2013)

11310224 733030 1217

Form 990 (2013)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	7,157,489.	1	8,081,020
2	Savings and temporary cash investments	285,686.	2	286,280
3	Pledges and grants receivable, net	4,176,670.	3	3,204,791
4	Accounts receivable, net	49,512.	4	162,400
5	Loans and other receivables from current and former officers, directors,	,	-	,
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ا م	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8			8	
9	Inventories for sale or use Prepaid expenses and deferred charges		9	172,14
	Land, buildings, and equipment: cost or other		-	1,2,11
104				
h		2,175,496.	10c	2,181,847
1	1	2,113,430.	11	2,101,04
11	Investments - publicly traded securities		12	
12	Investments - other securities. See Part IV, line 11		13	
13	Investments - program-related. See Part IV, line 11		14	
14	Intangible assets	707,304.	15	1,129,82
15	Other assets. See Part IV, line 11	14,552,157.	16	15,218,30
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,436,870.	17	3,873,43
17	Accounts payable and accrued expenses	4,430,070.	18	3,073,43.
18	Grants payable		19	
19	Deferred revenue			
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	F00 000		1 071 50
	Schedule D	580,998.	25	1,271,52
26	Total liabilities. Add lines 17 through 25	5,017,868.	26	5,144,962
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34.	0 224 025		9,760,94
27	Unrestricted net assets	9,324,835. 59,454.	27	162,40
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	150,000.	29	150,000
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	0 504 000	32	10 000 00
33	Total net assets or fund balances	9,534,289.	33	10,073,34
34	Total liabilities and net assets/fund balances	14,552,157.	34	15,218,306

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets				•	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,	85	7,2	02.
3	Revenue less expenses. Subtract line 2 from line 1	3				55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,	53	4,2	89.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	10,	07	3,3	44.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?		L	3а	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			I		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **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.

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

Employer identification number WOMEN IN NEED. 13-3164477 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	30,579,522.	31,340,136.	31,131,150.	36,271,584.	45,074,839.	174,397,231.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	30,579,522.	31,340,136.	31,131,150.	36,271,584.	45,074,839.	174,397,231.
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)						
6	Public support. Subtract line 5 from line 4.						174,397,231.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	30,579,522.	31,340,136.	31,131,150.	36,271,584.	45,074,839.	174,397,231.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	293,596.	200,967.	307,959.	404,531.	407,404.	1,614,457.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			782,725.	1,331,737.	2,042,120.	4,156,582.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	15,848.	5,338.	65,296.	40,590.	1,142.	128,214.
11	<b>Total support.</b> Add lines 7 through 10						180,296,484.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 10	,769,844.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ						06 50
	Public support percentage for 2013 (					14	96.73 %
	Public support percentage from 2012					15	97.30 %
16a	6a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances test - 2013. 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 "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>ere.</b> Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	-	=		•		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Scho	dule A (Form 990	or 000_E7\ 2012

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### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, piedoc com	pioto i urt ii.j				
_	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	,	<b>'</b>	` '			, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
Э	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	***						
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
ı.	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
_	ction B. Total Support			ı	1	1	
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2013 (	ine 8, column (f) c	livided by line 13, o	column (f))		15	%
	Public support percentage from 2012					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>113</b> (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	<b>2012</b> Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	ifies as a publicly	supported organiz	ation	▶□
k	33 1/3% support tests - 2012. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>s</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990	or 990-EZ)	2013	WOMEN	IN .	NEED,	INC.				13-31644// Page 4
Part IV Supple	mental I	nform	nation. Pr	ovide th	ne explanatio	ons required	by Part	II, line 10; Pa	art II, line 17a or	17b; and Part III, line 12.
Also com	plete this p	oart for	any additio	nal info	rmation. (Se	e instruction	s).			
CCUEDIII E X	ם אם שם	тт	TTNE	1 0	EADL V.	NI A TIT ( NI	₽∩D		TNCOME.	
SCHEDULE A,	PARI	тт,	птие	10,	EAPLA	MATION	FOR	OTHER	INCOME:	
MISCELLANEO	US									
INSURANCE P	ROCEEI	DS								

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Employer identification number

2013

	WOMEN IN NEED, INC.	13-3164477					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	n					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
General Rule  For an organiza	I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spectrum of the second street o						
Special Rules							
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contribution	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year							
	n that is not covered by the General Rule and/or the Special Rules does not file Sch on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

WOMEN IN NEED, INC.

13-3164477

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	3101177
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 37,065,968.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,523,727.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,104,406</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 1,669,697.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization | Employer identification number

WOMEN IN NEED, INC.

13-3164477

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(-)		Ψ	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number WOMEN IN NEED, INC. 13-3164477 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. `from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<del>"</del>	

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	<u>Section 501(c)(4), (5), or (6) organiza</u>	tions: Complete Part III.						
Nan	ne of organization			En	nployer identification number			
	WOMEN I	N NEED, INC.			13-3164477			
Pa	ort I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527	organization.			
2 3	Provide a description of the organic Political expenditures Volunteer hours			<b>&gt;</b>	<b>*</b> \$			
		ganization is exempt und						
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955	<b>&gt;</b>	<b>\$</b>			
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5▶	<b>\$</b>			
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No			
4a	Was a correction made?				Yes No			
	If "Yes," describe in Part IV.	<del> </del>	504( )		M ( ) (0)			
	-	ganization is exempt und		•				
	Enter the amount directly expende		· · · · · · · · · · · · · · · · · · ·		<b>\$</b>			
2	Enter the amount of the filing organ		•	_				
_	exempt function activities				<b>\$</b>			
3	Total exempt function expenditures							
	line 17b							
	Did the filing organization file Form							
5	Enter the names, addresses and el made payments. For each organiza	· ·	•					
	contributions received that were pr	•			•			
	political action committee (PAC). If	. ,		, , , , , , , , , , , , , , , , , , ,	arate cogregated raria or a			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror	m (e) Amount of political			
	(a) Name	(b) Address	(6) 2.114	filing organization's				
				funds. If none, enter -				
					delivered to a separate political organization.			
					If none, enter -0			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

LHA

Schedule C (Form 990 or 990-EZ) 2013	MOMEN IN ME	ED, INC.			1044// Page 2			
	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768							
(election under sec	• • • • • • • • • • • • • • • • • • • •		5 . 11					
	ation belongs to an affil		Part IV each affiliated	group member's nam	e, address, EIN,			
. —	re of excess lobbying e	• •						
B Check ► ☐ if the filing organiza	tion checked box A ar	ia "limitea control" pro	visions apply.	( ) =:::	# > A CC!!			
	ts on Lobbying Exper ditures" means amou		)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals			
1a Total lobbying expenditures to infl	uence public opinion (g	grass roots lobbying)						
<b>b</b> Total lobbying expenditures to infl	uence a legislative boo	ly (direct lobbying)		62,500.				
c Total lobbying expenditures (add I	ines 1a and 1b)			62,500.				
d Other exempt purpose expenditur	es			48,794,702.				
e Total exempt purpose expenditure	es (add lines 1c and 1d	)		48,857,202.				
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in bot	h columns.	1,000,000.				
If the amount on line 1e, column (a) o	or (b) is: The lobi	bying nontaxable am	ount is:					
Not over \$500,000	20% of	the amount on line 1e.						
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.					
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.					
Over \$17,000,000	\$1,000,0	000.						
				250 000				
g Grassroots nontaxable amount (er	,			250,000.				
h Subtract line 1g from line 1a. If zer				0.				
i Subtract line 1f from line 1c. If zero				0.				
j If there is an amount other than ze		•		Г	¬,, ¬,,			
reporting section 4911 tax for this	•			L	Yes No			
	4- Year Ave zations that made a s blumns below. See the		do not have to com					
		nditures During 4-Yea		<u> </u>				
		_						
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
<b>b</b> Lobbying ceiling amount								
(150% of line 2a, column(e))					6,000,000.			
	21 050	22 647	20 520	62 500	157 726			
c Total lobbying expenditures	31,059.	33,647.	30,530.	62,500.	157,736.			
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount								
(150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2013

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
a	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		-		ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	rt IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, line 2; a	nd Part II-B	3, line 1.
Also	, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2013

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2013**Open to Public

Inspection
Employer identification number

	WOMEN IN NEED, INC.		13-3164477
Pai	rt I Organizations Maintaining Donor Advised Funds	s or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a)	Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's exclusive	legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or donor ac	dvisor, or for any other purpose	conferring
	impermissible private benefit?		
Paı	rt II Conservation Easements. Complete if the organization	answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	•		
С	Number of conservation easements on a certified historic structure incl	luded in (a)	2c
d			ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	
_			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of		
8	Does each conservation easement reported on line 2(d) above satisfy the state of 470(h)(d)(D)(ii)0		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easemed		
	include, if applicable, the text of the footnote to the organization's finar	iciai statements that describes	the organization's accounting for
Pai	conservation easements.  rt III Organizations Maintaining Collections of Art, Hi	storical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no		nent and halance sheet works of art
	historical treasures, or other similar assets held for public exhibition, ed	=	
	the text of the footnote to its financial statements that describes these		nee of public convice, provide, in a count,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, education, of		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or		
•	the following amounts required to be reported under SFAS 116 (ASC 9		· · · · · · · · · · · · · · · · · · ·
а	B		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$
			··········

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

WOMEN	TN	NEED.	TNC.

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):  a		t III Organizations Maintaining C	ollections of Ar		easures, o	r Oth	er Simil		<b>ts</b> (continu	
Check all that apply :   a		•								
a Public exhibition d	•		on, and other record	o, oncon any or ano	ronoving triat	alo a c	ngi iiii odi ii	400 01 110	00110011011	ROTTIO
b Scholarly research or for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, instortical treasures, or other similar assests to be sed for usias funds rather than to be maintained as part of the organization collection?	а		Ь	Loan or exc	hange prograi	ms				
c										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part W			ū							
5 During the year, did the organization solicit or receive donations of art, instorical treasures, or other similar assets to be solid to alse funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, funtate, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes,* explain the arrangement in Part XIII and complete the following table:  1c Beginning balance  1d Additions during the year  1e Distributions during the year  1f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  2b If "Yes, velapla the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part N, line 10.  1a Beginning of year balance  150,000, 150,0		_	allections and explain	n how they further t	he organizatio	n's eye	mnt nurn	nse in Par	· XIII	
to be sold to raise funds rather than to be maintained as part of the organization's collection?								ooc iiii ai	7411.	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves									Yes	☐ No
Teported an amount on Form 990, Part X, line 21.   Yes	Pai									
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance				J				, ,	,	
Example   Comparison   Compa	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other ass	ets not	t included			
b If Y'es,* explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  1 te  f Ending balance  7 the first of the organization include an amount on Form 990, Part X, line 21?  2a Did the organization include an amount on Form 990, Part X, line 21?  b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (g) Three years back (e) Four years back (b) Four years back (e) Four years bac		on Form 990, Part X?							Yes	☐ No
C   Beginning balance	b									
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 bit 17 yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V I Land, Buildings, and Equipment.									Amount	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 bit 17 yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization shawered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V I Land, Buildings, and Equipment.	С	Beginning balance					1c			
E   Stributions during the year   f   Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21?    b   f 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	е	Distributions during the year					1e			
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back years ye		Ending balance								
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.								L	Yes	∐ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   150,000.   150,0										
1a Beginning of year balance	Pai	T V   Endowment Funds. Complete if								
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 225.  f Administrative expenses g End of year balance 225. a Board designated or quasi-endowment ▶ 9% b Permanent endowment ▶ 100 ⋅ 00 9% c Temporarily restricted endowment ▶ 100 ⋅ 00 9% c Temporarily restricted endowment ▶ 100 ⋅ 00 9% c Temporarily restricted endowment ▶ 100 ⋅ 00 9% c Temporarily restricted organizations in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i)		-			<u> </u>		. ,		` ,	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  225.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		T.	150,000.	150,000.	150	,000.	1	.50,000.		150,000.
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ 100 ⋅ 00 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  (iii) related organizations  b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment  2 2, 016, 330 · 1, 195, 854 · 820, 476 · 801, 751, 755 · 2, 390, 384 · 1, 361, 371 · 701, 701, 701, 701, 701, 701, 701, 701,			225							
e Other expenditures for facilities and programs 225.  f Administrative expenses g End of year balance 150,000. 150,000			225.							
and programs 225.  f Administrative expenses g End of year balance 150,000. 150,000										
f Administrative expenses g End of year balance  150,000. 150,000	е	•	225							
g End of year balance			225.							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶		F	150 000	150 000	150	000	1	50 000		150 000
a Board designated or quasi-endowment ▶		<del>-</del>		· · · · · · · · · · · · · · · · · · ·		, 000.		.50,000.		130,000.
b Permanent endowment ▶ 100.00			ent year end balanc		a)) neid as:					
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iv) the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  2,016,330. 1,195,854. 820,476. e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).  > Ves No  3a(ii) X  3a(ii) X  3b			04	_%						
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  2,016,330 1,195,854 820,476 6  e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  2,181,847 .			<del></del>							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  (ii) related organizations  (iii) related organizations  (ii) x  (3b)   x  (3b)   x  (4) Book value  (d) Book value	C	· • • • • • • • • • • • • • • • • • • •	-							
Summer   S	32	-	·	ation that are held a	nd administer	ad for t	the organi	zation		
(ii) unrelated organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  3a(ii) X  3a(ii) X  3a(ii) X  3b  C Accumulated (d) Book value  1a Land b Buildings c Leasehold improvements d Equipment c Other C Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment c Column (B), line 10(c).	oa	·	331011 Of the organize	ation that are neid a	ina administer	cu ioi i	inc organiz	Lation	Г	Ves No
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  2,016,330. 1,195,854. 820,476.  e Other  3,751,755. 2,390,384. 1,361,371.  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)									$\overline{}$	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)									<u> </u>	
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation  1a Land basis (investment) basis (other) depreciation  1 Land basis (investment) basis (other) (c) Accumulated depreciation  1 Land basis (other) (a) Book value depreciation  1 Land basis (other) (c) Accumulated depreciation (d) Book value depreciation  2 Leasehold improvements (c) Leasehold improvements (d) Equipment (d) Equip	b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?						
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation  1a Land basis (investment) basis (other) (c) Accumulated depreciation  1a Land basis (investment) basis (other) (a) Book value depreciation  1a Land basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land basis (investment) basis (other) (c) Accumulated depreciation (d) Book value (	4									
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation    1a Land	Pai									
basis (investment)       basis (other)       depreciation         1a Land       Buildings       Column (a) must equal Form 990, Part X, column (B), line 10(c).       Description (a) depreciation         1a Land       Column (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d) must equal Form 990, Part X, column (B), line 10(c).       Description (d)		Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990,	Part X,	line 10.			
1a Land         b Buildings         c Leasehold improvements         d Equipment       2,016,330. 1,195,854. 820,476.         e Other       3,751,755. 2,390,384. 1,361,371.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		Description of property	(a) Cost or of	ther (b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
b Buildings c Leasehold improvements d Equipment e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  Description  2,016,330. 1,195,854. 820,476. 3,751,755. 2,390,384. 1,361,371. 1,361,371. 2,181,847.		·	basis (investn	nent) basis	(other)	de	preciation			
b Buildings c Leasehold improvements d Equipment e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  Description  2,016,330. 1,195,854. 820,476. 3,751,755. 2,390,384. 1,361,371. 1,361,371. 2,181,847.	1a	Land								
c Leasehold improvements       d Equipment       2,016,330.       1,195,854.       820,476.         e Other       3,751,755.       2,390,384.       1,361,371.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)       ≥ 2,181,847.										
e Other										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	d	Equipment								
					-	2,	390,3			
	Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	10(c).)					

Schedule D (Form 990) 2013

Part VII	Investments -	Other	Securities

Complete if the organization answered "Yes"	to Form 000 Part IV line:	11h Soo Form 000 Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	,	,
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c. See Form 990. Part X. line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	. ,	,
(2)		
(3)		
(4)		

#### Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(5) (6) (7) (8) (9)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PREPAID EXPENSES	538,925.
(2) PENSION PLAN LIABILITY	355,372.
(3) OTHER ASSETS	235,526.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>▶</b> 1,129,823.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GOVERNMENT AGENCIES	575,714.
(3) SECURITY DEPOSITS	57,589.
(4) LOANS PAYABLE	393,405.
(5) DUE TO RELATED ENTITIES	244,819.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 1,271,527.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

	ule D (Form 990) 2013 WOMEN IN NEED, INC.				3164477	Page
Part	·		th Revenue per R	leturi	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a.				
1	Fotal revenue, gains, and other support per audited financial statements			1	51,167	<u>,904</u>
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
	Net unrealized gains on investments					
b I	Donated services and use of facilities	2b	669,060.			
c I	Recoveries of prior year grants					
d (	Other (Describe in Part XIII.)	2d	1,102,587.		4	c 4 =
	Add lines <b>2a</b> through <b>2d</b>			2e	1,771	,647
	Subtract line <b>2e</b> from line <b>1</b>			3	49,396	<u>, 257</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
a l	nvestment expenses not included on Form 990, Part VIII, line 7b	4a				
b (	Other (Describe in Part XIII.)	4b				_
C /	Add lines <b>4a</b> and <b>4b</b>			4c		0
				5	49,396	<u>, 257</u>
Part	XII Reconciliation of Expenses per Audited Financial State	ments W	ith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	50,628	<u>,849</u>
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a l	Donated services and use of facilities	2a	669,060.			
b l	Prior year adjustments	2b				
c (	Other losses	2c				
d (	Other (Describe in Part XIII.)	2d	1,102,587.			
е /	Add lines <b>2a</b> through <b>2d</b>			2e	1,771	
3 3	Subtract line <b>2e</b> from line <b>1</b>			3	48,857	,202
	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a I	nvestment expenses not included on Form 990, Part VIII, line 7b	4a				
b (	Other (Describe in Part XIII.)	4b				
c /	Add lines <b>4a</b> and <b>4b</b>			4c		0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	48,857	,202
	XIII Supplemental Information.					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pad and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			4; Part	X, line 2; Part	XI,
PAR'	r V, LINE 4:					
EXP:	LANATION: THE INCOME FROM THE ENDOWMENT,	LIMIT	ED TO 5% OF	TH	E AVERA	ΞE
MAR	KET VALUE OF THE PRIOR TWO YEAR ENDS, MA	Y BE U	SED FOR GEN	ERA	L	
OPE	RATION, CASH RESERVES, ENDOWMENT OR FACI	LITY.				
PAR'	r X, LINE 2:					
EXP:	LANATION: WIN HAS DETERMINED THAT THERE	ARE NO	MATERIAL U	NCE	RTAIN T	AX_

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING JUNE 30, 2011 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2013 WOMEN IN NEED, INC.	13-3164477 Page 5
Part XIII   Supplemental Information (continued)	
DIRECT COST OF SPECIAL EVENTS	548,271.
RENTAL EXPENSE	554,316.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,102,587.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	554,316.
DIRECT COST OF SPECIAL EVENTS	548,271.
	1,102,587.
TOTAL TO BOMESONE BY TIME MITTY BINE ID	1710273074
-	

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No. 1545-0047

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990 Employer identification number Name of the organization 13-3164477 WOMEN IN NEED, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Internet and email solicitations  $oxedsymbol{oxed}$  Solicitation of government grants b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody from activity fundraiser or entity (fundraiser) or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

13-3164477 Page 2 Schedule G (Form 990 or 990-EZ) 2013 WOMEN IN NEED, INC. Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through WIN DINNER col. (c)) (total number) (event type) (event type) Revenue 3,277,092. 3,277,092. 1 Gross receipts 686,701 686,701. 2 Less: Contributions 2,590,391 2,590,391. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 68,993. 68,993. Rent/facility costs 407,445. 407,445. Food and beverages 8 Entertainment 71,833. 71,833. Other direct expenses ..... 548,271. 10 Direct expense summary. Add lines 4 through 9 in column (d) 2,042,120. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) \_\_\_\_\_**>** Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 WOMEN IN NEED, INC.	-31644	4//	Page 3
11	Does the organization operate gaming activities with nonmembers?	∐ ነ	<b>′</b> es	└── No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	🔲 <b>י</b>	<b>′</b> es	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility			<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ <b>\</b>	<b>′</b> es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
b	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		<b>f</b> es	∟ No
Pa	organization's own exempt activities during the tax year > \$  THE IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	, lines 9, 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			

# SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

ated Employees

Avered "Ves" on Form 990 Part IV line 23

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www irs gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

WOMEN IN NEED, INC.

Employer identification number 13-3164477

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant    X   Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		37
	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	I

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

WOMEN IN NEED, INC.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(()-(D)	in prior Form 990	
(1) BONNIE STONE	(i)	272,908.	0.	17,020.	8,082.	3,326.	301,336.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ERIC ROSENBAUM	(i)	185,664.	0.	25,975.	6,266.	19,639.	237,544.	0.	
C00	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ROBIN WHITE	(i)	186,167.	0.	18,443.	5,800.	10,539.		0.	
VP-DEVELOPMENT	(ii)	0.	0.	0.	0.	0.		0.	
(4) OPHELIA SMITH	(i)	149,288.	0.	22,147.	5,126.	13,037.		0.	
VP PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization

WOMEN IN NEED, INC.

Employer identification number 13-3164477

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION SERVES HOMELESS AND DISADVANTAGED FAMILIES BY

PROVIDING SHELTERS, PROGRAMS AND COUNSELING, ADDRESSING THE MAJOR

FACTORS LEADING TO HOMELESSNESS TODAY: DOMESTIC VIOLENCE, SUBSTANCE

ABUSE AND A LACK OF ECONOMIC ADVANCEMENT. COMPREHENSIVE SERVICES

RANGING FROM CHILD CARE TO EDUCATIONAL PROGRAMS ARE PROVIDED SO

FAMILIES MAY LOCATE AND RETAIN PERMANENT HOUSING AND COMPETE FOR

EMPLOYMENT OPPORTUNITIES THAT WILL RESULT IN STABLE AND SECURE FUTURES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WIN TRANSFORMS THE LIVES OF NEW YORK CITY HOMELESS WOMEN AND THEIR

CHILDREN BY PROVIDING A HOLISTIC SOLUTION OF SAFE HOUSING, CRITICAL

SERVICES AND THE GROUND-BREAKING PROGRAMS THEY NEED TO SUCCEED ON THEIR

OWN - SO THEY CAN REGAIN THEIR INDEPENDENCE AND THEIR CHILDREN CAN LOOK

FORWARD TO A BRIGHTER FUTURE. OUR COMPREHENSIVE PROGRAMS FOR HOMELESS

FAMILIES INCLUDE TRANSITIONAL SHELTER, SUPPORTIVE PERMANENT HOUSING,

JOB TRAINING, DOMESTIC VIOLENCE SERVICES, ALCOHOL AND SUBSTANCE ABUSE

TREATMENT AND CHILD CARE AND SCHOOL-AGE RECREATION AND HOMEWORK HELP.

OUR BUDGET HAS TRIPLED IN TEN YEARS AS WE GROW MEET AN UNPRECEDENTED

INCREASE IN THE NUMBER OF HOMELESS FAMILIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: IN AUGUST OF 2013, WIN OPENED WIN WEST, ITS FIRST SHELTER

NOT FOR HOMELESS FAMILIES WITH MINOR CHILDREN. WIN WEST SERVES A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

37

DISCLOSE THE EXISTANCE AND ALL MATERIAL FACTS TO THE APPROPRIATE COMMITTEE.

Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13

WOMEN IN NEED, INC.	13-3164477
THE PERSON IS RECUSED FROM THE MEETING WHILE A DETERMINAT	ION OF A CONFLICT
OF INTEREST IS DISCUSSED AND VOTED UPON.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND	APPROVES
COMPENSATION FOR OFFICERS AND KEY EMPLOYEES ANNUALLY BASE	D ON COMPARABLE
DATA. THE PROCESS WAS LAST DONE ON OCTOBER 29, 2013.	
	_
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: WIN MAKES ITS AUDITED FINANCIAL STATEMENTS A	VAILABLE TO THE
PUBLIC UPON REQUEST.	
	_
PART XII LINE 2C	
EXPLANATION: THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR	.•
	_
	_

#### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ➤ Attach to Form 990.

► See separate instructions.

Department of the Treasury Internal Revenue Service

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WOMEN IN NEED,	INC.				Employer ident	ification n	umber
Part I Identification of Disregarded Entities Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year	assets Direc	<b>(f)</b> t controlling entity	g
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization a	answered "Yes" on Form 990	D, Part IV, line 34 b	ecause it had one c	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
WIN HOUSING DEVELOPMENT FUND CO INC - 13-3376303, 115 WEST 31 STREET, NEW YORK, NY					WOMEN IN NEED,	Yes	No
10001 WIN DECATUR HOUSING DEVELOPMENT FUND CO. INC - 13-4010016, 115 WEST 31 STREET, NEW YORK, NY 10001	CHILDREN RESIDENTIAL HOUSING FOR SINGLE MOTHERS AND THEIR CHILDREN	NEW YORK	501 (C)(3) 501 (C)(3)		NOMEN IN NEED,	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	l .	ortionate tions?	Code V-UBI amount in box 20 of Schedule	manag partn	Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	lo
	1										
	1										
										H	
										$\vdash$	
	1										
Identification of Bolated Or							I		<u> </u>		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled ity?
		country)						Yes	No
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		-		1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
					1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
					1e		X
f	Dividends from related organization(s)				1f		Х
					1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х
					1m		X
					1n		X
					10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
·							
r	Other transfer of cash or property to related organization(s)				1r		Х
					1s		Х
2							
	•	•					
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved		
		type (a-s)		-			
1)							
2)							
3)							
4)							
5)							
6)	Sift, grant, or capital contribution from related organization(s) .oans or loan guarantees to or for related organization(s) .oans or loan guarantees by related organization(s) .oans or loans the related organization(s) .oans or loans guarantees by related org						
		11					

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h	)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	partners sec	Share of	Share of	Dispro tion:	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	excluded from tax	501(c)(3) orgs.?	total	end-of-year	allocati	ons?	of Schedule K-1	partner	ownership
		country)	under section 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	5
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							1 1				

### FORM 990 PAGE 10

Asset No.	Description	Date Acquire	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
1	LEASEHOLD IMPROVEMENT	VARIE	SSL	.000	16	3,175,018.			3,175,018.	1,779,972.		242,317.
2		VARIE	SSL	.000	16	576,737.			576,737.	333,195.		34,900.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					3,751,755.		0.	3,751,755.	2,113,167.	0.	277,217.
	MACHINERY & EQUIPMENT											
3	VEHICLE	VARIE	SSL	.000	16	371,774.			371,774.	217,768.		38,574.
	EQUIPMENT * 990 PAGE 10 TOTAL	VARIE	SSL	.000	16	1,644,556.			1,644,556.	777,703.		161,809.
	MACHINERY & EQUIPM * GRAND TOTAL 990					2,016,330.		0.	2,016,330.	995,471.	0.	200,383.
	PAGE 10 DEPR					5,768,085.		0.	5,768,085.	3,108,638.	0.	477,600.