Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

Information about Form 990 and its instructions is

A F	or the 201	8 calendar year, or tax year	beginning 07	7/01 2015	3, and endir	rs.gov/form	1990.		Inspec	
_	ick if applicable:	C Name of organization		7 0 2 7 20 10	, and endir		mnlover	06	/30 , <b>20</b> 19 ation number	
		WOMEN IN NEED INC.					-inployer	recitatio	adon number	
X	Address change	Doing Business As					3-31	64477		
H	Name change	Number and street (or P.O. box if r	nail is not delivered to street addre	ess)	Room/suite			number		
	Initial return	1 STATE STREET, 18	TH FLOOR					95-4		
	Terminated	City or town, state or province, cou	ntry, and ZIP or foreign postal cod	le		12.	12/0	93-4	758	
	Amended return	NEW YORK, NY 10004				G	ross rece	siste o	07 7.0	
	Application pending	F Name and address of principal offic	er: RONDEL D. BO	ODRAM		The Real Property lies	the state of the state of	roup return	97,117	
		1 STATE STREET, NEW	YORK, NY 10004				subordinal	es?	100	X
	x-exempt sta	atus: X 501(c)(3) 501(		4947(a)(1)	or 527			ordinates inc	(see instructions)	
		WWW.WINNYC.ORG						mption nur		
		zation: X Corporation Trust	Association Other		L Year of	formation: 1	983	Ctota a	f legal domicile;	
Par		nmary								N
	1 Briefly	describe the organization's missi	on or most significant activities	s: TO PRO	VIDE SAI	E HOUS	ING (	CRITT	CAT	
Activities & Governance	DEKV	TCES, AND GKOUND-BKE	AKING PROGRAMS TO	HELP HO	MELESS V	OMEN AN	JD -		CAL	
0	THEI	R CHILDREN REBUILD T	HEIR LIVES.							
2	2 Check	this box I if the organization	on discontinued its operation	s or dispose	d of more than	25% of its	net see			
5	o Munime	or voting members of the govern	ning body (Part VI, line 1a)					-		26
6		or machendent vottig illettibers	of the doverning body (Mart )	// line 1h)				4		26
	o Total III	univer of individuals employed in	calendar year 2018 (Part V. lii	ne 2a)				5		721
		author of Animiteele feerlingie it tie	cessarv)					6	1	800
		Waland paginega teletine tidili La	it viii, column (C), line 12					7a	1,	000
+	b Net unr	related business taxable income fr	om Form 990-T, line 34					7b		
1							r Year	1.0	Current Ye	20
3	Contrib	utions and grants (Part VIII, line 1h	)			85,2	200,70	62.	91,138	
1	Program	n service revenue (Part VIII, line 2g	)	COPY	FOR		311,7		3,476	-
10	Investm	ent income (Part VIII, column (A),	lines 3, 4, and 7d).	PUBLIC INS	SPECTION		77,0		1,271	
11	Other re	evenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)				04,2		296	_
12	l otal re	venue - add lines 8 through 11 (m	ust equal Part VIII, column (A	), line 12)			93,81		96,183	STATE OF STREET
13	Grants a	and similar amounts paid (Part IX,	column (A), lines 1-3)					0.		
14	Benefits	s paid to or for members (Part IX, o	olumn (A), line 4)					0.	-	
15	Salaries	, other compensation, employee b	enefits (Part IX, column (A) li	nes 5.10)		29,2	77,88	34.	34,405,	25
16	a Professi	ional fundraising fees (Part IX, colu	mn (A), line 11e)					0.		
	o lotal ful	ndraising expenses (Part IX, colum	n (D), line 25) ▶ 1, 6	528,632.						
17	Other ex	openses (Part IX, column (A), lines	11a-11d, 11f-24e)				16,30		58,272,	229
18	Total exp	penses. Add lines 13-17 (must eq	ual Part IX, column (A), line 2	5)		83,6	94,18	4.	92,677,	
19	Revenue	e less expenses. Subtract line 18 fi	rom line 12				99,62	and the second second	3,505,	776
-					E	Reginning of	Current \	/ear	End of Year	
20	Total ass	sets (Part X, line 16)					80,75		28,108,	043
21	Not see	pilities (Part X, line 26)				13,3	74,63	3.	12,395,	938
		ets or fund balances. Subtract line	21 from line 20			12,2	06,12	0.	15,712,	105
art I	apolitica et a	ature Block								
e, cor	rect, and cor	refjury, declare that I have examined implete. Declaration of preparer (other to	this return, including accompant nan officer) is based on all inform	nying schedule	s and statement	nts, and to th	e best of	my kno	wledge and beli	ef, it i
		1 all to al			proparer ries a	in a morning				
n	Sig	nature of officer	u -				-	9/202	0	
re				WD 00 0			Date			
		ONDEL D. BOODRAM  pe or print name and title		VP OF F	INANCE					
-		pe preparer's name	Preparer's signature		I Bata					
1	AARON	A CONTRACTOR OF THE CONTRACTOR	rieparei s signature		Date	A STREET	eck	if PTIN		
pare	-					sel	f-employe		1333816	
Onl						Firm's E			60260	
the		dress 1155 AVENUE OF THE AM ss this return with the preparer sho		10036		Phone r	10.		67.4000	
	THE RESERVE AND PERSONS NAMED IN						,		X Yes	No
rap	erwork Ke	duction Act Notice, see the separ	rate instructions.						Form 990 (	2018

WOMEN IN NEED INC. 13-3164477 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 73,072,098. including grants of \$ ) (Revenue \$ WIN OPERATES 11 TRANSITIONAL HOUSING RESIDENCES WITH OVER 1,280 INDIVIDUAL FAMILY UNITS IN MANHATTAN, BROOKLYN, BRONX AND QUEENS. WIN SHELTERS PROVIDE VOCATIONAL, EDUCATIONAL, JOB TRAINING, AND PERMANENT HOUSING ASSISTANCE. WIN HOUSING ADDRESSES PHYSICAL AND MENTAL HEALTH ISSUES, SUCH AS SUBSTANCE ABUSE, LEGAL ISSUES, DOMESTIC VIOLENCE, ENTITLEMENT BENEFITS AND SOCIALIZATION NEEDS. 4b (Code: ) (Expenses \$ 11,203,334. including grants of \$ ) (Revenue \$ IN FY 19, WIN OPERATED 335 SUPPORTIVE HOUSING UNITS WITH THE CAPACITY TO SERVE MORE THAN 800 WOMEN AND THEIR CHILDREN, INCLUDING YOUNG MOTHERS WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM, FAMILIES WITH DOMESTIC VIOLENCE HISTORIES OR IN RECOVERY FROM ALCOHOL AND DRUG PROBLEMS, AND FAMILIES WITH MULTIPLE EPISODES OF HOMELESSNESS. MANY LACK BASIC LIVING SKILLS, HAVE NEVER HAD A HOME, AND HAVE EXPERIENCED EARLY CHILDHOOD SEXUAL AND/OR PHYSICAL ABUSE. SERVICES INCLUDE COUNSELING, CASE MANGEMENT, VOCATIONAL AND EDUCATIONAL SERVICES AND WORKSHOPS ON PARENTING, BUDGETING SKILLS, AND BUILDING COMMUNITY SUPPORT SYSTEMS. ) (Expenses \$ ) (Revenue \$ 4c (Code: including grants of \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

84,275,432. **4e** Total program service expenses ▶

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WOMEN IN NEED INC.

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			T
	complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Х	+
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $$ .	5		
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			
7	"Yes," complete Schedule D, Part I	6		
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
Ü	complete Schedule D, Part III	8		
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	
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	х	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	21	
а	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	115		
٨	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
u	reported in 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		X	
	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		
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		
b	Schedule D, Parts XI and XII	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .		X	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
5	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		
,	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
6	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		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
8	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		
0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
0 a	If "Yes," complete Schedule G, Part III	19 20a		_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 Schedule J	23	X	
24 a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 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			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		21
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		Х
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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		3.5	
	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,	24	X	
35 2	or IV, and Part V, line 1	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
	controlled entity 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. L
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 16		res	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c		
	Toportable gaining (gainbing) winnings to prize williers: , , , , , , , , , , , , , , , , , , ,		990	(2042

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 721		3.5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			Х
_	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<b>ر</b> ا		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	Х	
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	70		
	yy y y	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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?	12a		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> 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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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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

Sect	ion A. Governing Body and Management				21
	101174 COVOTTINIS DOLLY WITH INCHASCINONE			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a 26			
ıa	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				
b	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
_	any other officer, director, trustee, or key employee?	· · · · · · · · · · · · · · · · · · ·	2		X
3	Did the organization delegate control over management duties customarily performed by or un				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	-	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e				
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions und				
	the year by the following:	J			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling the form?.	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	_	40.	v	
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•	40-	Х	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13 14	X	
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and the following persons in the following persons in the following person and the following person are review and the following person are review and th				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a	Х	
a	The organization's CEO, Executive Director, or top management official		15b	X	
b	Other officers or key employees of the organization		.00	-	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	ur arrangomont			
16a		ıı arranyenienl	16a		Х
b	with a taxable entity during the year?	to evaluate its	- ,-		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ, NY,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),	990, and 990-T	(Sec	ion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		,	-	(-)
	X Own website Another's website X Upon request Other (explain in Sci	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	ts, conflict of int	erest i	oolicy	, and
	financial statements available to the public during the tax year.		·	,	
20	State the name, address, and telephone number of the person who possesses the organization's RONDEL D. BOODRAM 1 STATE STREET PLAZA NEW YORK, NY 10004 212-695-4758	books and record	s ►		

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# 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.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles	s pe I a d	ition more	e than o	an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted 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)CLOVER BERGMANN	8.00									
CO CHAIR	1.00	Х		х				0.	0.	0.
(2)CHRIS STERN HYMAN	8.00									
CO CHAIR	1.00	Х		Х				0.	0.	0.
(3)KATHERINE FREED JENNINGS	8.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(4)DONNA MALIN	8.00									
VICE CHAIR	1.00	X		Х				0.	0.	0.
(5)KYLE ANDREW	8.00									
SECRETARY	1.00	X		Х				0.	0.	0.
(6)CYNTHIA ARMINE-KLEIN	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(7)AMY LESCH	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(8)NANDA ANAND	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(9)PAULA BENNETT	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(10)LAUREN BOGLIVI	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(11)CHRIS COFFEY	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(12)LILI FOROURAGHI	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(13)MARGO FULD	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(14)TRACY GARDNER	2.00									
DIRECTOR	1.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	oye	es,	and I	lig	hest Compensat	ed Employees (d	ontinue	d)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unle er an	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Est ame c comp	(F) imated ount of ther ensation m the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	nization related nizations
15) LYNN HAALAND	2.00										
DIRECTOR	1.00							0.	0.		0.
16) REGINA MOSKOW	2.00	_									
DIRECTOR	1.00							0.	0.		0.
17) ANGELA HOWARD	2.00	_									
DIRECTOR	1.00							0.	0.		0.
18) MICHELLE KLEIN	2.00										
DIRECTOR	1.00							0.	0.		0.
19) ANUPAM LADHA	2.00										
DIRECTOR	1.00							0.	0.		0.
20) JENNY Y. LEE	2.00										
DIRECTOR	1.00							0.	0.		0.
21) DAVID SANTINA	2.00	_									
DIRECTOR	1.00							0.	0.		0.
22) SUSAN RUDIN	2.00	_									
DIRECTOR	1.00	Х						0.	0.		0.
23) ELLEN SCHONINGER	2.00										
DIRECTOR	1.00	X						0.	0.		0.
24) SUSAN TEICHER	2.00										
DIRECTOR	1.00	Х						0.	0.		0.
25) ANNIE WEIR	2.00										
DIRECTOR	1.00	Х						0.	0.		0.
1b Sub-total							<b></b>	0.	0.		0.
c Total from continuation sheets to Part VII,							<b>&gt;</b>	2,365,625.	0.	11	71,463.
d Total (add lines 1b and 1c)							$\blacktriangleright$	2,365,625.	0.	1	71,463.
Total number of individuals (including but no reportable compensation from the organization)	t limited to t	hose	liste				o re	eceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3	Х
For any individual listed on line 1a, is the organization and related organizations gindividual.	sum of represents	oortab	ole (	com	per	nsatio	n a	nd other compen complete Schedu	sation from the	4	X
5 Did any person listed on line 1a receive o	r accrue co	mnen	sati	ion	fror	n anv	un	related organizati	on or individual		

#### for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tro	ustage Ka	v Fr	nlo	We4		and I	Hia	hast Company	ed Employees /o	ontinu		Page <b>8</b>
(A)	(B)	y ⊑ 11	ibio		es, C)	anu I	ng	(D)	(E)	OHUHUE	<i>(</i> F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	sition more	e than control Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	stimated nount of other pensati om the anization d related anization	of ion on d
26) JESSICA KEARNS	2.00											
DIRECTOR	1.00	Х						0.	0.			0 .
27) CHRISTINE QUINN	40.00											
CEO	2.00			Х				442,000.	0.		3,0	092.
28) RONDEL D BOODRAM	40.00											
VP OF FINANCE	2.00			Х				202,079.	0.		23,4	110.
29) DONALD PERRY BROSEN	40.00											
CHIEF OPERATING OFFICER	2.00			Х				224,185.	0.		21,3	334.
30) MEGHAN LINEHAN	40.00							055 065				
CHIEF STRATEGY OFFICER	0.				X			255,365.	0.		16,1	124.
31) ANGELA GONZALEZ	40.00				3.7			107 155	0		10 [	-04
VP, TRANSITIONAL HOUSING 32) NADIA SADLOSKI	40.00				Х			197,155.	0.		18,5	384.
VP, SUPPORTIVE HOUSING	1-40.00				X			162,378.	0.		14,4	125
33) RAYSA RODRIGUEZ	40.00				_ ^			102,370.	0.		14,5	133.
VP, POLICY & PLANNING	10.00					X		202,329.	0.		27,1	148
34) SHANNON SNEAD	40.00							2027325.	0.		2,,,	
VP, DEVELOPMENT	0.					X		182,978.	0.		18,3	361.
35) GERALD MASCUCH	40.00							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
VP, REAL ESTATE	† <u>-</u> 0.					Х		219,353.	0.		1,9	960
36) IRA BELLACH	40.00											
ASSOCIATE VICE PRESIDENT, IT	0.					Х		143,168.	0.		22,8	379.
1b Sub-total							<b></b>					
c Total from continuation sheets to Part VII, S			•				•					
d Total (add lines 1b and 1c)	_						<b>&gt;</b>					
Total number of individuals (including but not reportable compensation from the organization)		hose 23		d a	bov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
, ,												
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	P If	"Yes	s,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or										-		
for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors	, , , , , ,											
Complete this table for your five highest com- compensation from the organization. Report of year.												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo			and F	lig		ed Employ	ees (co	ontinue	d)	
(A)	(B)				C)			(D)	(E)		_	(F)	
Name and title	Average hours per	(do i	not cl		sition more	e than o	ne	Reportable compensation	Reporta compensation			timated ount of	
	week (list any	box,	unles	ss pe	erson	is both	an	from	related			other	
	hours for		$\overline{}$		$\overline{}$	tor/trust	_	the	organizat			oensati	
	related organizations	r dii	nstit	Officer	ey e	lighe	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)		om the anizatio	
	below dotted	dividual t	ltior	Per	dmg	est c	er	(W-2/1099-WISC)			and	related	d
	line)	Individual trustee or director	lal t		Key employee	omp					orga	nizatio	าร
		stee	Institutional trustee			ens							
			ď			Highest compensated employee							
37) MARGUERITE VAN STOLK	40.00									-			
ASSOCIATE VP	0.					X		134,635.		0.		4,1	136
	†	1											
	†												
	†												
	T												
	T												
	L												
	L												
	<u> </u>												
	ļ												
1b Sub-total													
c Total from continuation sheets to Part VII, S	ection A												
d Total (add lines 1b and 1c)							<u> </u>	L	•				
2 Total number of individuals (including but not reportable compensation from the organizatio				d a	bov	e) who	o re	eceived more than	\$100,000 d	)f			
reportable compensation from the organizatio		2.	5									V	NI-
									_			Yes	NC
3 Did the organization list any former offic													Х
employee on line 1a? If "Yes," complete Sched											3		
4 For any individual listed on line 1a, is the	sum of rep	ortat	ole d	com	per	sation	n a	nd other compen-	sation from	the			
organization and related organizations gr											4	X	
individual											4	21	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		Х
Section B. Independent Contractors	es, comple	16 301	ieut	iie J	101	Sucii	ρ <del>ε</del> ι	3011					
Complete this table for your five highest com	noncated i	ndon	ando	nt	con	tracto	rc f	that received more	than \$100	000 of			
compensation from the organization. Report of													
year.	1 22.					. , ,		J 2					
(A)							Т	(B)			(C)		
Name and business add	dress							Description of se	ervices	C	ompens	ation	
							+				•		
							+						
							+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$ 

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### Part VIII Statement of Revenue

			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
1a	Federated campaigns 1a	3,101.				
ta b c d e f	Membership dues					
C	Fundraising events 1c	2,692,339.				
d						
е	Government grants (contributions) 1e	83,752,846.				
f	All other contributions, gifts, grants,					
5	and similar amounts not included above . 1f	4,689,960.				
g	Noncash contributions included in lines 1a-1f: \$	93,301.				
<u> </u>	Total. Add lines 1a-1f		91,138,246.			
		Business Code	0.700.010	0.700.010		
2a	SUBCONTRACTED FEES	531110 531110	2,782,818.	2,782,818.		
b	SUPPORTIVE HOUSING CLIENT RENT	531110	693,579.	693,579.		
C						
d						
f	All other program service revenue					
g	Total. Add lines 2a-2f		3,476,397.			•
3	Investment income (including dividen					
	and other similar amounts)	▶	202,927.			202,92
4	Income from investment of tax-exempt bond	proceeds . ►	0.			
5	Royalties		0.			
	(i) Real	(ii) Personal				
6a	Gross rents					
b	Less: rental expenses					
C	Rental income or (loss)		0.			
7a	Net rental income or (loss)	(ii) Other	0.			
'a	assets other than inventory 92,309.	1,550,000.				
b	Less: cost or other basis	1,330,000.				
	and sales expenses 93,301.	480,217.				
C		1,069,783.				
	Net gain or (loss)		1,068,791.			1,068,793
8a	Gross income from fundraising					
	events (not including \$2,692,339.					
	of contributions reported on line 1c).					
	See Part IV, line 18 a	586,638.				
b	Less: direct expenses b	360,242.				
C	(		226,396.			226,396
9a	Gross income from gaming activities.					
	See Part IV, line 19	0.				
b	Less: direct expenses		0.			
100			0.			
10a	Gross sales of inventory, less returns and allowances	0.				
b	Less: cost of goods sold b	0.				
C		<u></u> ▶	0.			
	Miscellaneous Revenue	Business Code				
11a	MISCELLANEOUS	900099	70,507.			70,50
b						
С						
d	All other revenue					
е	Total. Add lines 11a-11d	▶ ↓	70,507.			
12	Total revenue. See instructions.	<u></u> ▶	96,183,264.	3,476,397.		1,568,6

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### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX	<del> </del>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	1,528,675.	1,294,787.	198,728.	35,160.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	26,755,830.	22,163,264.	3,721,405.	871,161.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	212,137.	201,291.	2,922.	7,924.
9	Other employee benefits	3,880,135.	3,662,547.	75,359.	142,229.
10	Payroll taxes	2,028,482.	1,910,991.	43,663.	73,828.
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	92,588.		92,588.	
c	Accounting	114,224.		114,224.	
d	Lobbying	90,000.	90,000.		
е	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	6,127,538.	5,761,942.	58,659.	306,937.
12	Advertising and promotion	0.	F 100 155	101 206	00.040
	Office expenses	7,633,352.	7,139,177.	401,326.	92,849.
	Information technology	0.			
	Royalties	0.	20 205 050	1 600 107	
	Occupancy	39,995,137. 167,366.	38,295,950. 152,072.	1,699,187.	1 701
	Travel	107,300.	152,072.	13,393.	1,701.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
40		0.			
	Conferences, conventions, and meetings	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	1,480,960.	1,402,711.	78,020.	229.
	Insurance	1,275,472.	1,203,403.	71,448.	621.
	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 O.)				
	FOOD	515,985.	508,578.	6,028.	1,379.
b	MISCELLANEOUS	779,607.	488,719.	196,274.	94,614.
c					
d					
е	All other expenses	00.155	0.4.0== ::=		
	Total functional expenses. Add lines 1 through 24e	92,677,488.	84,275,432.	6,773,424.	1,628,632.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	0.			

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## Part X Balance Sheet

	ILA						
		Check if Schedule O contains a response o	r not	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,103,543.	1	1,985,858.
	2	Savings and temporary cash investments			5,356,162.	2	4,393,330.
	3		es and grants receivable, net				10,018,916.
	4	Accounts receivable, net	receivable, net				
	5	Loans and other receivables from current and f	orme	r officers, directors.			
		trustees, key employees, and highest co					
		On and the Devil Hart Oak and the I			0.	5	0.
	6	Loans and other receivables from other disqualified personal control of the contr	ons (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) volu organizations (see instructions). Complete Part II of Sche	ntary dule l	employees beneficiary	0.	6	0.
ets	7	Notes and loans receivable, net			590,000.	7	1,640,000.
Assets	8	Inventories for sale or use			0.	8	0.
⋖	9	Prepaid expenses and deferred charges			158,862.	9	400,507.
	_	Land, buildings, and equipment: cost or	i		<u> </u>		
			10a	14,168,094.			
	b	Less: accumulated depreciation			5,765,938.	10c	5,243,442.
	11				0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			116,167.	15	3,299,610.
	16	Total assets. Add lines 1 through 15 (must equal			25,580,753.	16	28,108,043.
	17	Accounts payable and accrued expenses			10,617,271.	17	10,121,732.
	18	Grants payable			0.	18	0.
	19	Deferred revenue			0.	19	0.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	rt IV	of Schedule D	22,232.	21	18,176.
es	22	Loans and other payables to current and for	rmer	officers, directors,			
Liabilities		trustees, key employees, highest compen-					
iab		disqualified persons. Complete Part II of Schedule			0.	22	0.
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated to			1,970,882.	24	671,470.
	25	Other liabilities (including federal income tax, I					
		parties, and other liabilities not included on lines					
		of Schedule D			764,248.	25	1,584,560.
	26	Total liabilities. Add lines 17 through 25			13,374,633.	26	12,395,938.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here ► X and			
anc	27	Unrestricted net assets			11,098,864.	27	14,604,849.
Bal	28	Temporarily restricted net assets			957,256.	28	957,256.
pq	29	Permanently restricted net assets		<u></u>	150,000.	29	150,000.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
ts	30	Capital stock or trust principal, or current funds	_			30	
sse	31	Paid-in or capital surplus, or land, building, or equ	ipmer			31	
Net Assets	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances			12,206,120.	33	15,712,105.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	25,580,753.	34	28,108,043.
_							Form 990 (2018)

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Part	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			83,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9		77,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			05,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,2	06,1	20.
5	Net unrealized gains (losses) on investments	5			2	209.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		L5,7	12,1	.05.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed 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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate 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	oversi	ght		х	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		ι,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

#### **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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN IN NEED INC.

Employer identification number 13-3164477

_								
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck 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 (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma						om the general public
		described in section 170(b)	=	· ·	• •	J		5 1
8		A community trust describe		·	Part II.)			
9		An agricultural research org	-		-		Lin conjunction with a	land-grant college
•		or university or a non-land-	=			-		
		university:	gram conege or ag	grioditaro (oco motraci	.ioiio). L	11101 1110 1	name, only, and orate o	Title college of
10		An organization that norma	lly receives: (1) m	ore than 331/2% of its	support	from co	ntributions mambaret	nin face and arnes
		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more tha	n 331/3 % of its
		support from gross investm	rent income and ur	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
11		acquired by the organization  An organization organized a					•	
11 12			•	•	-			orm, out the numero
12		An organization organized	•	-	-			
		of one or more publicly su						
		Check the box in lines 12a t	=				•	_
а	L	Type I. A supporting orga	·		-			
		the supported organization				ajority of	the directors or truste	es of the
		$_{\_}$ supporting organization. $ ho$	-					
b	L	<b>Type II.</b> A supporting org	· · · · · · · · · · · · · · · · · · ·					
		control or management of		=	the sam	e person	s that control or man	age the supported
	_	organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С	L	☐ Type III functionally integrated integrated in the property in the pro	<b>grated.</b> A supportii	ng organization opera	ited in c	onnectio	n with, and functional	lly integrated with,
		$\_$ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A supp	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е		Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or						
f	Er	iter the number of supported	organizations					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(^) —								
(B)								
( <u> </u>								
(C)								
( <del>)</del>								
(D)								
(J) —								
(E)								
				i e	į.			l .

Schedule A (Form 990 or 990-EZ) 2018

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)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,444,639.	67,445,749.	70,719,749.	85,354,101.	91,138,246.	374,102,484.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	59,444,639.	67,445,749.	70,719,749.	85,354,101.	91,138,246.	374,102,484.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
_6	Public support. Subtract line 5 from line 4						374,102,484.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	59,444,639.	67,445,749.	70,719,749.	85,354,101.	91,138,246.	374,102,484.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	336,477.	312,550.	113,293.	77,037.	202,927.	1,042,284.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,033,264.				226,396.	1,259,660.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	10,897.	84,595.	38,790.	410,110.	70,507.	614,899.
11	Total support. Add lines 7 through 10						377,019,327.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	8,529,512.
13	<b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>	<u> </u>					
Sec	tion C. Computation of Public Sup	•					
14	Public support percentage for 2018 (li		-			14	99.23%
15	Public support percentage from 2017	•	•			15	98.54 <b>%</b>
16a	331/3% support test - 2018. If the or						.
	box and <b>stop here.</b> The organization q	•		•			
b	331/3% support test - 2017. If the org	=					
47-	this box and <b>stop here.</b> The organization	•		_			
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization						
	Part VI how the organization meets t						
	organization			-			
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organic	•					
	Explain in Part VI how the organizati						-
	supported organization				-	-	
18	Private foundation. If the organization						
. 0	•						
	instructions						

WOMEN IN NEED INC.

Schedule A (Form 990 or 990-EZ) 2018 Page **3** 

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support			, i	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		T	I	I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first soco	nd third fourth	or fifth tax v	par as a section	501(c)(3)
14	organization, check this box and <b>stop here</b> .	ū	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16							% %
_	Public support percentage from 2017 Sche					16	<u> </u>
	tion D. Computation of Investment			10 policer (0)		17	
17	Investment income percentage for 2018 (lin					17	<u>%</u>
18	Investment income percentage from 2017 S					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions >

WOMEN IN NEED INC.

Schedule A (Form 990 or 990-EZ) 2018 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
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	3b		
(B)			
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WOMEN IN NEED INC.

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				- 3
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
	7 2 3 3 3 3 3 3 3		Yes	No
4	Did the directors, trustoco, or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Secur	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the experiencian provide to each of its supported experiencians by the local day of the fifth month of the		Yes	No
ı	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role played by the organization in this regard.	3b		
	or its supported organizations: if Tes, describe in Fait VI the Fole played by the organization in this regard.	<u>3D</u>		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7.) 7.1101 7.001	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).			· · ·

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>i</u> _	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
<u>e</u>	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

WOMEN IN NEED INC.

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	ATTACHMENT 1					
SCHEDULE A, PART II -	OTHER INCOM	Ξ				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER	10,897.	84,595.	38,790.	410,110.	70,507.	614,899.
TOTALS	10,897.	84,595.	38,790.	410,110.	<u>70,507.</u>	614,899.

### 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** 

WOMEN IN NEED INC. 13-3164477 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\lfloor exttt{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization WOMEN IN NEED INC.

Employer identification number

			13-3164477
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$.	Person X Payroll Noncash

Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization WOMEN IN NEED INC.

Employer identification number 13-3164477

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$158,145.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	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.)
(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.)
(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 WOMEN IN NEED INC.

Employer identification number 13-3164477

art II	<b>Noncash Property</b>	(see instructions)	). Use duplicate co	opies of Part II if addition	al space is needed.
--------	-------------------------	--------------------	---------------------	------------------------------	---------------------

(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization WOMEN IN NEED INC. **Employer identification number** 13-3164477 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. 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 (a) No. from (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 (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on 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," on 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.

Tax)	(see separate instructions), the		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.		Employer ide	ntification number
	MEN IN NEED INC.			13-316	
		organization is exempt under	costion FO1(s) or		
Pal 1	•	organization is exempt under			
	definition of "political campa	aign activities")			
2	Political campaign activity e	xpenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Pai		organization is exempt under s			
1		cise tax incurred by the organization			
2	Enter the amount of any exc	cise tax incurred by organization ma	anagers under secti	on 4955 ▶ \$	
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the o	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		expended by the filing organization		•	
2	Enter the amount of the filing	ng organization's funds contributed	l to other organizati	ons for section	
3	Total exempt function expeline 17b	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL, ▶\$	
5	Enter the names, addresses organization made payment the amount of political con-	e Form 1120-POL for this year? and employer identification numb its. For each organization listed, en tributions received that were promed or a political action committee (Fig. 1).	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, sucl
	<b>(a)</b> Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

							9
P	art II-A Complete if the org section 501(h)).	anizati	on is exen	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	y.	
	Limits (The term "expenditi		ying Expendence		)	(a) Filing organization's totals	(b) Affiliated group totals
 	<ul> <li>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</li> <li>b Total lobbying expenditures to influence a legislative body (direct lobbying)</li> <li>c Total lobbying expenditures (add lines 1a and 1b)</li> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures (add lines 1c and 1d)</li> <li>f Lobbying nontaxable amount. Enter the amount from the following table in both</li> </ul>						
	columns.		<b>-</b>				
	If the amount on line 1e, column (a)	or (b) is:			IS:		
	Not over \$500,000	000		amount on line 1e.			
	Over \$500,000 but not over \$1,000			us 15% of the excess			
	Over \$1,000,000 but not over \$1,50			us 10% of the excess			
	Over \$1,500,000 but not over \$17,0	000,000		us 5% of the excess of	ver \$1,500,000.		
Over \$17,000,000   \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)							
	<b>h</b> Subtract line 1g from line 1a. If						
	i Subtract line 15 from line 1c. If z				_		
,	j If there is an amount other th					ion file Form 4720	
J							Yes No
_	reporting section 4911 tax for the			aging Period Unde			res NO
	(Some organizations that	made a	section 50 the separat	11(h) election do no te instructions for l	t have to comple ines 2a through	2f.)	nns below.
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Per	iod	1
	Calendar year (or fiscal year beginning in)	(a)	2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total
2	a Lobbying nontaxable amount						
	<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
_ (	c Total lobbying expenditures						
	<b>d</b> Grassroots nontaxable amount						
_	e Grassroots ceiling amount (150% of line 2d, column (e))						
1	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

	(election under section 501(h)).	1-	.,		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		(b) Amount	
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: Volunteers?		Х			
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
C	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			9	0,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			0 000
j	Total. Add lines 1c through 1i		v		9	0,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	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?					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ection		
	501(c)(6).	(-)(-)	,			
					Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			[	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (I	b) Pa	rt III-A,	line 3, i	S
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou		 	•		
_	political expenses for which the section 527(f) tax was paid).	iiits (	OI			
а	Current year			2a		
b	Carryover from last year.			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyir	ng			
_	and political expenditure next year?			4		
5 Pa	Taxable amount of lobbying and political expenditures (see instructions)			5		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate)	d arou	teil au	): Part II	-A. lines	1 and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	. g. c .	.po.	,,	,cc	
PAI	RT II-B					
THI	ORGANIZATION HIRED BOLTON-ST. JOHNS LLC TO PROVIDE LEGISLATIVE AN	ID				
BUI	OGETARY ADVOCACY AT THE CITY, STATE AND FEDERAL LEVEL ON BEHALF OF	WIN.				

Schedule C (Form 990 or 990-EZ) 2018 Page 4

Part IV **Supplemental Information** (continued)

# SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Go

Employer identification number

MON	MEN IN NEED INC.	13-3164477
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	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 for	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part 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)	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	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	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	nated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing contact and enforced con	onservation easements during the year
_	S	- 470/h)/4)/D)/')
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section decision 4.70(h)(d)(D)(ii)2	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements.	iai statements that describes the
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under SEAS 116 (ASC 958), not to report in its	revenue statement and halance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, edu	
	public service, provide the following amounts relating to these items:	cation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

Schedule D (Form 990) 2018 Page 2

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, o	Other S	Similar Assets (d	continu	ed)	
3	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 app	ly):							
а	Public exhibition		d Loan	or exchange	program	S			
b	b Scholarly research e Other								
С	Preservation for future gene	rations							
4	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	on solicit or receive d	lonations of art, hist	orical treası	ures, or ot	her similar			_
	assets to be sold to raise funds rath		ained as part of the	organizatior	n's collecti	ion?	Yes		No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		s" on Form 990, F	Part IV, line	9, or rep	ported an amour	nt on F	orm	
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for c	ontributions	or other	assets not			
	included on Form 990, Part X?					[	Yes	X	No
b	If "Yes," explain the arrangement in			ble:					
						Amount			
С	Beginning balance			1c					
d	Additions during the year			1d					
е	Distributions during the year			1e					
f	Ending balance								
	Did the organization include an am					_	X Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	n has been p	rovided or	n Part XIII		X	
Pa	rt V Endowment Funds.			7amt IV / Ii.a.a	. 40				
	Complete if the organiza					, n =			<del></del>
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Fou		
1 a	Beginning of year balance	150,000.	150,000.	150	,000.	150,000.		150,	000.
b	Contributions								
С	Net investment earnings, gains,	200	200		204	226			225
	and losses	302.	302.		294.	226.			225.
	Grants or scholarships								
е	Other expenditures for facilities	302.	202		204	226			225
	and programs	302.	302.		294.	226.			225.
f	Administrative expenses	150,000.	150,000.	1 5 0	000	150,000.		1 5 0	000.
g	End of year balance				,000.	150,000.		150,	
2 a	Provide the estimated percentage Board designated or quasi-endowm	nent >	end balance (line 1g <sub>.</sub> _%	, column (a))	held as:				
	Permanent endowment ► 100.0								
С	Temporarily restricted endowment	· ———							
_	The percentages on lines 2a, 2b, a	· ·							
3a	Are there endowment funds not in	the possession of th	ie organization that	are held an	id adminis	stered for the	1	Vaa	N <sub>a</sub>
	organization by:						2-(:)	Yes	No X
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		
_	If "Yes" on line 3a(ii), are the related	•	•				3b		
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation answered "Ye	es" on Form 990,	Part IV, line	e 11a. Se	ee Form 990, Pa	rt X, Iir	ne 10	
	Description of property	(a) Cost or (invest	other basis (b) Cost	or other basis other)	(c) Accu depred	mulated (d	) Book va		
1a	Land			910,000.			9	10,0	000.
b	Buildings								
С	Leasehold improvements			566,879.	3,71	3,257.		53,6	
d	Equipment			224,397.		4,966.		89,4	
	Other			166,818.		6,429.		90,3	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990 Part X colum	n (R) line 11	)c )	<b>N</b>	5 2	43,4	42

Schedule D (Form 990) 2018 Page 3

Generalie B (Folim 550) 2010			r age v
Part VII Investments - Other Securities.  Complete if the organization answered	"Voc" on Form 000 F	Part IV line 11h See Form 000 [	Part V line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation	•
(including name of security)	(b) DOOK value	Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990, F	Part IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio	-
,,,	, ,	Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990. F	Part IV. line 11d. See Form 990. F	Part X. line 15.
(a) Des			(b) Book value
(1) DUE FROM RELATED PARTIES			2,462,565
(2) OTHER ASSETS			618,228
(3) SECURITY DEPOSITS			218,817
(4)			
(5)			
(6)			
(8)			
(9)	45 \		2 200 610
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		3,299,610
Part X Other Liabilities. Complete if the organization answered	"Yes" on Form 990 F	Part IV line 11e or 11f See Form	990 Part X
line 25.	100 0111 01111 000, 1		1 000, 1 41171,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	(4) 2001110100		
(2) DEFERRED RENT	843,86	2.	
(3) INTERCOMPANY PAYABLE	379,11	9.	
(4) ADVANCES FROM GOVERNMENT AGENCIES	361,57	9.	
(5)			
(6)			
(7)			
(8)			
(9)	1 504 55		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,584,56	U.	
2 Liability for uncertain toy positions In Dart VIII provide the to	aut of the feetnete to the c	ranni-atianla financial atatamanta that ran-	

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) 2018 Page **4** 

Part 2	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments 2a				
	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d	2e			
3	Subtract line 2e from line 1	3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5			
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.			
1	Total expenses and losses per audited financial statements	1			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities				
	Prior year adjustments	1			
	Other losses	1			
	Other (Describe in Part XIII.)	1			
	Add lines 2a through 2d	2e			
	Subtract line 2e from line 1	3			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
	Other (Describe in Part XIII.)	1			
	Add lines 4a and 4b	4c			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5			
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4b and 2b; Part III, lines 1a and 2b; Pa				
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation	•		
SCHEI	DULE D, PART IV, LINE 2B				
THE (	COMPANY HAD SECURITY DEPOSITS OF 18,176 AS OF JUNE 30TH 2019. TENANT				
DEPOS	SITS ARE HELD IN SEPERATE ACCOUNTS.				

13-3164477 Schedule D (Form 990) 2018 WOMEN IN NEED INC. Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

#### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification	on number
WOMEN IN NEED INC.					13-3164477	
Part I Fundraising Activities. Co				"Yes" on Form	990, Part IV, line	17.
Form 990-EZ filers are no	t required to comp	lete this p	oart.			
1 Indicate whether the organization ra	aised funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	е	Solid	citation of	non-government g	grants	
<b>b</b> Internet and email solicitations	f	Solid	citation of	government grant	S	
c Phone solicitations	g			ising events		
d In-person solicitations	J			3		
<ul> <li>Did the organization have a written or key employees listed in Form 99</li> <li>If "Yes," list the 10 highest paid in compensated at least \$5,000 by the</li> </ul>	90, Part VII) or entity dividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				()	haa haaa aa CC ad	<u> </u>
3 List all states in which the organiz registration or licensing.	zation is registered (	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2018 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 ANNUAL DINNER	(b) Event #2 PARTNERS IMPAC	(c) Other events	(d) Total events (add col. (a) through
4)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	2,860,658.	418,319.		3,278,977
œ	2	Less: Contributions	2,340,915.	351,424.		2,692,339
	3	Gross income (line 1 minus line 2)	519,743.	66,895.		586,638
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	317,430.	30,719.		348,149
t Exp	7	Food and beverages	339.			339
Direc	8	Entertainment	2,450.	7,235.		9,685
	9	Other direct expenses	1,750.	319.		2,069
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li  Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)		360,242 226,396 reported more than
une		\$10,000 0111 01111 000 EZ, 1111	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
)irect	4	Rent/facility costs				
<u> </u>	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No %	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 8	1	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		• • • • • • • • • • • • • • • • • • • •	Yes No

#### WOMEN IN NEED INC.

Sched	dule G (Form 990 or 990-EZ) 2018	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	, , , , , , , , , , , , , , , , , , , ,	<u>%</u>
b	· · · · · · · · · · · · · · · · · · ·	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b		NO
b	amount of gaming revenue retained by the third party ► \$	
С		
_		
	Name ►	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		_
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2018

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WOMEN IN NEED INC. Employer identification number 13-3164477

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as 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	41					
•	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 on 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 Compensation survey or study						
	Form 990 of other organizations  X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
4	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		Х			
b							
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X			
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
а	The organization?	5a		Х			
b	Any related organization?	5b		X			
_	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
_	compensation contingent on the net earnings of:	0-		Х			
a	The organization?	6a		X			
b	Any related organization?	6b		Λ			
_							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<b>-</b>					
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on 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 aren't 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.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHRISTINE QUINN	(i)	400,000.	42,000.	0.	3,092.		445,092.	
1 <sup>CEO</sup>	(ii)	0.	0.	0.				
RONDEL D BOODRAM	(i)	189,129.	12,950.	0.	2,066.	21,344.	225,489.	
2 <sup>VP</sup> OF FINANCE	(ii)	0.	0.	0.				
DONALD PERRY BROSEN	(i)	209,835.	14,350.	0.		21,334.	245,519.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.				
MEGHAN LINEHAN	(i)	235,365.	20,000.	0.	4,020.	12,104.	271,489.	
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.				
ANGELA GONZALEZ	(i)	182,155.	15,000.	0.	4,149.	14,435.	215,739.	
<b>5</b> VP, TRANSITIONAL HOUSING	(ii)	0.	0.	0.				
RAYSA RODRIGUEZ	(i)	202,329.	0.	0.	5,814.	21,334.	229,477.	
6 PLANNING	(ii)	0.	0.	0.				
SHANNON SNEAD	(i)	182,978.	0.	0.		18,361.	201,339.	
7 <sup>VP, DEVELOPMENT</sup>	(ii)	0.	0.	0.				
NADIA SADLOSKI	(i)	150,828.	11,550.	0.		14,435.	176,813.	
8 VP, SUPPORTIVE HOUSING	(ii)	0.	0.	0.				
GERALD MASCUCH	(i)	207,103.	12,250.	0.	1,960.		221,313.	
9 <sup>VP, REAL ESTATE</sup>	(ii)	0.	0.	0.				
IRA BELLACH	(i)	143,168.	0.	0.	1,544.	21,335.	166,047.	
10 ASSOCIATE VICE PRESIDENT, IT	(ii)	0.	0.	0.				
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7

BONUSES ARE DETERMINED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE OF

THE BOARD OF DIRECTORS BASED ON PERFORMANCE AND AVAILABILITY OF FUNDS.

# SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WOMEN IN NEED INC.

Employer identification number

13-3164477

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contribution	,	_
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
_	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property		б.	93,301.	FMV		
9	Securities - Publicly traded		0.	73,301.	FPIV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
12	or trust interests						
13	Qualified conservation						
13	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for			
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	gement	29		
						Yes	No
30a	During the year, did the organizat				_		
	28, that it must hold for at least t	-					v
_	to be used for exempt purposes for		olding period?		30a		Х
	If "Yes," describe the arrangement		P. A. A. A.				
31	Does the organization have a			•			х
00.	contributions?						
32a	Does the organization hire or use	•	•	· · · · · · · · · · · · · · · · · · ·			х
L-	contributions?				32a		21
33	If the organization didn't report an	amount in a	column (a) for a type of are	nerty for which column (a)	) is checked		
JJ	describe in Part II	amount in C	olumin (c) for a type of pro	perty for willelf column (a)	, is cliected,		

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page **2** 

Part II Supple

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

WOMEN IN NEED INC.

Name of the organization

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

Employer identification number 13-3164477

FORM 990, PART VI, SECTION B, LINE 11B

A COPY OF FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS FOR APPROVAL

PRIOR TO FILING. ONCE REVIEWED BY THE BOARD, ANY CONCERNS OR ISSUES

CONCERNS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C

ALL DIRECTORS AND PRINCIPAL OFFICERS MUST SIGN A CONFLICT OF INTEREST STATEMENT BEFORE THEY ARE HIRED. BOARD MEMBERS MUST SIGN A NEW

CONFLICT OF INTEREST ANNUALLY. IF A CONFLICT EXISTS, THE PERSON MUST DISCLOSE THE EXISTENCE AND ALL MATERIAL FACTS TO THE APPROPRIATE COMMITTEE. THE PERSON IS RECUSED FROM THE MEETING WHILE A DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON.

IF THERE IS A CONFLICT THEY ARE RECUSED FROM MAKING ANY DECISIONS.

THEY HAVE ARE ADDRESSED TO MANAGEMENT WHO THEN RESOLVE THE BOARD'S

FORM 990, PART VI, SECTION B, LINE 15A

THE CEO'S COMPENSATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE

COMMITTEE BASED ON BENCHMARK DATA IN THE CONTEXT OF THE SENIOR TEAM'S

SIMILAR DATA. THIS WAS LAST DONE IN JANUARY 2019.

FORM 990, PART VI, SECTION B, LINE 15B

THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES WERE REVIEWED AND APPROVED

BY THE EXECUTIVE COMMITTEE BASED ON BENCHMARK DATA IN THE CONTEXT OF THE

SENIOR TEAM'S SIMILAR DATA. THIS WAS LAST DONE IN JANUARY 2019.

Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

Name of the organization

WOMEN IN NEED INC.

Employer identification number

13-3164477

FORM 990, PART VI, SECTION C, LINE 19

WOMEN IN NEED, INC MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NYC IS FACING A HOMELESS CRISIS ON A SCALE NEVER BEFORE SEEN. WOMEN IN NEED, INC (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, CHILD CARE AND SCHOOL-AGE RECREATION AND HOMEWORK HELP.

#### ATTACHMENT 2

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WINFIELD SECURITY CORPORATION 57 WEST 38TH STREET NEW YORK, NY 10018	SECURITY	2,831,240.
SAMI CONSTRUCTION GROUP INC. 3321 BRUCKNER BLVD #4G BRONX, NY 10469	CONSTRUCTION	1,543,249.
SKDKNICKERBOCKER LLC 1150 18TH STREET NW STE 800 WASHINGTON, DC 20036	RELATIONS SERVICES	585,142.
THE BRIDGESPAN GROUP, INC. 2 COPLEY PLACE, SUITE 3700B BOSTON, MA 02116	CONSULTING	237,547.

Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

Name of the organization WOMEN IN NEED INC.

Employer identification number 13-3164477

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

PIER SIXTY, LLC 60 CHELSEA PIERS NEW YORK, NY 10011 CATERING 221,488.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
WOMEN IN NEED INC.

Employer identification number 13-3164477

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Name, address, and EIN (	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) WIN 91ST STREET LLC	81-4159731					
115 W 31ST STREET	NEW YORK, NY 10001	ADMIN AGENT	NY	-11,530.	-11,530.	WIN
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) WIN HOUSING DEVELOPMENT FUND CO INC 13-3376303							
1 STATE STREET PLAZA NEW YORK, NY 10004	RESIDENTIAL	NY	501(C)(3)	LINE 10	WOMN IN NEED	X	
(2) WIN DECATUR HOUSING DEVELOPMENT FUND CO. 13-4010016							
1 STATE STREE PLAZA NEW YORK, NY 10004	HOUSING	NY	501(C)(3)	LINE 10	WOMN IN NEED	X	
(3) COLGATE CLOSE HOUSING DEVELOPMENT FUND 46-3161970							
1 STATE STREET PLAZA NEW YORK, NY 10004	FAMILY SUP	NY	501(C)(3)	LINE 10	WOMN IN NEED	X	
(4) WIN GLENMORE HOUSING DEVELOPMENT FUND 47-2310887							
1 STATE STREET PLAZA NEW YORK, NY 10004	FAMILY SUP	NY	501(C)(4)		WOMN IN NEED	X	
(5) WIN 118TH STREET HOUSING DEV FUND 47-2035679							
1 STATE STREET PLAZA NEW YORK, NY 10004	FAMILY SUP	NY	501(C)(4)		WOMN IN NEED	X	
(6)							
	1						
(7)							
· ·							

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

Schedule R (Form 990) 2018

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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) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		, ,		,			Yes	No		Yes	No	
(1) WIN GLENMORE CORPORATION 47-34												
115 WEST 31 STREET NEW YORK, N	FAMILY SUPPORT	NY	N/A					х			Х	
(2) WIN 118TH STREET GP, INC 47-39												
115 WEST 31 STREET NEW YORK, N	FAMILY SUPPORT	NY	N/A					х		Х		.0100
(3) COLGATE CLOSE GP LLC 46-340037												
1044 NORTHERN BLVD, 2ND FLOOR	SUPPORTIVE HOUSIN	NY	N/A					х		Х		.0100
(4)												
(5)												
(6)												
(7)												

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) Primary activity	(c) Legal domicile (state or foreign country)		(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	Section 512(b)(13) controlled entity?
								Yes No
(1) GLENMORE HOUSING GP, LLC 47-3025986								
325 E 104TH STREET NEW YORK, NY 10029	SUPPORTIVE HOUSIN	NY	WIN GLENMORE CO	C CORP			.0100	
_(2)								
(3)								
(4)								
(5)								
(6)								
<u> </u>	1							
(7)								$\vdash$

Schedule R (Form 990) 2018

Schedule K (	(runii 390) 2016
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
b	Gift, grant, or capital contribution to related organization(s)			1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d	Х		
е	Loans or loan guarantees by related organization(s)				1e	Х		
f	Dividends from related organization(s)		1f		X			
g	Sale of assets to related organization(s)		1g		X			
h	Purchase of assets from related organization(s)			1h 1i	Х	X		
i	Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х		
					1k		Х	
k	ease of facilities, equipment, or other assets from related organization(s)							
I	Performance of services or membership or fundraising solicitations for related organization(s)							
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	37	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X		
0	Sharing of paid employees with related organization(s)				10	Х		
					4	х		
	Reimbursement paid to related organization(s) for expenses				1p	X		
q	Reimbursement paid by related organization(s) for expenses				1q			
	Others to see from all condenses and the model of a condenses and the second of the se				1-		Х	
	Other transfer of cash or property to related organization(s)				1r 1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	his line including cove	ered relationships and trans	action thre		 S		
	(a)	(b)	(c)		(d)	<u> </u>		
	Name of related organization	Amount involved		of determining unt involved				
		type (a-s)		amot	ını invo	oivea		
(1)	WIN 118TH STREET L.P.	P	224,098.	CASH				
(2)	WIN GLENMORE CORPORATION	P	248,634.	CASH				
(3)								
(4)								
<i>(</i> 5)								
(5)								
(6)								

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### 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) Name, address, and EIN of entity	(b) (c) Primary activity Legal domic (state or fore country)	(c) Legal domicile (state or foreign country)	(c) (d)   domicile Predominant or foreign income (related,	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
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(16)													

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# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.