Form	990								
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.

g **Open to Public** Inspection

6

OMB No. 1545-0047

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AF	or the 2	019 calendar year, or tax year begir	nning 07/	01, 2019 ,	and en	ding	_	0	6/30, 2	0 20
В с	heck if applicat	C Name of organization WOMEN IN NEED INC.					D Emplo	oyer identi	fication nun	ıber
	Address change	Doing Business As					13-	316447	77	
	Name char	ge Number and street (or P.O. box if mail is	not delivered to street address)	Room/su	ite	E Telepl	hone numb	ber	
	Initial retur	1 STATE STREET, 18TH	FLOOR				(212)	695-	4758	
	Terminated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amended	NEW YORK, NY 10004					G Gross	receipts \$	98	,256,703.
	Application	F Name and address of principal officer:	RONDEL D. BOOD	DRAM				is a group re	turn for	Yes X No
		1 STATE STREET, NEW YO	ORK, NY 10004					rdinates?	s included?	Yes No
I	Tax-exemp	t status: X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1) c	or	527	lf "N	o," attach a l	list. (see instru	ctions)
J	Website:	▶ WWW.WINNYC.ORG					H(c) Grou	p exemption	number 🕨	
к	Form of or	ganization: X Corporation Trust	Association Other ►		L Ye	ar of forma	tion: 198	3 M Stat	te of legal do	omicile: NY
Pa	art I	Summary								
		efly describe the organization's mission o	r most significant activities:	TO PRC	VIDE	SAFE H	OUSING	G, CRI	TICAL	
ë	SI	ERVICES, AND GROUND-BREAK	ING PROGRAMS TO	HELP HC	MELES	S WOME	EN AND			
and	TI	EIR CHILDREN REBUILD THE	IR LIVES.							
ern	2 Ch	eck this box	iscontinued its operations	or dispose	d of more	e than 25%	6 of its net	assets.		
Governance		mber of voting members of the governing	-	•						29.
	4 Nu	mber of independent voting members of t	he governing body (Part V	I, line 1b)				4		29.
Activities &		al number of individuals employed in cale								881.
ť		al number of volunteers (estimate if neces								800.
Ac	7a Tot	al unrelated business revenue from Part V	III, column (C), line 12					 7a	1	0
		t unrelated business taxable income from)	0
							Prior Y		Cur	rent Year
n	8 Co	ntributions and grants (Part VIII, line 1h)	\neg	91,138,246. 3,476,397.		96	5,489,163			
Revenue	9 Pro	ogram service revenue (Part VIII, line 2g)					977,943			
eve	10 Inv	estment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	ISPECTIO		1,27	1,718.		579,237
R		ner revenue (Part VIII, column (A), lines 5,					29	6,903.		210,360
		al revenue - add lines 8 through 11 (must	=				96,18	3,264.	98	8,256,703
		ants and similar amounts paid (Part IX, colu						0.		0
		nefits paid to or for members (Part IX, colu						0.		0
ŝ								5,259.	37	,607,649
Expenses		fessional fundraising fees (Part IX, column						0.		0
× be	b Tot	al fundraising expenses (Part IX, column (D), line 25) ▶ 1,5	594,716						
ш		ner expenses (Part IX, column (A), lines 11					58,27			,795,714
		al expenses. Add lines 13-17 (must equal					92,67			8,403,363
	19 Re	venue less expenses. Subtract line 18 fron	n line 12				3,50	5,776.		-146,660
s or ces						Begir	nning of Cu	rrent Year	Enc	d of Year
Net Assets or Fund Balances	20 Tot	al assets (Part X, line 16)					28,10	8,043.	32	2,315,620
t As d B	21 Tot	al liabilities (Part X, line 26)					12,39	5,938.	16	5,750,175
Pune	22 Ne	t assets or fund balances. Subtract line 21	from line 20				15,71	2,105.	15	5,565,445
Pa	rt II	Signature Block								
Un	der penaltie	es of perjury, I declare that I have examined th and complete. Declaration of preparer (other than	is return, including accompar	nying schedu	les and st	tatements, a	and to the	best of my	/ knowledge	and belief, it is
			Tomcer) is based on all inform			er flas affy k	inowieuge.			
0:-)5/13/	2021	
Sig		Signature of officer					Da	te		
He	e	RONDEL D BOODRAM		CFO						
		Type or print name and title								
Paic		int/Type preparer's name	Preparer's signature		Date		Chec	k if	PTIN	
	arer	ARON SHAPIRO					self-e	employed	P0133	
		m's name 🕨 BKD, LLP					Firm's EIN		-016020	
	Fi	m's address 🕨 1155 AVENUE OF THE AMER					Phone no	. 21	2.867.4	4000
May	the IRS	discuss this return with the preparer show	n above? (see instructions)			<u></u>				'es No
For	Paperwo	rk Reduction Act Notice, see the separat	e instructions.						For	m 990 (2019)

WOMEN	ΤN	NEED	TNC.
NO11111			TT10.

For	n 990 (2019) Pag	e 2
Pa	art III Statement of Program Service Accomplishments	_
		Χ
1	Briefly describe the organization's mission:	
	ATTACHMENT 1	
_	Did da anna i a tha an daoidh ann a' a 10 an taonn ann i an daoine dha anna dhich anna an tPatada a dha	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	prior Form 990 or 990-EZ? Yes X	10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	٩ŀ
	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 other	۶rs,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	_
	WIN OPERATES 12 TRANSITIONAL HOUSING RESIDENCES WITH OVER 1,734	
	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.	
<u>4</u> h	(Code:) (Expenses \$ 11,564,579. including grants of \$) (Revenue \$ 701,508.)	
40	IN FY 20, WIN OPERATED 345 SUPPORTIVE HOUSING UNITS WITH THE	
	CAPACITY TO SERVE MORE THAN 960 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.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
74	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 88,513,866.	
JSA	Form QQA (2)	1.91
9E1	020 2.000 0849NT V01B 5/13/2021 2:22:14 PM V 19-8.4F 1217)

WOMEN IN NEED INC.

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
•	complete Schedule A.	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Λ	
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 "Yes," complete Schedule C, Part I</i>	2		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising hubinos investment and program convice activities outside the United States or aggregate			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	146		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019)

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			v
	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		v	
	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			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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?			
	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			37
	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?			37
	, , , , , , , , , , , , , , , , , , , ,	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			v
~~	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV		x	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		х
22	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22	x	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	x	
25 0	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 57		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Part		00		
T are	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	t V 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 881						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,						
	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).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	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						
	and services provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	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		Х			
	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		Х			
	If "Yes," complete Form 4720, Schedule O.						
		Form	990	(2019)			

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year $ \mathbf{1a} ^{29}$		103	NO
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		v
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x
~	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a b	The governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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 purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01	v	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
4.0	describe in Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{NJ} , NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
40		1 : - 4		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	i intei	est p	bolicy,
20	and financial statements available to the public during the tax year.	c 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record RONDEL D. BOODRAM 1 STATE STREET PLAZA NEW YORK, NY 10004 212-695-4758	5 🗖		
JSA		Form	990	(2019)
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Page **7**

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	`	not ch		ition more	e than c		(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week (list any	box, unless person is b officer and a director/t			or/trust	ee)	compensation from the organization	compensation from related organizations	of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) CHRISTINE QUINN	40.00									
PRESIDENT & CEO	2.00			X				424,740.	0.	4,408.
(2) DONALD PERRY BROSEN	40.00									
CHIEF OPERATING OFFICER	2.00			X				201,761.	0.	26,397.
(3) MEGHAN LINEHAN	40.00									
CHIEF STRATEGY OFFICER	2.00				Х			199,292.	0.	17,738
(4) DARLENE WILLIAMS	40.00									
CHIEF PROGRAM OFFICER	2.00				Х			208,346.	0.	1,129
(5) RONDEL D BOODRAM	40.00									
CHIEF FINANCIAL OFFICER	2.00			Х				181,915.	0.	25,131
(6) SHANNON SNEAD	40.00									
VP, DEVELOPMENT	2.00					X		188,116.	0.	14,617
(7) DOROTHY DAYNEEN CALDWELL	40.00									
VP HC & COMPLIANCE OFFICER	2.00				Х			180,753.	0.	5,158
(8) IRA BELLARCH	40.00									
ASSOCIATE VP, IT	0.					Х		140,725.	0.	24,776
(9) MARGUERITE VAN STOLK	40.00									
ASSOCIATE VP, DEVELOPMENT	0.					Х		125,998.	0.	19,836
(10) JESSICA YAGER	40.00									
VP, POLICY & PLANNING	2.00					Х		134,070.	0.	65
(11) DIANA SANTOS	40.00									
VP, TRANSITIONAL HOUSING	0.					X		123,365.	0.	8,941
(12) CYNTHIA ARMINE-KLEIN	6.00									
CHAIR	2.00	X		Х				0.	0.	0
(13) KATHERINE FREED JENNINGS	6.00	_						_	-	_
VICE CHAIR	2.00	X		Х				0.	0.	0
(14) KYLE ANDREW	6.00								-	_
SECRETARY	2.00	Х		Х				0.	0.	0

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Form 990 (2019)

(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations	box, office	unle: er an	Pos heck ss pe	ition mor rson lirect	e than c is both tor/trust employ	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo o comp fro orga	imated ount of other pensatio m the nization	n
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	7				related nizations	
15) CHARLES DAY	6.00											
TREASURER	2.00	Х		Х				0.	0.			
16) PAULA BENNETT	1.00											
DIRECTOR	2.00	X						0	0.			
17) CLOVER BERGMANN	1.00											
DIRECTOR	2.00	Х						0	0.			
L8) LAUREN BOGLIVI	1.00											
DIRECTOR	2.00	X						0	0.			
19) LAURIE CAMPBELL	1.00											
DIRECTOR	2.00	Х						0	0.			
20) CHRIS COFFEY	1.00											
DIRECTOR	2.00	Х						0	0.			
21) LILI FOROURAGHI	1.00											
DIRECTOR	2.00	Х						0	0.			
22) TRACY GARDNER	1.00											
DIRECTOR	2.00	X						0	0.			
23) LYNN HAALAND	1.00											
DIRECTOR	2.00	x						0	0.			
24) ANGELA HOWARD	1.00		-									
DIRECTOR	2.00	x						0	0.			
25) CHRIS STERN HYMAN	1.00		-									
DIRECTOR	2.00	x						0	0.			
1b Sub-total								2,109,081.	0.	1	48,1	96
c Total from continuation sheets to P	art VII. Soction A	• • •	••	• •	•••	• • •		0.	0.			
d Total (add lines 1b and 1c)		• • •	• •	• •	• •	• • •	5	2,109,081.	0.	1	48,1	
 2 Total number of individuals (including reportable compensation from the organization) 	but not limited to t			ed al	bov	e) who	o re					_
	·········		·								Yes	N
								1			103	IN
3 Did the organization list any forr	ner officer, directo	or, or	tru	uste	e,	кеу е	emp	oloyee, or highes	compensated			

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
A'	TTACHMENT 2		
2	Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization \blacktriangleright 1		

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	not ch unles: er and	Position eck m s pers a dire	ore than on is bot ector/true	h an stee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
6) HILLARY JURY	1.00								
DIRECTOR	2.00	X					0	. 0.	
7) JESSICA KEARNS	1.00	-							
DIRECTOR	2.00	X					0	. 0.	
8) MICHELLE KLEIN	1.00	37							
DIRECTOR	2.00	X			_		0	. 0.	
29) CHRIS KOVEL DIRECTOR	$\frac{1.00}{2.00}$	v					0	0	
0) ANUPAM LADHA	1.00	X			_		0	. 0.	
DIRECTOR	2.00	x					0		
1) JENNY Y. LEE	1.00				_		0	. 0.	
DIRECTOR	2.00	x					0		
2) AMY LESCH	1.00	А			_		0		
DIRECTOR	2.00	x					0	. 0.	
3) MAYA MAVJEE	1.00	21			_		0		
DIRECTOR	2.00	x					0	. 0.	
4) REGINA MOSKOW	1.00								
DIRECTOR	2.00	x					0		
5) DAVID SANTINA	1.00								
DIRECTOR	2.00	х					0	. 0.	
6) ELLEN SCHONINGER	1.00								
DIRECTOR	2.00	Х					0	. 0.	
1b Sub-total						•	0.	. 0.	
c Total from continuation sheets to Part VII, S	ection A								
d Total (add lines 1b and 1c)	_					►			
2 Total number of individuals (including but not	limited to t	hose	listed			no re	eceived more than	\$100,000 of	
reportable compensation from the organization	n 🕨	21	L						
									Yes N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched									3 2
4 For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,00)0? [`]	lf "Y€	es,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satic	on fro	om an	y un	related organizati	on or individual	
for services rendered to the organization? If "Y	es, compie	ie SCI	iedui	ie J f	UT SUCI	i per	50/1		5
Section B. Independent Contractors									

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

year.

Pa	n 990 (2019) Irt VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olar	vee	es.	and H	lia	hest Compensat	ed Employe	es (c	ontinue		Page
	(A) Name and title	(B) Average hours per week (list any hours for related	(do r box, office	not cl unles er and	Pos heck ss pe d a d	c) ition more rson irect	e than c is both or/trust	one an iee)	(D) Reportable compensation from the organization	(E) Reportabl compensation related organizatio (W-2/1099-M	e from ns	Es am com	(F) timated rount o other pensati	f ion
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizatio 1 relateo inizatio	d
37		1.00												
	DIRECTOR	2.00	X						0	•	0.			
38		1.00	v						0		0			
20	DIRECTOR GREG UNIS	2.00	X						0	•	0.			
	DIRECTOR	2.00	x						0		ο.			
40		1.00							0	•	0.			
±0	DIRECTOR	2.00	x						0		ο.			
	DIRECTOR	2.00							0	•	0.			
		+												
	Sub-total Total from continuation sheets to Part VII, S	ection A				••			0.		0.			(
	Total (add lines 1b and 1c)	<u></u>												
2	Total number of individuals (including but not reportable compensation from the organization		hose 21		d al	SOVe	e) who	o re	eceived more than	\$100,000 of				
													Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
												3		
4	For any individual listed on line 1a, is the sorganization and related organizations groups of the sorganization o	sum of rep	ortab ¢15		002	pen If	isatioi	n a	nd other compension	sation from t	he Ich			
	individual											4	Х	
5	Did any person listed on line 1a receive or	accrue col	mpen	sati	on f	ron	n any	un	related organization	on or individ	Jal	-		
_	for services rendered to the organization? If "Ye	es," comple	te Scł	nedu	ıle J	for	such	per	rson			5		X
	ection B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	Iress							(B) Description of se	ervices	С	(C) compens	ation	
2	Total number of independent contractors (ir more than \$100,000 in compensation from th				nited	d to	thos	se l	isted above) who	received				

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		Check if Schedule O contains a respor	nse or note to an	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ΩĔ							
Ă,	ک ام						
ilar	d	Related organizations	00.034.500				
in, s	e	Government grants (contributions) . 1e	88,034,508.				
r S	f	All other contributions, gifts, grants,					
but		and similar amounts not included above . 1f	8,454,655.				
ΞĐ	g	Noncash contributions included in					
2 D		lines 1a-1f					
0.0	h	Total. Add lines 1a-1f		96,489,163.			
			Business Code				
lice	2a	SUPPORTIVE HOUSING CLIENT RENT	531110	701,508.	701,508.		
Program Service Co Revenue an	b	SUBCONTRACTED FEES	531110	176,435.	176,435.		
n S	с	DEVELOPER FEE	531110	100,000.	100,000.		
ev	d						
<u> </u>	е						
P.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	•••••	977,943.			
	3	Investment income (including dividends,					
		other similar amounts)		579,237.			579,237.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
	с с	Net rental income or (loss)		0.			
	d	Gross amount from (i) Securities	(ii) Other	0.			
	7a						
		sales of assets					
_		other than inventory 7a					
Revenue	b	Less: cost or other basis					
ver		and sales expenses 7b					
Re	С	Gain or (loss) 7c					
er	d	Net gain or (loss)	<u></u> ▶	0.			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events.	<u></u> ▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	с	Net income or (loss) from gaming activities	<u></u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
_	c	Net income or (loss) from sales of inventory		0.			
s			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS	900099	210,360.			210,360.
ane	b						
ell; »ve							
Re	c d	All other revenue					
Σ	e	Total. Add lines 11a-11d	· · · · · •	210,360.			
	<u>е</u> 12	Total revenue. See instructions		98,256,703.	977,943.		789,597.
				20,200,703.	2,1,213.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form 990 (2019) WOMEN IN N			13-31	.64477 Page
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus			-	· · · ·
Check if Schedule O contains a respo			(C)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) 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	1,536,986.	1,306,438.	199,808.	30,740
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	29,403,151.	24,256,599.	4,216,827.	929,725
8 Pension plan accruals and contributions (include			· .	· · ·
section 401(k) and 403(b) employer contributions)	218,527.	207,286.	3,217.	8,024
9 Other employee benefits	4,263,583.	4,018,660.	92,720.	152,203
10 Payroll taxes	2,185,402.	2,056,026.	52,011.	77,36
I1 Fees for services (nonemployees):				
a Management	0.			
b Legal	39,834.		39,834.	
c Accounting	124,528.		124,528.	
d Lobbying	90,050.	90,050.		
e 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.)	5,965,345.	5,587,144.	286,957.	91,244
Advertising and promotion	0.			
3 Office expenses	10,063,951.	8,562,505.	1,388,621.	112,82
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	40,350,910.	38,883,584.	1,467,326.	
7 Travel	164,223.	138,077.	25,463.	68
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
0 Interest	5,307.		5,307.	
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	1,585,124.	1,464,357.	120,767.	
3 Insurance	1,616,487.	1,470,520.	145,253.	71
 4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 				
aFOOD	487,252.	472,620.	13,659.	973
hMISCELLANEOUS	302,703.	,	112,483.	190,220
·			,	
c				
d				
e All other expenses	98,403,363.	88,513,866.	8,294,781.	1,594,710
 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 if if 				_,.,,,,,
following SOP 98-2 (ASC 958-720)	n			

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following SOP 98-2 (ASC 958-720)

WOMEN IN NEED INC.

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		[
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,985,858.	1	6,658,424
2	Savings and temporary cash investments.	4,393,330.	2	6,016,17
3	Pledges and grants receivable, net	10,018,916.	3	8,384,28
4	Accounts receivable, net.	1,126,380.	4	934,93
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	1,640,000.	7	590,00
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	400,507.	9	548,57
-	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 15,751,927.			
b	Less: accumulated depreciation 10b 10,509,776.	5,243,442.	10c	5,242,15
11	Investments - publicly traded securities	0.	11	
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	3,299,610.	15	3,941,08
16	Total assets. Add lines 1 through 15 (must equal line 33)	28,108,043.	16	32,315,62
17	Accounts payable and accrued expenses	10,121,732.	17	14,146,28
18	Grants payable	0.	18	
19	Deferred revenue	0.	19	
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	18,176.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	1,000,00
24	Unsecured notes and loans payable to unrelated third parties	671,470.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,584,560.	25	1,603,88
26	Total liabilities. Add lines 17 through 25	12,395,938.	26	16,750,17
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	14,604,849.	27	14,089,93
28	Net assets with donor restrictions.	1,107,256.	28	1,475,51
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building, or equipment fund		30	
30				
30 31			31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds.	15,712,105.	31 32	15,565,44

Form **990** (2019)

WOMEN IN NEED INC.

13-3164477

Form 99	90 (2019)				Pa	ge 12
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		98,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		98,4		
3	Revenue less expenses. Subtract line 2 from line 1	3			46,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		15,7	12,1	.05.
5	Net unrealized gains (losses) on investments	5				0.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		15,5	65,4	45.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					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.	xplair	n 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 com	pilec	lor			
	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 audit	ted o	n a			
	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 over	-			37	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for				v	
	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	•			Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits	<u></u>	3b	Δ	

Form **990** (2019)

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.

OMB No. 1545-0047

		nt of the Treasury evenue Service	•	Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection			
Name	of th	ne organization						Employer identifi	cation number			
		IN NEED II						13-31644				
Par	_			- · · ·	organizations must o			,				
	orga				t is: (For lines 1 throug	-						
1				•	tion of churches desc							
2 3					. (Attach Schedule E	-						
3 4		-	-		rganization described conjunction with a hose				(iii) Entor the			
4		hospital's nam	-	-		spital de	SCIIDEU II					
5					a college or universit	tv owned	d or ope	rated by a governme	ental unit described in			
Ū		-	-	Complete Part II.)	a concept of anitoron	ly office						
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).				
7	Х								om the general public			
		-		(1)(A)(vi). (Compl			Ū		. .			
8		A community	trust describe	d in section 170(k	b)(1)(A)(vi). (Complete	e Part II.)						
9		An agricultura	I research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college			
		or university o	or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the i	name, city, and state o	f the college or			
		university:										
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f lient income and u n after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its			
12		•	•			•			arry out the purposes			
		of one or mor	re publicly su	pported organizati	ions described in sec	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).			
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lin	nes 12e, 12f, and 12g.			
а		🗌 Type I. A ຣເ	ype I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the			
	_	_ supporting c	organization. N	You must complet	te Part IV, Sections A	and B.						
b				-	ed or controlled in co							
		control or m	nanagement o	of the supporting o	organization vested in	the sam	e persor	is that control or man	age the supported			
		-		-	, Sections A and C.							
С					ng organization opera				lly integrated with,			
			-		ns). You must comple							
d		••	•	• ·	porting organization o	•			• • • • •			
			-		nization generally mus	-		-	d an attentiveness			
-				,	omplete Part IV, Sect							
е			-		a written determinatic ionally integrated sup				і, туре ш			
f	En				ionally integrated sup		Jiyanizai	ЮП.				
					orted organization(s).							
		ame of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	.,				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see	other support (see			
						Yes	No	instructions)	instructions)			
(1)												
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	1											
For P	aper	work Reduction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019			

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,445,749.	70,719,749.	85,354,101.	91,138,246.	96,489,163.	411,147,008.
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	67,445,749.	70,719,749.	85,354,101.	91,138,246.	96,489,163.	411,147,008.
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						411,147,008.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	67,445,749.	70,719,749.	85,354,101.	91,138,246.	96,489,163.	411,147,008.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	312,550.	113,293.	77,037.	202,927.	579,237.	1,285,044.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	84,595.	38,790.	410,110.	70,507.	210,360.	814,362.
11	Total support. Add lines 7 through 10						413,246,414.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	7,290,068.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2019 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	99.49 %
15	Public support percentage from 2018 \$					15	99.23 %
16a	331/3% support test - 2019. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	/3% or more, c	
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mo	re, check
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets the organization.			-	-		upported
b	10%-facts-and-circumstances test - 2	018. If the org	anization did no	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	nization meets	the "facts-and	-circumstances'	' test, check th	nis box and st e	op here.
	Explain in Part VI how the organization	on meets the "t	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	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						
	Amounts included on lines 1, 2, and 3						
<i>i</i> u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support						I
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
	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 carried on						
40							
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 f	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a section	 501(c)(3)
	organization, check this box and stop here	0	,	, ,	· · ·		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8		•	ımn (f))		15	%
16	Public support percentage from 2018 Sche	.,	•			16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (li			13 column (f))		17	%
18	Investment income percentage from 2018					18	<u> </u>
	331/3% support tests - 2019. If the or						
1 J d	17 is not more than 331/3%, check th						
h	331/3% support tests - 2018. If the org		-				
b	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	0 1			
JSA	· · · · · ·			., 100, 01 100,			990 or 990-EZ) 2019
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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

- 1 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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2019

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations		V	
			Yes	No
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 Part VI 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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
00000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI 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			
			Yes	No
1	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 Part VI 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 in	structi	ons).	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instrue		
2	Activities Test. Answer (a) and (b) below.		Yes	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 Part VI identify			
	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.	<u>2a</u>		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
b				
b	reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
	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	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2b		
3	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 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>	2b 3a		
3 a	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

instructions. All other Type III non-functionally integrated supporting organ		nusi complete Sectio	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		, , ,	Current Year				
1	Amounts paid to supported organizations to accomplish ex	xempt purposes						
2	Amounts paid to perform activity that directly furthers exer		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	Total annual distributions. 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 2019 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-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
-	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
-	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2015							
a b	Excess from 2016							
<u>р</u>	Excess from 2017							
ر d	Excess from 2018							
u	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

Part VI 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.)

SCHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL	
OTHER	84,595.	38,790.	410,110.	70,507.	210,360.	814,362.	
TOTALS	84,595.	38,790.	410,110.	70,507.	210,360.	814,362.	

1217

Schedule B

or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

13-3164477

WOMEN IN NEED INC.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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

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, 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 totaling \$5,000 or more during the year

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.

1217

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)							
Name of organization	WOMEN	IN	NEED	INC.			

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$80,885,369.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,241,905.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,146,578.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$585,971.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$545,984.	Person X 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 (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)							
Name of organization	WOMEN	IN	NEED	INC.			

Page 2
Employer identification number
13-3164477

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
7		\$101,766.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
8		\$133,600.	Person X 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.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule	В	(Form	990,	990-EZ,	or 990-PF)	(2019)

Name of organization WOMEN IN NEED INC.

Employer identification number 13-3164477

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	Form 990, 990-EZ, or 990-PF) (2019)			Page
ame of org	ganization WOMEN IN NEED INC.			Employer identification number 13-3164477
	<i>Exclusively</i> religious, charitable, etc., o (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	e year from any on ns completing Part II year. (Enter this info	le contributor. C I, enter the total or rmation once. Se	ribed in section 501(c)(7), (8), or complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, and	ZIP + 4	Relatior	nship 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	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, and			ship of transferor to transferee
(a) No. from	(b) Purpose of sift		aift	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of	gint	(d) Description of how gift is held
	·	(e) Transfer	of gift	
	Transferee's name, address, and	ZIP + 4	Relatior	nship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	For Or	ganizations Exempt From Income	Tax Under section	501(c) and section 527	2019
Department of the Treasury Internal Revenue Service	► Comple	ete if the organization is described be ► Go to www.irs.gov/Form990 for i		o Form 990 or Form 990-E atest information.	Z. Open to Public Inspection
If the organization answ		n Form 990, Part IV, line 3, or Form		6 (Political Campaign Activit	
	0	Complete Parts I-A and B. Do not compl			
		n 501(c)(3)) organizations: Complete F	Parts I-A and C below. L	o not complete Part I-B.	
Section 527 organization	•	ete Part I-A only. on Form 990, Part IV, line 4, or Form	000 EZ Bart VI line 47	(Lobbying Activition) than	
		nat have filed Form 5768 (election un			
	0	hat have NOT filed Form 5768 (election			•
If the organization answ Tax) (see separate instru	ered "Yes," o ctions), then	n Form 990, Part IV, line 5 (Proxy			•
Name of organization	5), 01 (0) 01yai	izations. Complete Part III.		Employer ider	ntification number
WOMEN IN NEED II	NC			13-3164	
		ganization is exempt under	soction 501(c) or i		
•		• •	ι,	•	
		rganization's direct and indirect p	ionitical campaign ac	civilies in Part IV. (see in	Structions for
definition of "polit				► ¢	
		penditures (see instructions)			
		ampaign activities (see instruction			
		ganization is exempt under s		- • •	
1 Enter the amount	of any excis	se tax incurred by the organizatio	n under section 495	D►\$	
		se tax incurred by organization m			
		section 4955 tax, did it file Form			
					Yes No
b If "Yes," describe		ganization is exempt under	a action 501(a) an	$r_{\rm cont}$ continue E01/c)/2	1
).
activities		pended by the filing organization			
527 exempt func	tion activities	organization's funds contributed		▶\$	
line 17b		ditures. Add lines 1 and 2. Ent		▶\$	
 4 Did the filing orga 5 Enter the names, organization mad the amount of point 	anization file addresses a le payments. plitical contri regated func	Form 1120-POL for this year? and employer identification numb . For each organization listed, en butions received that were prom l or a political action committee (f	er (EIN) of all sectic ter the amount paic ptly and directly de PAC). If additional sp	on 527 political organiza I from the filing organiz livered to a separate po ace is needed, provide ir	Yes No ations to which the filing ation's funds. Also enter litical organization, such nformation in Part IV.
(a) Name		(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 Reductio	n Act Notice,	see the Instructions for Form 990 or	990-EZ.	Schedule	e C (Form 990 or 990-EZ) 2019

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

SCHEDULE C

(Form 990 or 990-EZ)

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

Schedule C (Form 990 or 990-EZ) 2019 WOME'N	IN NEED INC.	13-3.	1644'/'/ Page 2
Part II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
	longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group meml	per's name,
B Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to influence b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 1 d Other exempt purpose expenditures . e Total exempt purpose expenditures (add f Lobbying nontaxable amount. Enter the columns. 			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
	5% of line 1f)		
-	ess, enter -0-		
	ss, enter -0-		
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	<u></u>		Yes No
	4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2019

Sche	dule C (Form 990 or 990-EZ) 2019						Page 3
-	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		
For	and "Van" management on lines to through the balance provide in Part IV a detailed	(1	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
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:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X					
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				90	,050
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?		Х				
j	Total. Add lines 1c through 1i					90	,050
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						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	ו		
						Yes	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	t 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 (k	o) Par	t III-A	line	3, is	
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).	into					
а	Current year.			2a			
h	Carryover from last year.		•••	2b			
c	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		I				
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo		I				
	and political expenditure next year?	-	. з	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>		5			
Pa	t IV Supplemental Information						

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B

JSA

THE ORGANIZATION HIRED BOLTON-ST. JOHNS LLC TO PROVIDE LEGISLATIVE AND

BUDGETARY ADVOCACY AT THE CITY, STATE AND FEDERAL LEVEL ON BEHALF OF WIN.

Part IV Supplemental Information (continued)

SCHEDULE	ΞD
(Form 990)

(Fo	HEDULE D rm 990) artment of the Treasury nal Revenue Service	Supplemental Financial Statement ► 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 ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest inform	OMB No. 1545-0047	
	e of the organization		Employer identificat	
WOI	MEN IN NEED IN	ic.	13-316447	7
Pa	art I Organiza	tions Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.	
		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 e	nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year.		
5	Did the organizati	on inform all donors and donor advisors in writing that the assets held	in donor advised	
	funds are the orga	nization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, and donor advisors in writing that grant fu	unds can be used	
	•	purposes and not for the benefit of the donor or donor advisor, or for a		
_		issible private benefit?		Yes No
Pa		tion Easements.		
1		the if the organization answered "Yes" on Form 990, Part IV, line 7.		
2 a	Protection of Preservation Complete lines 2a easement on the l	• • • • • •		ic structure
b		ricted by conservation easements	2b	
c		vation easements on a certified historic structure included in (a)	2c	
d		vation easements included in (c) acquired after 7/25/06, and not on a		
		sted in the National Register	2d	
3	Number of conse	rvation easements modified, transferred, released, extinguished, or term	inated by the orga	nization during the
	tax year ►			
4 5		where property subject to conservation easement is located ► ation have a written policy regarding the periodic monitoring, inspect	ion, handling of	
	-	orcement of the conservation easements it holds?	-	Yes No
6	▶	hours devoted to monitoring, inspecting, handling of violations, and enforcing		
7	▶\$	es incurred in monitoring, inspecting, handling of violations, and enforcing co		ents during the year
8	Does each conserv	vation easement reported on line 2(d) above satisfy the requirements of secti	on 170(h)(4)(B)(i)	
)(4)(B)(ii)?		Yes No
9		be how the organization reports conservation easements in its revenue and		
		d include, if applicable, the text of the footnote to the organization's financ	ial statements that o	describes the
		ounting for conservation easements.	0	
Pa		tions Maintaining Collections of Art, Historical Treasures, or Othe if the organization answered "Yes" on Form 990, Part IV, line 8.	r Similar Assets.	
1a	service, provide in	elected, as permitted under FASB ASC 958, not to report in its revenu reasures, or other similar assets held for public exhibition, education, Part XIII the text of the footnote to its financial statements that describes the	nese items.	
h	It the organization	alacted as permitted under EASB ASC 958 to report in its revenue s	tatement and hala	nco choot works of

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
provide the following amounts relating to these items:
(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 assets for financial gain, provide	the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1.	

For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sched	ule D (Form 990) 2019
b	Assets included in Form 990, Part X	▶\$	
a		Γ Φ	

WOMEN IN NEED INC

1	3-	31	64	14	77	
-	5	51	0		' '	

		EN IN NEED IN	~ •						13-310	44//		
_	lule D (Form 990) 2019	na Collections of	Aut Illata	nie el Tre			Other	Cimellon A		o netine e o		age 2
	rt III Organizations Maintaini	-									<i>,</i>	4 :4-
3	Using the organization's acquisition collection items (check all that app		other record	as, cneci	k any o	t the	TOILOW	ing that m	ake sign	ficant u	se o	r its
а	Public exhibition	ıy).	d		or excha	anao	program	n				
b	Scholarly research		e	Other		inge	program					
c	Preservation for future gene	rations										
4	Provide a description of the organ		and expla	in how t	they fur	ther	the orc	anization's	exempt	nurnose	∍ in	Part
-	XIII.				iney rui			Janizatione	oxompt	puipoo	5 111	i un
5	During the year, did the organization	on solicit or receive o	ionations o	f art, histe	orical tr	easu	res, or c	other simila	r			
Ū	assets to be sold to raise funds rath								_	Yes		No
Pa	rt IV Escrow and Custodial A				or gamize		0 001100		•••			
i a	Complete if the organiza		es" on Forr	n 990. F	Part IV.	line	9. or re	eported ar	n amoun	t on Fo	rm	
	990, Part X, line 21.				,		-,					
1a	Is the organization an agent, truste	e, custodian or othe	er intermed	iary for c	ontribut	ions	or other	assets not				
	included on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tak	ole:	• • •			•••			1 -
		·		0	[Amount			
с	Beginning balance					1c						
d	Additions during the year				-	1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an am						stodial	account liat	oility?	Yes		No
b	If "Yes," explain the arrangement i								-			ĺ
1	rt V Endowment Funds.			•								
	Complete if the organiza	ation answered "Ye	es" on Fori	m 990, F	Part IV,	line	10.					
		(a) Current year	(b) Prio	r year	(c) Two	o year	s back	(d) Three ye	ars back	(e) Four y	/ears b	back
1a	Beginning of year balance	150,000.	150	0,000.		150,	,000.	150	,000.	1	50,	000
	Contributions											
	Net investment earnings, gains,											
Ū	and losses	303.		302.			302.		294.			226
d	Grants or scholarships											
	Other expenditures for facilities											
•	and programs	303.		302.			302.		294.			226
f	Administrative expenses											
g	End of year balance	150,000.	150	0,000.	-	150,	,000.	150	,000.	1	50,	000
2	Provide the estimated percentage	of the current year	end balance	e (line 1a.	column	(a))	held as:					
а	Board designated or quasi-endown		%			(
b	Permanent endowment 100.0	000 %										
С	Term endowment	%										
	The percentages on lines 2a, 2b, a	and 2c should equal '	100%.									
3a	Are there endowment funds not in	the possession of the	ne organiza	tion that	are held	d and	d admin	istered for t	he	_		
	organization by:									Y	′es	No
	(i) Unrelated organizations									3a(i)		Х
	(ii) Related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as require	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended u		tion's endo	wment fur	nds.							
Ра	rt VI Land, Buildings, and Equ Complete if the organization	uipment. ation answered "V	es" on For	m 000 I	Part IV	lino	112 9	See Form	000 Pa	t X line	10	
	Description of property	(a) Cost or		(b) Cost				umulated		Book valu		
		(inves		(0	ther)			eciation	(u)			
1a	Land			9	910,00	0.				91	0,0	00.
b	Buildings											
С	Leasehold improvements				565,98			04,533.		1,46		
d	Equipment.				338,33			29,904.		2,00		
	Other				337,61			75,339.			2,2	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part	X, columi	n (B), lin	ie 10	c.)	<u></u>		5,24		
									Schodu	le D (Forr	~ 000	1 2010

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019			Page 3
Part VII Investments - Other Securities.		0 Part IV line 11h See Form 000	Dort V line 12
(including name of security)	(b) Book value	0, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(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	l "Yes" on Form 99	0, Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u>			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11d. See Form 990	, Part X, line 15.
(a) De	scription		(b) Book value
(1) DUE FROM RELATED PARTIES			3,035,543.
(2) OTHER ASSETS			661,217.
(3) SECURITY DEPOSITS			244,325.
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u> (7)			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		3,941,085
Part X Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes	•		
(2) DEFERRED RENT			1,141,583.
(3) INTERCOMPANY PAYABLE			462,303.
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		`	1,603,886.
 2. Liability for uncertain tax positions. In Part XIII, provide the 			
organization's liability for uncertain tax positions under FASB $_{\rm JSA}$		f the text of the footnote has been provid	
9E1270 1.000 0849NT V01B 5/13/2021 2:22:14 PM	M V 19-8.4F	1217	וופטעופ ש (רטווז 990) 2019 ביוויסטער איז געראיז געראיז איז געראיז געראיז געראיז געראיז געראיז געראיז געראיז גער

	WOMEN	IN	NEED	INC.
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Schedu	ıle D (Form 990) 2019		Page 4
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
c	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	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Jrn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	
Part	XIII Supplemental Information.		
Provic	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V, line 4	; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Schedule D (Form 990) 2019 WOMEN IN NEED INC.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B

THE COMPANY HAD NO SECURITY DEPOSITS AS OF JUNE 30TH 2020. TENANT DEPOSITS ARE HELD IN SEPERATE ACCOUNTS.

SCHEDULE D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT CONSISTS OF A FUND ESTABLISHED BY A DONOR TO PROVIDE INCOME TO BE USED FOR ANY APPROPRIATE CHARITABLE PURPOSE.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTITFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCH	EDULE J	Compen	sation Information	0	//B No. ⁻	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	10	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.	<u>K</u>	IJ	
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		pen te	o Puk ectio	
-	of the organization			Employer identification			
WOME	EN IN NEED	INC.		13-3164477			
Part	Question	s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers				
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	, these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of person	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	If any of the or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	garding payment			
	explain				1b		
2	•		to reimbursing or allowing expenses	•			
		-	D/Executive Director, regarding the items	checked on line			
					2		
3			on used to establish the compensation of				
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa				
				art III.			
	· ·	nsation committee	Written employment contract				
		dent compensation consultant	Compensation survey or study X Approval by the board or compensa	tion committee			
		00 of other organizations					
4	During the ye	ar, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to	o the filing			
2		or a related organization:	ayment?		4a		X
a b			ntal nonqualified retirement plan?		4a 4b		X
c			ased compensation arrangement?		4c		X
Ū			rovide the applicable amounts for each it				
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.				
5	•		on A, line 1a, did the organization pa	v or accrue anv			
-		n contingent on the revenues of:		,,			
а		0			5a		Х
					5b		X
	-	e 5a or 5b, describe in Part III.					
6			on A, line 1a, did the organization pa	y or accrue any			
		n contingent on the net earnings of:					
а	The organizat	ion?			6a		X
b	Any related o	rganization?			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov				
			escribe in Part III		7		X
8			paid or accrued pursuant to a contract tha				1
		-	Regulations section 53.4958-4(a)(3)? If				
_					8		X
9			low the rebuttable presumption proced		-		
					9		
r or Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	JIII 330.	Schedu	ne J (Fo	orm 990	J) 2019

Schedule J (Form 990) 2019

Page 2

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	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)	424,485.	0.	255.	4,247.	161.	429,148.	
1 ^{PRESIDENT & CEO}	(ii)	0.	0.	0.				
RONDEL D BOODRAM	(i)	181,788.	0.	127.	1,868.	23,263.	207,046.	
2 2	(ii)	0.	0.	0.				
DONALD PERRY BROSEN	(i)	201,469.	0.	292.	3,134.	23,263.	228,158.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.				
MEGHAN LINEHAN	(i)	199,173.	0.	119.	6,086.	11,652.	217,030.	
4 CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.				
DARLENE WILLIAMS	(i)	208,149.	0.	197.		1,129.	209,475.	
5 ^{CHIEF PROGRAM OFFICER}	(ii)	0.	0.	0.				
SHANNON SNEAD	(i)	187,813.	0.	303.	2,965.	11,652.	202,733.	
6 ^{VP, DEVELOPMENT}	(ii)	0.	0.	0.				
DOROTHY DAYNEEN CALDWEL	(i)	180,207.	0.	546.		5,158.	185,911.	
7 ^{VP HC & COMPLIANCE OFFICER}	(ii)	0.	0.	0.				
IRA BELLARCH	(i)	139,054.	0.	1,671.	1,513.	23,263.	165,501.	
8 ASSOCIATE VP, IT	(ii)	0.	0.	0.				
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

JSA

Page 3

Schedule J (Form 990) 2019

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

20**19** Open to Public Inspection

Name	of	the	organization	

	Employer	identif
--	----------	---------

WOMEN IN NEED INC.

mployer	identification	number
13-	3164477	

Par	t 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	Method o noncash cont			
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			40 700		DIG		
9	Securities - Publicly traded		б.	49,723.	SELLING F	RICE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
12	or trust interests Securities - Miscellaneous							
12	Qualified conservation							
15	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							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	jement	29		V	NI .
							Yes	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the	-				200		Х
ь	to be used for exempt purposes for		olaing perioa?			30a		
	If "Yes," describe the arrangement i Does the organization have a		ionoo noliov that raquira	the review of environment	non oton do rd			
31	5	•				31		Х
322	contributions? Does the organization hire or use							
JZa	contributions?	•	•			32a		Х
h	If "Yes," describe in Part II.					524		
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked			
	describe in Part II.							

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

13-3164477

Page 2

Part II 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.

1217

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.



Department of the Treasury Internal Revenue Service Name of the organization WOMEN IN NEED INC.

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

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

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 JUNE 2020.

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 JUNE 2020.

Employer identification number 13-3164477

ATTACHMENT 1

FORM 990, PART VI, SECTION C, LINE 19 WOMEN IN NEED, INC MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

 BKD, LLP
 ACCOUNTING
 133,990.

 1155 AVENUE OF THE AMERICAS #1200
 NEW YORK, NY 10036
 133,990.

1217

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

13-3164477

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Part I

Name of the organization

WOMEN IN NEED INC.

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

	(a) (if applicable) of disregarded entity	(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					
1 STATE STREET PLAZA	NEW YORK, NY 10004	SUPPORT HOUSI	NY	291,080.	184,468.	WIN
(2)						
(3)						
(4)						
(5)		_				
(6)						

Part II

JSA

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) 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	Х	
(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	Х	
(3) WIN GLENMORE HOUSING DEVELOPMENT FUND 47-2310887							
1 STATE STREET PLAZA NEW YORK, NY 10004	FAMILY SUP	NY	501(C)(4)		WOMN IN NEED	Х	
(4) 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	Х	
(5) WIN FAR ROCKAWAY HOUSING DEVELOPMENT FUN 83-2970758							
1 STATE STREET PLAZA NEW YORK, NY 10004	FAMILY SUP	NY	501(C)(4)		WOMN IN NEED	х	
(6)							
(7)							
	1						

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

Schedule R (Form 990) 2019

1217

Schedule R (Form 990) 2019

Page 2

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) 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	(† Disprop alloca	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) COLGATE CLOSE GP LLC 46-340037												
1044 NORTHERN BLVD, 2ND FLOOR	SUPPORTIVE HOSUIN	NY	N/A									
(2) WIN 118TH STREET LP 47-3961658												
1 STATE STREET PLAZA NEW YORK,	FAMILY SUPPORT	NY	N/A									
(3) ROCKAWAY SOUTH GP, LLC 83-2970												
1 STATE STREET PLAZA NEW YORK,	SUPPORTIVE HOUSIN	NY	N/A									
(4) ROCKAWAY SOUTH, LP 83-2206671												
60 COLUMBUS CIRCLE, 19TH FLR N	SUPPORTIVE HOUSIN	NY	N/A									
(5) COLGATE CLOSE LP 43-3161970												
1044 NORTHERN BLVD, 2ND FLOOR	SUPPORTIVE HOUSIN	NY	N/A									
(6) GLENMORE HOUSING ASSOCIATES LL												
1 STATE STREET PLAZA NEW YORK,	SUPPORTIVE HOUSIN	NY	N/A									
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b conti	(i) ction b)(13) rolled tity?
									Yes	No
(1) GLENMORE HOUSING GP, LLC	47-3025986									
325 E 104TH STREET NEW YORK, NY 10029		SUPPORTIVE HOUSIN	NY	N/A	C CORP					х
(2) WIN GLENMORE CORPORATION	47-3492213									
1 STATE STREET PLAZA NEW YORK, NY 10004		SUPPORTIVE HOUSIN	NY	N/A	C CORP					х
(3) COLGATE CLOSE HOUSING DEVELOPMENT FUND	46-3161970									
1 STATE STREET PLAZA NEW YORK, NY 10004		FAMILY SUPPORT	NY	WOMEN IN NEED	C CORP			100.0000	x	
(4) WIN 118TH STREET GP, INC	47-3961359									
1 STATE STREET PLAZA NEW YORK, NY 10004		FAMILY SUPPORT	NY	N/A	C CORP					х
(5) WIN SUPPORTIVE HOUSING CORP	83-4624406									
1 STATE STREET PLAZA NEW YORK, NY 10004		SUPPORTIVE HOUSIN	NY	N/A	C CORP					х
(6)		_								
(7)		_								

Schedule R (Form 990) 2019

13-3164477

Schedule R (Form 990) 2019

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Not	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	ted 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
	Gift, grant, or capital contribution from related organization(s)				1c	37	X
	Loans or loan guarantees to or for related organization(s)				1d	X X	
е	Loans or loan guarantees by related organization(s)				1e	~	
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1 i	Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
						37	
	Reimbursement paid to related organization(s) for expenses.					X X	
q	Reimbursement paid by related organization(s) for expenses				1q	~	
_					1r		Х
r e	Other transfer of cash or property to related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and transa	action thre		. ·	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method	(d)	rminin	g
(1)	GLENMORE HOUSING ASSOCIATES, LLC	Р	292,554.	CASH			
(2)							
(2)							
(3)							
(4)							
(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	entity (b) (c) Primary activity Legal domicile (state or foreign country)		(d) (e) Predominant income (related, unrelated, excluded from tax under		total income end-of-year		(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging ner?	(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No	, ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
(12)													
13)													
14)													
15)													
(16)										Sab			

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 Part VII
 Supplemental Information

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