WOMEN IN NEED, INC. FORM 990 TAX YEAR 2021

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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)

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or th	e 202	1 calendar year, or tax year beginning 07/01/2021	and ending	_	06/30	/2022	
ъ.			C Name of organization		D Employer ide	ntification	n number	
Вс	heck if ap	oplicable:	WOMEN IN NEED, INC.					
	Addre		Doing Business As		13-3164	477		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone no	ımber		
	Initial	return	1 STATE STREET, 18TH FLOOR		(212)69	95 - 475	8	
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code					
	Amer		NEW YORK, NY 10004		G Gross receipt	is \$ 1	136,216	,080.
		cation	F Name and address of principal officer: RONDEL D. BOODRAM		H(a) Is this a grou		Yes	X No
	poa.	9	1 STATE STREET, NEW YORK, NY 10004		H(b) Are all subord		? Yes	No
ī	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list. (see	instructions)	
J	Websi	ite: 🕨	WWW.WINNYC.ORG		H(c) Group exemp	otion number	r ▶	
K	Form	of organ	ization: X Corporation Trust Association Other	L Year of forma	ation: 1983 M	State of le	gal domicile	: NY
$\overline{}$	art I		mmary	1			<u> </u>	
		Briefly	describe the organization's mission or most significant activities: TO PRO	OVIDE SAFE	HOUSING, O	CRITIC	'AL	
ø			ICES, AND GROUND-BREAKING PROGRAMS TO HELP HON					
anc			IR CHILDREN REBUILD THEIR LIVES.					
ern	2		this box if the organization discontinued its operations or disposed	of more than 25°	 % of its net assets			
Governance			er of voting members of the governing body (Part VI, line 1a)			3		26
	4		er of independent voting members of the governing body (Part VI, line 1b)			4		26
Activities &	5	Total	number of individuals employed in calendar year 2021 (Part V, line 2a)			5		962
ΞΞ	6		number of volunteers (estimate if necessary)			6		300
Act	_	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		300
			nrelated business taxable income from Form 990-T, line 34			7b		
_	_	110t ui	Trotated business taxable moone from 550 1, mile 54 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		Prior Year		Current Y	ear
	8	Contri	butions and grants (Part VIII, line 1h)	121,415,96		134,871		
ηne	9	Drogr	COPY	FOR	949,80			3,447.
Revenue	10	Invoct	copy ment income (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, 4, and 7d) COPY PUBLIC INS	SPECTION	145,03			3,026.
Re	11		revenue (Part VIII, column (A), lines 5, 4d, and 7d)		-67,62			1,912.
	12				122,443,18		L35,757	
_	13		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			ONE	133,737	
			s and similar amounts paid (Part IX, column (A), lines 1-3)			ONE		NONE NONE
	14 15		its paid to or for members (Part IX, column (A), line 4)		40,572,73		43,680	
Expenses	160		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)				43,000	-
oen	Ioa	Tatal	ssional fundraising fees (Part IX, column (A), line 11e)		INC	ONE		NONE
Ä	47		fundraising expenses (Part IX, column (D), line 25) 1,367,023.		75 000 61		06 420	
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,990,61		86,432	
	1		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		116,563,35	_	130,112	
_ s	19	Reven	ue less expenses. Subtract line 18 from line 12		5,879,82			494.
ts o		-	(5, (7, (8, 10))	<u> </u>	nning of Current Y		End of Ye	
Sse	20		assets (Part X, line 16)		43,011,56		50,389	
Net Assets or Fund Balances	21		iabilities (Part X, line 26)		21,566,29		23,299	
			sets or fund balances. Subtract line 21 from line 20		21,445,27	3.	27,089	767.
	rt II		gnature Block				la desa casal la	-11-6 16 1-
true	aer per e, corre	ect, and	of perjury, I declare that I have examined this return, including accompanying schedule complete. Declaration of preparer (other than officer) is based on all information of which	n preparer has any l	knowledge.	my knowi	leage and b	ellel, It is
Sig	ın		Signature of officer		Date			
He			Orginature of officer		Date			
			Type or print name and title					
				Date		DTIN		
Paid	t		Type preparer's name Preparer's situatore		Check	if PTIN		
	parer	AAR		05.15.20		1 1 0 1	333816	
	Only		name FORVIS, LLP		Firm's EIN		160260	
			address 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036		Phone no.		867-40	
			cuss this return with the preparer shown above? (see instructions)			X	Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form 99	U (2021)

Page 2 Form 990 (2021)

Pa	art Statem	nent of Program Service if Schedule O contains a	e Accomplishments a response or note to any line in this	s Part III	х
1		the organization's mission		<u> </u>	24
	SEE SCHEDUL	E O			
2	Did the organiza	ation undertake anv sigr	nificant program services during the	 ne vear which were not listed o	on the
		e these new services on			
3	Did the organiz	zation cease conductin	g, or make significant changes	in how it conducts, any pro	
					Yes X No
4		these changes on Sche		of its three largest program	continue of managered by
4			ervice accomplishments for each c)(4) organizations are required to		
			or each program service reported.		and anotations to others,
4a	(Code:) (Expenses \$ 105	,949,169. including grants of \$) (Revenue \$	320,414.
	WIN OPERAT	ES 12 TRANSITION	AL HOUSING RESIDENCES W	ITH OVER 1,734	
			MANHATTAN, BROOKLYN, BI		
			IONAL, EDUCATIONAL, JOB		
	-		CE. WIN HOUSING ADDRESSI		
			AS SUBSTANCE ABUSE, LEG MENT BENEFITS AND SOCIAL		
	DOMESTIC V	TODENCE, ENTITUE	MENT BENEFITS AND SOCIAL	JIZATION NEEDS.	
4b	(Code:		, 259, 228. including grants of \$		513,163.
			SUPPORTIVE HOUSING UNITS		
			N 960 WOMEN AND THEIR CO O HAVE AGED OUT OF THE D	· · · · · · · · · · · · · · · · · · ·	
			STIC VIOLENCE HISTORIES		
			LEMS, AND FAMILIES WITH		
			MANY LACK BASIC LIVING S		
	NEVER HAD	A HOME, AND HAVE	EXPERIENCED EARLY CHILI	DHOOD SEXUAL	
	AND/OR PHY	SICAL ABUSE. SERV	VICES INCLUDE COUNSELING	G, CASE	
			EDUCATIONAL SERVICES ANI		
		BUDGETING SKILLS	S, AND BUILDING COMMUNIT	TY SUPPORT	
	SYSTEMS.				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(0000.		g g.ae e.	, (e.e.i.de \$	
4d	Other program	services (Describe on Scl	hedule O.)		
	(Expenses \$	including g		venue \$	
4.	Total program a	onico evnences	101 000 207		

4e Total program service expenses ►

JSA
1E1020 1.000 121,208,397. Form 990 (2021)
Part IV Checklist of Required Schedules

rai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	9		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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,	-		
3	assessments, or similar amounts as defined in Rev. Proc. 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			- 21
	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		Χ
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			
	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,"			
а	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	21	
~	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	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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	126	3.7	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	X	v
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	- · · · ·		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		3.7
20	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	, , , , , , , , , , , , , , , , , , , ,			

Form 990 (2021) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	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			
L	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
اہ	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
_•	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
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			
	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 the 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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	77	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	or IV, and Part V, line 1	34	Х	
35 a	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	- JJu	21	
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Estable and beauty of the Accordance and the Accord		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
_	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2021)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 962			
h	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		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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		X
	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
	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		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
	Enter the amount of reserves on hand	140		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		X
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			23
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	-		

Form 990 (2021) Page 6 WOMEN IN NEED, INC. 13-3164477

Part VI

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

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or ur	nder t	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	person	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	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) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:			_		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					3.7
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Inte			9 Codo	١	<u>X</u>
Secu	on B. Folicies (This Section B requests information about policies not required by the linte	amai	Revenue	Code	Yes	No
				10a		X
	Did the organization have local chapters, branches, or affiliates?			IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pr	•		11a	X	
11a		ling th	e form?	114	71	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			124	- 21	
b	rise to conflicts?		_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
C	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
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 on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Sect	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ, NY,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		- 01			
	Own website Another's website Upon request Other (explain on Sc		,	_		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the schedule	nents,	conflict of	inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's to RONDEL D. BOODRAM 1 STATE STREET PLAZA NEW YORK, NY 10004	oooks	and record	s 🕨		
	TOTALL D. DOODIGET I DITTE DITTED I LANA NEW TOTAL, INT 10001					

212-695-4758

Form **990** (2021)

Form 990 (2021) WOMEN IN NEED, INC. 13-3164477 Page **7**

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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 hours per week (list any hours for related organizations below dotted line)	box, office or direct	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position lo not check more than one ox, unless person is both an ficer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Po (do not check box, unless p officer and a		person is both an a director/trustee)		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHRISTINE C. QUINN	36.00																		
PRESIDENT & CEO	2.00			Х				441,355.	NONE	4,400.									
(2) RONDEL D. BOODRAM	36.00							,	-	,									
CHIEF FINANCIAL OFFICER	2.00			Х				228,621.	NONE	28,481.									
(3) DOROTHY DAYNEEN CALDWELL	36.00																		
CHIEF HC, COMPLIANCE OFFICER	2.00				X			224,890.	NONE	5,997.									
(4) MEGHAN LINEHAN	36.00																		
CHIEF OPERATING OFFICER	2.00			Х				203,297.	NONE	17,733.									
(5) SHANNON SNEAD	36.00																		
VP OF DEVELOPMENT	2.00					Х		191,354.	NONE	16,601.									
(6) DARLENE WILLIAMS	36.00																		
CHIEF PROG. OFFICER(THRU 8/21)	2.00				Х			193,513.	NONE	4,494.									
(7) RORI GITLIN	36.00																		
VP OF INFORMATION TECH	2.00					X		180,350.	NONE	12,552.									
(8) DIANA SANTOS	36.00																		
CHIEF PROGRAM OFFICER	2.00				Х			167,721.	NONE	10,335.									
(9) JESSICA YAGER	36.00																		
VP OF POLICY & PLANNING	2.00					X		171,946.	NONE	NONE									
(10) IRA BELLACH	36.00																		
ASSOCIATE VP	NONE					X		147,775.	NONE	20,540.									
(11) STEPHEN DUBOSE	36.00																		
VP OF SUPPORTING HOUSING	NONE					X		145,605.	NONE	8,635.									
(12) CLOVER BERGMANN	6.00																		
CO-CHAIR	2.00	X		Χ				NONE	NONE	NONE									
(13) CHRIS STERN HYMAN	6.00																		
CO-CHAIR	2.00	X		X				NONE	NONE	NONE									
(14) CHRIS COFFEY	6.00																		
VICE CHAIR	2.00	X		Χ				NONE	NONE	NONE									

Form **990** (2021)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per week (list any	1 '				e than c is both		compensation from	compensation from related	amount of other
	hours for	office		dad		tor/trust	tee)	the	organizations	compensation
	related	Individual trustee or director	Inst	Officer	Key	High	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	/idua	tutic	ĕ	emp	lest	ner	(W-2/1099-MISC)		organization and related
	line)	al tro	Institutional trustee		Key employee	com				organizations
		istee	trust		Ď	pens				
			ee			Highest compensated employee				
(15) KATHERINE FREED JENNINGS	6.00									
VICE CHAIR	2.00	Х		Х				NONE	NONE	NONE
(16) JENNY Y. LEE	6.00									
VICE CHAIR	2.00	Х		Х				NONE	NONE	NONE
(17) PAM PARKER	6.00									
VICE CHAIR	2.00	Х		Х				NONE	NONE	NONE
(18) SUSAN TEICHER	6.00									
TREASURER	2.00	X		Х				NONE	NONE	NONE
(19) HILLARY JURY	6.00	-								
SECRETARY	2.00	X		X				NONE	NONE	NONE
(20) LAUREN BOGLIVI	1.00									
BOARD MEMBER	2.00	X						NONE	NONE	NONE
(21) JULIA BUTLER	$-\frac{1.00}{2.00}$	37						NONE	NONTE	NONE
BOARD MEMBER	2.00	X						NONE	NONE	NONE
(22) LAURIE CAMPBELL BOARD MEMBER	$\frac{1.00}{2.00}$	x						NONE	NONE	NONE
(23) CHARLES DAY	1.00	_ ^						NONE	NONE	NONE
BOARD MEMBER	2.00	X						NONE	NONE	NONE
(24) LILI FOROURAGHI	1.00							110112	110112	110111
BOARD MEMBER	2.00	Х						NONE	NONE	NONE
(25) TRACY GARDNER	1.00								-	
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
1b Sub-total								2,296,427.	NONE	129,768.
c Total from continuation sheets to Part VII, S							>	NONE	NONE	NONE
d Total (add lines 1b and 1c)							>	2,296,427.	NONE	129,768.
2 Total number of individuals (including but not		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organization	n ▶					28				
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such										
organization and related organizations greindividual										4
5 Did any person listed on line 1a receive or										7
for services rendered to the organization? If "Yo										5
Castian B. Indonendant Contractors										
4 Complete this table for your five highest com			مام مد	4		4	4			

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

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

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

Page 8

Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle er an	heck ss pe d a d	erson	e than o is both tor/trust	an tee)	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	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) JESSICA KEARNS	1.00									
BOARD MEMBER	2.00	X						NONE	NONE	NON
(27) MICHELLE KLEIN	1.00									
BOARD MEMBER	2.00	X						NONE	NONE	NON
(28) CHRIS KOVEL	1.00									
BOARD MEMBER	2.00	X						NONE	NONE	NON
(29) AMY LESCH	1.00									
BOARD MEMBER	2.00	X						NONE	NONE	NON
(30) MARIA MASI	1.00									
BOARD MEMBER	2.00	X						NONE	NONE	NON
(31) MELISSA PIANKO	1.00									
BOARD MEMBER	2.00	X						NONE	NONE	NONE
(32) ELLEN SCHONINGER	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(33) ANTHONY RIZZO	1.00									
BOARD MEMBER	2.00	X						NONE	NONE	NONI
(34) DAVID SANTINA	1.00	-								
BOARD MEMBER	2.00	X						NONE	NONE	NON
(35) NICOLE SERMIER	1.00	-								
BOARD MEMBER	2.00	X						NONE	NONE	NON
(36) GREG UNIS	1.00	-								
BOARD MEMBER	2.00	X						NONE	NONE	NON
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)					 		> >			
2 Total number of individuals (including but no reportable compensation from the organizate		nose	liste	ed al	bov	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	e sum of rep greater than	oortab	ole (com 100?	per	nsatio	n aı	nd other compens	sation from the le J for such	4
5 Did any person listed on line 1a receive of for services rendered to the organization? If	or accrue co	mpen	sati	on t	fron	n any	un	related organization	on or individual	5
Section B. Independent Contractors										
4. Complete this table for your five highest or		1	1						. U #400 000 -	,

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

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

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

Form 990 (2021)

Page	8

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (d	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	ge Position Reportable compensation box, unless person is both an officer and a director/trustee) Reportable compensation from the			Reportable Reporta compensation compensation from related		on from d	(F) Estimated amount of other compensation			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
37) ANNIE WEIR	1.00										
	ARD MEMBER	2.00	Х						NONE		NONE	NONE
С	Sub-total Total from continuation sheets to Part VII, Solution Total (add lines 1b and 1c)	ection A						* * *				
2	Total number of individuals (including but not reportable compensation from the organization	_	hose	liste	d al	bov	e) who	re	ceived more than	\$100,000 c	of	
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>											Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?) If	"Yes	,"	complete Schedu	le J for s	such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											5 X
	ction B. Independent Contractors											
1	Complete this table for your five highest com compensation from the organization. Report c year.											
_	SEE SCHEDULE O Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation
_												
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				nite	d to	thos	e li	sted above) who	received		

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
هَ ۾َ	С	Fundraising events 1c	3,112,229.				
ifts ⊩A	d	Related organizations 1d					
ອັ'ຼ	e	Government grants (contributions) 1e	122,330,526.				
Sin	f	All other contributions, gifts, grants,					
e E		and similar amounts not included above . 1f	9,428,276.				
들둔	g	Noncash contributions included in					
a E	"		\$ 147,265.				
နှင့်	h	Total. Add lines 1a-1f		134,871,031.			
			Business Code				
မွ	22	SUPPORTIVE HOUSING CLIENT RENT	531110	513,163.	513,163.		
<u>ĕ</u> <u>₹</u>	2a	SUBCONTRACTED FEES	531110	140,284.	140,284.		
Se	b				., .		
a s	C						
200	d						
Program Service Revenue	e	All other program continues					
_	f g	All other program service revenue Total. Add lines 2a-2f		653,447.			
	3	Investment income (including dividends,					
	"	other similar amounts)	_	138,026.			138,026.
	4	Income from investment of tax-exempt bone		NONE			
	5	Royalties	•	NONE			
	•	(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	١.	Less: rental expenses 6b					
	b	Rental income or (loss) 6c NON	IE NONE				
	ا ا د	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other	NONE			
	l la		(ii) Guioi				
		sales of assets					
4	_	other than inventory 7a					
evenue	b	Less: cost or other basis					
Ş	_	and sales expenses 7b					
æ	١.	Gain or (loss)		NONE			
Jer	a	Net gain or (loss)	· · · · · · · · ·	NONE			
Other	8a	Gross income from fundraising					
		events (not including \$3,112,229.					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	458,664.	450.664			450,664
	C	Net income or (loss) from fundraising events	· •	-458,664.			-458,664.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from gaming activities	· · · · · · · · •	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory.		NONE			
sno		Wasani i wasani	Business Code				
Jec Jue	11a	MISCELLANEOUS	900099	553,576.			553,576.
Miscellaneous Revenue	b						
Sce Re	С						
Ξ	d	All other revenue					
	е	Total. Add lines 11a-11d		553,576.			
	12	Total revenue. See instructions	<u> ▶</u>	135,757,416.	653,447.		232,938.

Part IX Statement of Functional Expenses

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

Check if Schedule O	contains a respo	nse or note to any line	e in this Part IX		
Do not include amounts reported or 8b, 9b, and 10b of Part VIII.	n lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domest	tic organizations				
and domestic governments. See Part IV	, line 21	NONE			
2 Grants and other assistance	to domestic				
individuals. See Part IV, line 22		NONE			
3 Grants and other assistance	to foreign				
organizations, foreign govern	ments, and				
foreign individuals. See Part IV, lin	es 15 and 16	NONE			
4 Benefits paid to or for members		NONE			
5 Compensation of current office	ers, directors,				
trustees, and key employees		1,738,532.	83,863.	1,637,245.	17,424
6 Compensation not included above	to disqualified				
persons (as defined under section 4	1958(f)(1)) and				
persons described in section 4958(c)(3)		NONE			
7 Other salaries and wages		34,628,875.	31,658,141.	2,061,064.	909,670.
8 Pension plan accruals and contribu	utions (include	312,340.	298,225.	5,645.	8,470
section 401(k) and 403(b) employe	r contributions)				
9 Other employee benefits		4,339,075.	3,912,932.	311,661.	114,482.
10 Payroll taxes		2,661,416.	2,366,910.	225,396.	69,110
11 Fees for services (nonemployees):					
a Management		NONE			
b Legal		6,140.		6,140.	
c Accounting		115,120.		115,120.	
d Lobbying		90,000.	90,000.		
e Professional fundraising services. See	Part IV, line 17.	NONE			
f Investment management fees		NONE			
9 Other. (If line 11g amount exceeds 10%	of line 25, column				
(A), amount, list line 11g expenses on Schedul	le O.)	10,300,097.	10,063,969.	28,763.	207,365.
12 Advertising and promotion		NONE			
13 Office expenses		10,275,985.	9,032,246.	1,204,776.	38,963
14 Information technology		NONE			
15 Royalties		NONE			
16 Occupancy		59,278,366.	57,888,156.	1,390,210.	
17 Travel		246,575.	233,818.	11,653.	1,104
18 Payments of travel or entertainm	nent expenses				
for any federal, state, or local pul	blic officials	NONE			
19 Conferences, conventions, and me	etings	NONE			
20 Interest		146,878.	4,756.	142,122.	
21 Payments to affiliates		NONE			
22 Depreciation, depletion, and amor	tization	2,090,953.	1,960,615.	130,034.	304
23 Insurance		2,888,783.	2,817,669.	71,114.	
24 Other expenses. Itemize expenses	not covered				
above. (List miscellaneous expenses	on line 24e. If				
line 24e amount exceeds 10% of line					
(A), amount, list line 24e expenses o	n Schedule O.)				
a FOOD		549,208.	547,921.	1,156.	131
b MISCELLANEOUS		444,579.	249,176.	195,403.	
c					
d					
e All other expenses					
25 Total functional expenses. Add lines		130,112,922.	121,208,397.	7,537,502.	1,367,023.
26 Joint costs. Complete this line organization reported in column from a combined educational of fundraising solicitation. Check here	(B) joint costs campaign and				
following SOP 98-2 (ASC 958-720)					

Form 990 (2021) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	9,017,636.	1	10,746,137.
	2	Savings and temporary cash investments	1,906,702.	2	3,051,484.
	3	Pledges and grants receivable, net	20,495,513.	3	24,498,735.
	4	Accounts receivable, net	1,458,822.	4	1,753,635.
	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	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	590,000.	7	590,000.
Assets	8	Inventories for sale or use	NONE	8	NONE
As	9	Prepaid expenses and deferred charges	439,787.	9	322,975.
	_	Land, buildings, and equipment: cost or other	200 / 10 11		322,77.33
		basis. Complete Part VI of Schedule D 10a 20,936,574.			
	h	Less: accumulated depreciation	6,371,396.	100	6,548,811.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	=		15	2,877,641.
	16	Other assets. See Part IV, line 11			
_		Total assets. Add lines 1 through 15 (must equal line 33)	43,011,568. 15,785,246.	16	50,389,418.
	17	Accounts payable and accrued expenses		17	15,430,052.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
į.		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties		23	4,427,323.
	24	Unsecured notes and loans payable to unrelated third parties	449,407.	24	1,738,230.
	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		25	1,704,046.
	26	Total liabilities. Add lines 17 through 25	21,566,295.	26	23,299,651.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	18,621,542.	27	25,573,170.
Ba	28	Net assets with donor restrictions.	2,823,731.	28	1,516,597.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	=,==,:==,		=,==,,==
ō	29	Capital stock or trust principal, or current funds		29	
şts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ť	32	Total net assets or fund balances	21 445 272		27 000 767
Se	33	Total liabilities and net assets/fund balances	21,445,273.	32	27,089,767.
	JJ	Total habilities and het assets/fund balances	43,011,568.	33	50,389,418. Form 990 (2021)

Form **990** (2021)

Form 990 (2021) Page **12**

2 Total expenses (must equal Part IX, column (A), line 25) . 2 130,112,922 3 Revenue less expenses. Subtract line 2 from line 1 . 3 5,644,494 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 4 21,445,273 5 Net unrealized gains (losses) on investments . 5 6 Donated services and use of facilities . 6 7 Investment expenses . 7 8 Prior period adjustments . 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	Part .	XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25). 2 130,112,922 3 Revenue less expenses. Subtract line 2 from line 1. 3 5,644,494 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 5 Net unrealized gains (losses) on investments. 5 6 Donated services and use of facilities. 6 Investment expenses. 7 Investment expenses. 7 Prior period adjustments. 8 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?. 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 1 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not under		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>13</u>	5,'	757 ,	<u>416</u> .
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>13</u>	0,:	112,	<u>922</u> .
Separate basis Consolidated basis or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis C If "Yes," to compilation of its financial statements and Reporting as parate basis, consolidated basis, or both: Separate basis Consolidated basis or both: Separa	3	Revenue less expenses. Subtract line 2 from line 1	3		5,	544,	<u>494</u> .
6 Donated services and use of facilities 7 Investment expenses	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	1,	445,	<u>273</u>
7 Investment expenses	5	Net unrealized gains (losses) on investments	5				
8 Prior period adjustments	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	7	Investment expenses	7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	8	Prior period adjustments	8				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?. If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	9		9				
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	10	·					
Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?			10	2	7,	089,	767
Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part	·					
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u></u>	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?						Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	1						
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			plain	on			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?							
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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated and separate basis consolidated on a separate basis Separate basis Consolidated basis Both consolidated and separate basis consolidated on a separate basis Consolidated basis Both consolidated and separate basis consolidated on a separate basis Separate basis Consolidated basis Both consolidated and separate basis consolidated on a separate basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated on a separate basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated basis Both consolidated basis Both consolidated basis Consolidated basis Both consolidated basis	2a	· · · · · · · · · · · · · · · · · · ·			2a		X
Separate basis		· · · · · · · · · · · · · · · · · · ·	piled	or			
b Were the organization's financial statements audited by an independent accountant?							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis continuous Both consolidated and separate basis continuou		·					
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis continuous to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b				2b	<u> </u>	
Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			ted or	ı a			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С		_		٥.	3.7	
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•			2C	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			plain	on			
Single Audit Act and OMB Circular A-133?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3 a		th in t	.he	2.	7.	
					зa	$+^{\lambda}$	
	b				2 h	x	

Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

WOMEN IN NEED, 13-3164477 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	85,354,101.	91,138,246.	96,489,163.	121,415,968.	134,871,031.	529,268,509.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	85,354,101.	91,138,246.	96,489,163.	121,415,968.	134,871,031.	529,268,509.
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)						NONE
6	Public support. Subtract line 5 from line 4						529,268,509.
_	tion B. Total Support						529,268,509.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_		85,354,101.	91,138,246.	96,489,163.	121,415,968.	134,871,031.	529,268,509.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,037.	202,927.	579,237.	145,031.	138,026.	1,142,258.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE SUPP .PAGE	410,110.	70,507.	210,360.	54,223.	553,576.	1,298,776.
11	Total support. Add lines 7 through 10						531,709,543.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	6,869,368.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li		=			14	99.54 %
15	Public support percentage from 2020				,		99.59 %
16a	331/3% support test - 2021. If the or	=					_
	box and stop here. The organization q	-		_			
b	331/3% support test - 2020. If the org	=					_
47-	this box and stop here. The organization			_			
1 / a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	-
	Part VI how the organization meets			=	•	-	
h	organization						
Ŋ	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets					-	-
	organization			•	•		
18	Private foundation. If the organization						
10	•						
	instructions						

13-3164477

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7 a	Amounts included on lines 1, 2, and 3						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•	•	•		•
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly 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 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tay ve	ar as a section	501(c)(3)
17	organization, check this box and stop here .	ū	•		•		````
Sec	tion C. Computation of Public Supp			<u> </u>			
15	Public support percentage for 2021 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2020 Scheo					16	% %
	tion D. Computation of Investment					10	/0
	-			13 column (f\)		17	%
17	Investment income percentage for 2021 (lin						% %
18	Investment income percentage from 2020 S					18	
туа	331/3% support tests - 2021. If the org						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2020. If the orga						. \square
20	line 18 is not more than 331/3%, check		-	•			

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - 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.)

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Part	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 on lines 11b and	44=		
h	11c below, the governing body of a supported organization?	11a 11b		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
·	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	10		
	71 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	2		
Ocoti	on or type in supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	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		
Secti	on D. All Type III Supporting Organizations			
	Did the expeniention provide to each of its supported expenientions, by the local day of the fifth month of the		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 on line 2, above, 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
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 governmental entity (see	e insti	Yes	
2	Activities Test. Answer lines 2a and 2b below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
L				
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: ir rest describe in rait vi the role played by the organization in this legalu.	ı JD	ı	1

WOMEN IN NEED, INC. 13-3164477

Schedule A (Form 990) 2021 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ction 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		
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 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-functiona		ted Type III supporting	g organization
	(see instructions).	J 3	21 111	

Schedule A (Form 990) 2021

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page 7

1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that tirrest exempt purposes of supported organizations, in excess of income from activity and income from a from	Secti	on D - Distributions				Current Year
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 Line 8 amount divided by line 9 amount 10 Line 8 amount divided by line 9 amount 11 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016	1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 8 Section E - Distribution Allocations (see instructions) Section E - Distribution Allocations (see instructions) Section B - Distributions of Provide Amount for 2021 from Section C, line 6 10 Line 8 amount for 2021 from Section C, line 6 11 Line 8 amount for 2021 from Section C, line 6 12 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Section 2015	2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
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a From 2016						
b From 2017	3	<u>-</u>				
c From 2018	a					
d From 2019	b	From 2017				
e From 2020		From 2018				
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	С					
e Excess from 2021	d					
	е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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	2017	2018	2019	2020	2021	TOTAL
OTHER	410,110.	70,507.	210,360.	54,223.	553,576.	1,298,776.
TOTALS	410,110.	70,507.	210,360.	54,223.	553,576.	1,298,776.
===:		=========	==========	=========	=========	=========

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information. **Employer identification number** Name of the organization WOMEN IN NEED, INC 13-3164477 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

Schedule B (Form 990) (2021)

Name of organization WOMEN IN NEED, INC.

Employer identification number 13-3164477

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$110,370,896.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$4,533,270.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$4,043,832.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WOMEN IN NEED, INC.

Employer identification number

13-3164477

art II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if additiona	I space is needed.

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

Name of o	rganization			Employer identification number
	WOMEN IN NEED, INC.			13-3164477
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one one cons completing Part III, ender year. (Enter this information	contributor. Contributor Contributor.	mplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	-	p of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	-	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g		p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g		p of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

Гах)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-I	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Franksian ida	utification usumban
	ŭ			' '	ntification number
	MEN IN NEED, INC.				164477
Pa		organization is exempt under			
1	•	he organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa				
2		xpenditures. See instructions			
3		campaign activities. See instruction			
Pai		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1		xpended by the filing organization			
_					
2		g organization's funds contributed es			
3	line 17b	enditures. Add lines 1 and 2. Ent		▶\$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en tributions received that were promoted or a political action committee (I	er (EIN) of all section ter the amount paic ptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, sucl
	(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 Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 WOMEN IN NEED, INC. 13-3164477 Page 2

SCITE	edule C (Folili 990) 2021	MOMPIA	ти исер,	INC.		13	-31044// Fage 2
Pa	rt II-A Complete if the org section 501(h)).	janizati	on is exen	npt under section	n 501(c)(3) and f	iled Form 5768 (ele	ction under
Α			•	affiliated group (and excess lobbying expe		ch affiliated group mem	ber's name,
В	Check ▶ if the filing organize	zation ch	ecked box A	and "limited contro	l" provisions appl	/.	
	Limits	on Lobb	ying Expend	ditures		(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	ans amour	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to i	nfluence	public opini	on (grassroots lobb	ying)		
b	Total lobbying expenditures to i	nfluence	a legislative	e body (direct lobbyi	ng)		
С	Total lobbying expenditures (ad	d lines 1	a and 1b) .				
d	Other exempt purpose expendi	tures					
	Total exempt purpose expendit						
f	Lobbying nontaxable amount.	Enter th	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000	•	us 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
_	Grassroots nontaxable amount	-					
	Subtract line 1g from line 1a. If						
	Subtract line 1f from line 1c. If a						
j	If there is an amount other th				•		
	reporting section 4911 tax for t						Yes No
	(0)			aging Period Unde			
	(Some organizations tha			ri(n) election do no te instructions for l	-		ins below.
		366	ille Separa	le mstructions for i	ines za tiliough z)	
		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Per	od	T
	Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

Sche	dule C (Form 990) 2021 WOMEN IN NEED, INC.			13-3	16447	77 r	Page 3
Par	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	38		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b))	
	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?		X				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				<u>90,</u>	000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?		X				
j	Total. Add lines 1c through 1i					90,	000
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ectio			
	501(c)(6).	(-)(-)	,,				
						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		
Pai	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"	OR (I	o) Par	t III-A	, line :	3, IS	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts	of				
	political expenses for which the section 527(f) tax was paid).			20			
а	Current year			2a			
b	Carryover from last year			2b 2c			
С	Total			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	ı of th	ne				

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.

excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

4

Part IV Supplemental Information (continued)

PART II-B

THE ORGANIZATION HIRED BOLTON-ST. JOHNS LLC TO PROVIDE LEGISLATIVE AND BUDGETARY ADVOCACY AT THE CITY, STATE AND FEDERAL LEVEL ON BEHALF OF WIN.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspec

Employer identification number

WOMEN IN NEED, INC. 13-3164477 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not 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 in Part XIII the text of the footnote to its financial statements that describes these items. 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: 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:

Pa	art Organizations Maintaini	na Collections of		easures, or Other		continued)	rage =					
3	Using the organization's acquisition			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							
•	collection items (check all that app		7.1101 1000140, 01100	it any or the renet	ing that make eigh	mioani doc	01 110					
а	Public exhibition	197.	d Loan	or exchange progra	ım							
b	Scholarly research		e Other		u11							
		rationa	e Other									
C												
4	-	lization's collections	and explain now	they further the of	ganizations exemp	i purpose i	n Pan					
_	XIII.				4							
5	During the year, did the organization				_	٦,, г	—					
	assets to be sold to raise funds rath		ained as part of the	organization's colle	ction?	Yes	No					
Pa	Part IV Escrow and Custodial Arrangements.											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form											
_	990, Part X, line 21.											
1 a	Is the organization an agent, trus					٦,, г	—					
_	included on Form 990, Part X?					Yes	No					
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the following ta	ble:								
					Amount							
С	Beginning balance											
d	Additions during the year											
е	Distributions during the year											
f	Ending balance					1	1					
2a	Did the organization include an am				_	Yes	No					
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	n has been provided	on Part XIII							
Pa	ert V Endowment Funds.		" - 000	D (
	Complete if the organiza	ation answered "Ye	es" on Form 990,									
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back					
1a	Beginning of year balance	150,000.	150,000.	150,000.	150,000.	150	,000.					
b	Contributions											
С	Net investment earnings, gains,											
	and losses	267.	267.	303.	302.		302.					
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	267.	267.	303.	302.		302.					
f	Administrative expenses											
g	End of year balance	150,000.	150,000.	150,000.	150,000.	150	,000.					
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held as	3:							
а	Board designated or quasi-endown		_%	, , , , , , , , , , , , , , , , , , , ,								
b	Permanent endowment ▶ 100.0	000 %										
С												
	The percentages on lines 2a, 2b, and 2c should equal 100%.											
		and 2c should equal 1	100%.				3a Are there endowment funds not in the possession of the organization that are held and administered for the					
3a	The percentages on lines 2a, 2b, a	•		are held and admi	nistered for the							
3a	The percentages on lines 2a, 2b, a	•		are held and admi	nistered for the	Ye	s No					
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in organization by:	the possession of th	ne organization that			Ye:	s No					
3a	The percentages on lines 2a, 2b, a Are there endowment funds not in	the possession of th	ne organization that			$\overline{}$						
	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations	the possession of th	ne organization that			3a(i)	Х					
	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations	the possession of the	ne organization that	nedule R?		3a(i) 3a(ii)	Х					
b 4	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended until Land, Buildings, and Equators.	the possession of the possession of the possession of the organiza	ne organization that d as required on Sci	nedule R? nds.		3a(i) 3a(ii) 3b	X					
b 4	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended of the complete if the organizations Land, Buildings, and Equity Complete if the organizations	the possession of the dedorganizations liste uses of the organizations ation answered "Yesting the desired to t	d as required on Scition's endowment fu	nedule R? nds.	See Form 990, Pa	3a(i) 3a(ii) 3b	X					
b 4	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended until Land, Buildings, and Equators.	the possession of the possession of the possession of the organiza	d as required on Scition's endowment fues on Form 990, other basis (b) Cost	nedule R? nds. Part IV, line 11a. or other basis (c) Ad	See Form 990, Pa	3a(i) 3a(ii) 3b	X					
b 4 Pa	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the relate Describe in Part XIII the intended of the complete if the organizations Description of property	the possession of the ded organizations liste uses of the organization answered "You (a) Cost or (investigation)	d as required on Scition's endowment fues on Form 990, other basis (b) Cost	nedule R?	See Form 990, Pa	3a(i) 3a(ii) 3b art X, line 1	X X					
b 4 Pa	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended of the organization of property Land, Buildings, and Equation of property Land.	ed organizations liste uses of the organization answered "Ye (a) Cost or (invest	d as required on Scition's endowment fues on Form 990, other basis (b) Cost	nedule R? nds. Part IV, line 11a. or other basis (c) Ad	See Form 990, Pa	3a(i) 3a(ii) 3b art X, line 1	X					
b 4 Pa	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended to Land, Buildings, and Equation Complete if the organizations Description of property Land Buildings	ed organizations liste uses of the organization answered "Ye (invest	d as required on Scition's endowment fues" on Form 990, other basis (b) Cost	nedule R?	See Form 990, Pa	3a(i) 3a(ii) 3b art X, line 1 b) Book value	0.					
b 4 Pa 1a b	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the relate Describe in Part XIII the intended of the complete if the organizations Description of property Land Buildings Leasehold improvements	the possession of the dorganizations liste uses of the organizations liste uses of the organization answered "Yealton answered "Yealton answered" (investigation)	d as required on Scition's endowment fues" on Form 990, other basis (b) Costiment)	nedule R? Part IV, line 11a. or other basis other) 910,000.	See Form 990, Paccumulated reciation (c	3a(i) 3a(ii) 3b art X, line 1 0) Book value 910,	0. 000.					
b 4 Pa 1a b c d	The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended to Land, Buildings, and Equation Complete if the organizations Description of property Land Buildings	the possession of the ded organizations liste uses of the organizations ation answered "You (a) Cost or (invest)	d as required on Scl tion's endowment fu es" on Form 990, other basis (b) Cost timent)	Part IV, line 11a. or other basis other) 910,000. 035,157. 5,2	See Form 990, Pa	3a(i) 3a(ii) 3b art X, line 1 b) Book value	0. 0000. 366. 335.					

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WOMEN IN NEED,	INC.	1	3-3164477 Page
Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financi	ial derivatives			
(2) Closely	y held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII				
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I alt IX	Complete if the organization answered	d "Yes" on Form 990	. Part IV. line 11d. See Form 990	. Part X. line 15.
		escription	, ,	(b) Book value
(1)DHE F	ROM RELATED PARTIES			2,069,684
	ASSETS			516,641
	TITY DEPOSITS			291,316
(4)				2,2,010
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B)	line 15.).		2,877,641
Part X	Other Liabilities.	/		270,011
an /	Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
	eral income taxes	,		, ,

1. (a) De	escription of liability	(b) Book value
(1) Federal income taxes		
(2)DEFERRED RENT		1,189,098.
(3)INTERCOMPANY PAYABLE		514,948.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	1,704,046.

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

Part	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:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
·	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5
Part		ırn.
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.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	Danis V. Para A. Danis V. Para
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.
SEE	SUPPLEMENTAL PAGE	

Part XIII Supplemental Information (continued)

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.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

vame	of the organization					Employer Identification	on number
WOM:	EN IN NEED, INC.					13-316447	77
Part		olete if the organ	nization ar	swered "	Yes" on Form 99	0, Part IV, line 1	7.
	Form 990-EZ filers are not re	equired to comple	ete this pa	ırt.			
1	Indicate whether the organization rais	sed funds through	any of the	following a	activities. Check a	all that apply.	
а		e		_	non-government g		
b		f			government grants		
c		g		-	ising events	•	
d		9	Oper	Jiai Tullulai	ising events		
2a	Did the organization have a written o						
	or key employees listed in Form 990	•				•	Yes No
D	If "Yes," list the 10 highest paid indi		(Tunaraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the	organization.					
		T					T
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		or control of	from activity	fundraiser listed in	(or retained by)
			COITTIE	outions?		col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
-							
6							
7							
-							
8							
Ŭ							
9							
•							
10							
10							
T = 4 = 1							
Total					()		
3	List all states in which the organiza	tion is registered	or licensed	to solicit	contributions or	nas been notified	it is exempt from
	registration or licensing.						

Schedule G (Form 990) 2021 WOMEN IN NEED, INC 13-3164477 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL GALA WIN PARTNERS (add col. (a) through col. (c)) (event type) (total number) Revenue 1 Gross receipts 2,642,377. 422,435. 47,417. 3,112,229. 2 Less: Contributions 2,642,377. 422,435. 47,417. 3,112,229. 3 Gross income (line 1 minus line 2).......... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 228,041. 49,740. 277,781. 7 Food and beverages 8 Entertainment 23,212. 23,212. 9 Other direct expenses 138,696. 18,975. 157,671. 10 Direct expense summary. Add lines 4 through 9 in column (d) \triangleright 458,664. 11 Net income summary. Subtract line 10 from line 3, column (d) -458,664. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а Nο If "No," explain: b

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2021

10a

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2021 WOMEN IN NEED, INC.	13-31	64477	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other en			
	formed to administer charitable gaming?	L	Yes _	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			<u>%</u>
b	An outside facility			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events bo records:	oks and		
	records.			
	Name ▶			
	Address ▶			
15 2	Does the organization have a contract with a third party from whom the organization receives	namina s		
154	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
	amount of gaming revenue retained by the third party ▶ \$	_		
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming p	proceeds to		
	retain the state gaming license?	[Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt or			
	or spent in the organization's own exempt activities during the tax year \$\bigs\\$			
Par				
	(see instructions).			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).	tional inform	ation	_

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULE J (Form 990)

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

13-3164477 WOMEN IN NEED, INC. **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	21	Х
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		21
	ii Tes to any of lines 44-6, list the persons and provide the applicable amounts for each item in Fait iii.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5				
_	compensation contingent on the revenues of:	F		37
a	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 WOMEN IN NEED, INC. 13-3164477 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 a	ind/or 1099-MISC and/or 1	1099-NEC 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 C. QUINN	(i)	440,839.	NONE	516.	4,400.		445,755.	
1 PRESIDENT & CEO	(ii)							
DOROTHY DAYNEEN CALDWE	(i)	224,354.	NONE	536.	5,997.		230,887.	
2 CHIEF HC, COMPLIANCE OFFICER	(ii)							
RONDEL D. BOODRAM	(i)	228,496.	NONE	125.	2,316.	26,165.	257,102.	
3 CHIEF FINANCIAL OFFICER	(ii)							
MEGHAN LINEHAN	(i)	203,189.	NONE	108.	6,150.	11,583.	221,030.	
4 CHIEF OPERATING OFFICER	(ii)							
SHANNON SNEAD	(i)	191,078.	NONE	276.	5,018.	11,583.	207,955.	
5 VP OF DEVELOPMENT	(ii)							
RORI GITLIN	(i)	180,074.	NONE	276.	969.	11,583.	192,902.	
6 VP OF INFORMATION TECH	(ii)							
DARLENE WILLIAMS	(i)	169,290.	NONE	24,223.	4,494.		198,007.	
7 CHIEF PROG. OFFICER(THRU 8/21)	(ii)							
JESSICA YAGER	(i)	171,766.	NONE	180.	NONE	NONE	171,946.	
8 VP OF POLICY & PLANNING	(ii)							
DIANA SANTOS	(i)	167,640.	NONE	81.	1,700.	8,635.	178,056.	
9 CHIEF PROGRAM OFFICER	(ii)							
STEPHEN DUBOSE	(i)	145,115.	NONE	490.	NONE	8,635.	154,240.	
10 VP OF SUPPORTING HOUSING	(ii)							
IRA BELLACH	(i)	145,303.	NONE	2,472.	1,529.	19,011.	168,315.	
11 ASSOCIATE VP	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021 WOMEN IN NEED, INC. 13-3164477 Page **3**

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 J, PART I, LINE 4A

DARLENE WILLIAMS RECEIVED A SEVERANCE PAYMENT OF \$24,000.

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

INC.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WOMEN IN NEED,

Employer identification number

13-3164477

Par	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 of noncash contr			
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							
9	Securities - Publicly traded		9	147,265.	SELLING PF	RICE		
10	Securities - Closely held stock			117,2001	5222110 11			
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation							
14	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Collectibles							
20	Food inventory							
21	Drugs and medical supplies							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►(her the second						
29	Number of Forms 8283 received		=		20			
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge	ement	29		Yes	No.
20-	Duning the year did the conseries		h	uti. ususutsid in Dant I. lina			162	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least the	•				20-		3.5
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i		tanan mallan (b.)	a tha madayy of a				
31	Does the organization have a					24		37
•	contributions?					31		X
32a	Does the organization hire or use	-		•				
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which column (a)) is checked,			

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

Schedule M (Form 990) 2021

Schedule M (Form 990) (2021) WOMEN IN NEED, INC. 13-3164477 Page 2

Part II Suppleme

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

PART I, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

WOMEN IN NEED, INC.

13-3164477

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

A COPY OF FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS FOR APPROVAL PRIOR TO FILING. ONCE REVIEWED BY THE BOARD, ANY CONCERNS OR ISSUES 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 2022.

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 2022.

FORM 990, PART VI, SECTION C, LINE 19

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

Name of the organization

WOMEN IN NEED, INC.

Employer identification number

13-3164477

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

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.

Name of the organization

WOMEN IN NEED, INC.

Employer identification number

13-3164477

NAME AND ADDRESS	DESCRIPTION OF SERVICES	
EXECUSEARCH GROUP LLC		
P.O. BOX 844276		
BOSTON, MA 02284	HIRING	893,923.
JOHNSON CONTROLS SECURITY SOLUTIONS LLC		
P.O. BOX 371967		
PITTSBURGH, PA 15250	SECURITY	747,400.
SKDKNICKERBOCKER LLC		
1150 18TH STREET NW, STE 800		
WASHINGTON, DC 20036	CONSULTING	270,017.
KENT TECHNOLOGY		
P.O. BOX 619006		
NORTH MIAMI, FL 33261	TECHNOLOGY	193,936.
DRISCOLL FOODS		
6 WESTBELT		
WAYNE, NJ 07470	FOOD	161,711.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2021
Open to Public Inspection

WOMEN IN NEED, INC.

Employer identification number 13-3164477

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

Name, address, and EIN (if	(a) f 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 HOUSE	NY	369,419.	685,943.	WIN
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) 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)							

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 WOMEN IN NEED, INC. 13-3164477 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		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
		,,,					Yes	No		Yes	No	
(1) COLGATE CLOSE GP LLC 46-340037												
1044 NORTHERN BLVD, 2ND FLOOR	SUPPORTIVE HO	NY	N/A									
(2) WIN 118TH STREET LP 47-3961658												
1 STATE STREET PLAZA NEW YORK,	FAMILY SUPPOR	NY	N/A									
(3) ROCKAWAY SOUTH GP, LLC 83-2970												
1 STATE STREET PLAZA NEW YORK,	SUPPORTIVE HO	NY	N/A									
(4) ROCKAWAY SOUTH, LP 83-2206671												
60 COLUMBUS CIRCLE, 19TH FLR N	SUPPORTIVE HO	NY	N/A									
(5) COLGATE CLOSE LP 43-3161970												
1044 NORTHERN BLVD, 2ND FLOOR	SUPPORTIVE HO	NY	N/A									
(6) GLENMORE HOUSING ASSOCIATES LL												
1 STATE STREET PLAZA NEW YORK,	SUPPORTIVE HO	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)		(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	enti	ty?
(1) GLENMORE HOUSING GP, LLC 47-3025986								Yes	NO
325 E 104TH STREET NEW YORK, NY 10029	SUPPORTIVE HO	NY	N/A	C CORP					Х
(2) WIN GLENMORE CORPORATION 47-3492213									
1 STATE STREET PLAZA NEW YORK, NY 10004	SUPPORTIVE HO	NY	N/A	C CORP					Х
(3) COLGATE CLOSE HOUSING DEVELOPMENT FUND 46-3161970									
1 STATE STREET PLAZA NEW YORK, NY 10004	FAMILY SUPPOR	NY	WOMEN IN NEED	C CORP			100.0000	х	
(4) WIN 118TH STREET GP, INC 47-3961359									
1 STATE STREET PLAZA NEW YORK, NY 10004	FAMILY SUPPOR	NY	N/A	C CORP					Х
(5) WIN SUPPORTIVE HOUSING CORP 83-4624406									
1 STATE STREET PLAZA NEW YORK, NY 10004	SUPPORTIVE HO	NY	N/A	C CORP					Х
(6)									
								Ш	
<u>(7)</u>									

Page 3 Schedule R (Form 990) 2021 13-3164477 WOMEN IN NEED, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Χ
	Purchase of assets from related organization(s)				1h		Х
	Exchange of assets with related organization(s)				1i	Х	
	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Χ
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Χ
n	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	
	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from 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 the		· · · · · · · · · · · · · · · · · · ·	action thre		5.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rminin	q
	· ·	type (a-s)		amo	unt invo	lved	,
(4)							
(1)							
(2)							
(-)							
(3)							
(0)							
(4)							
(- /							_
(5)							
1-1							_
(6)							
SA			Sch	edule R (Form	990) 2	202

Yes No

Schedule R (Form 990) 2021 WOMEN IN NEED, INC. 13-3164477 Page **4**

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 e	entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501(partners tion c)(3) ations?	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	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)													