Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A FC	or the	e 202	z calendar year, or tax year beginning 07/01/2022 and end	uing			30/2023
B Che	ck if app	olicable:	C Name of organization		D Employer ide	entifica	ation number
			WOMEN IN NEED INC.				
	Addres change		Doing Business As				4477
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	е	E Telephone n	umber	
	Initial r	return	1 STATE STREET, 18TH FLOOR		(21	12)6	596-4758
	Termin	nated	City or town, state or province, country, and ZIP or foreign postal code				
	Amend return		NEW YORK, NY 10004		G Gross receip	ts \$]	149,805,859.
	Applica	ation	F Name and address of principal officer: JOSEPH MEMOLY		H(a) Is this a grou	ıp returi	
	pendin	19	1 STATE STREET, NEW YORK, NY 10004		subordinates H(b) Are all subord		luded? Yes No
I T	ax-exe	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list.	(see instructions)
JV	Vebsit	e: >	WWW.WINNYC.ORG		H(c) Group exemp	otion nu	mber >
KF	orm o	f organ	ization: X Corporation Trust Association Other ▶ L Yea	r of formati	ion: 1983 M	State of	of legal domicile: NY
Pa			mmary				
			/ describe the organization's mission or most significant activities: TO PROVIDE	SAFE F	HOUSING. (RIT	'TCAL
ø			VICES, AND GROUND-BREAKING PROGRAMS TO HELP HOMELESS		NI 2 NID		
Governance			IR CHILDREN REBUILD THEIR LIVES.				
i.	-		this box if the organization discontinued its operations or disposed of more	 than 25%	of its not assets		
Š			er of voting members of the governing body (Part VI, line 1a)			3	26
			er of independent voting members of the governing body (Part VI, line 1b)			4	26
Activities &			number of individuals employed in calendar year 2022 (Part V, line 13)			5	1,100
Ĭ						6	250
Act			number of volunteers (estimate if necessary)			7a	
]			unrelated business revenue from Part VIII, column (C), line 12				
-	D	net ur	nrelated business taxable income from Form 990-T, line 34		Prior Year	7b	Current Year
		C = = 4=:	ibutions and sugate (Dout VIII line 4b)	_ — 1		1	146,893,267.
ne			ibutions and grants (Part VIII, line 1h)	-	.34,871,03	_	
Revenue			am service revenue (Part VIII, line 2g)	N	653,44		1,724,815.
			ment income (Part VIII, column (A), lines 3, 4, and 7d) L	┚ ┡	138,02		916,072.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		94,91		-231,114.
-			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		.35,757,41		149,303,040.
			s and similar amounts paid (Part IX, column (A), lines 1-3)			ONE	NONE
			its paid to or for members (Part IX, column (A), line 4)		NO SOO OS	NONE	
ses			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		43,680,23		42,965,278.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		NO	ONE	NONE
Ä			fundraising expenses (Part IX, column (D), line 25) ▶ 2,238,829.				
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		86,432,68		103,287,298.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		30,112,92		146,252,576.
	19	Rever	nue less expenses. Subtract line 18 from line 12		5,644,49		3,050,464.
Net Assets or Fund Balances				Begin	ning of Current Y	_	End of Year
sse			assets (Part X, line 16)		50,389,41		503,251,672.
Part I			liabilities (Part X, line 26)	-	23,299,65		473,111,441.
			ssets or fund balances. Subtract line 21 from line 20		27,089,76	7.	30,140,231.
Par			gnature Block				
Unde true.	er pena correc	alties c ct. and	of perjury, I declare that I have examined this return, including accompanying schedules and state complete. Declaration of preparer (other than officer) is based on all information of which preparer	itements, a has anv kr	ind to the best of nowledge.	my k	nowledge and belief, it is
			, , , , , , , , , , , , , , , , , , , ,				
Sigr	.		O'markens of officer		D-4-		
Here			Signature of officer		Date		
1161	•						
			Type or print name and title				
Paid		Print/	Type preparer's name Preparer's signature Date		Check	"	TIN
Prep	aror [AAR	ON SHAPIRO 4086 05/1	15/202	4 self-employ	ed I	201333816
Use		Firm's	s name ► FORVIS, LLP		Firm's EIN	44	-0160260
		Firm's	address > 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036		Phone no.	21	2-867-4000
May	the IF	RS dis	cuss this return with the preparer shown above? (see instructions)	<u></u>	<u> </u>		X Yes No
For F	aper	work	Reduction Act Notice, see the separate instructions.				Form 990 (2022)

Form 990 (2022) Page 2 Part III **Statement of Program Service Accomplishments** Briefly describe the organization's mission: SEE SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ______ [If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 114,162,013. including grants of \$) (Revenue \$ WIN OPERATES 15 TRANSITIONAL HOUSING RESIDENCES WITH OVER 1,934 INDIVIDUAL FAMILY UNITS IN MANHATTAN, BROOKLYN, BRONX AND QUEENS. WIN SHELTERS PROVIDE VOCATIONAL, EDUCATIONAL, JOB TRAINING, AND PERMANENT HOUSING ASSISTANCE. WIN HOUSING ADDRESSES PHYSICAL AND MENTAL HEALTH ISSUES, SUCH AS SUBSTANCE ABUSE, LEGAL ISSUES, DOMESTIC VIOLENCE, ENTITLEMENT BENEFITS AND SOCIALIZATION NEEDS. **4b** (Code:) (Expenses \$ 17,799,881. including grants of \$ IN FY23, WIN OPERATED 467 SUPPORTIVE HOUSING UNITS WITH THE CAPACITY TO SERVE MORE THAN 1,341 WOMEN AND THEIR CHILDREN, INCLUDING YOUNG MOTHERS WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM, FAMILIES WITH DOMESTIC VIOLENCE HISTORIES OR IN RECOVERY FROM ALCOHOL AND DRUG PROBLEMS, AND FAMILIES WITH MULTIPLE EPISODES OF HOMELESSNESS. MANY LACK BASIC LIVING SKILLS, HAVE NEVER HAD A HOME, AND HAVE EXPERIENCED EARLY CHILDHOOD SEXUAL AND/OR PHYSICAL ABUSE. SERVICES INCLUDE COUNSELING, CASE MANGEMENT, VOCATIONAL AND EDUCATIONAL SERVICES AND WORKSHOPS ON PARENTING, BUDGETING SKILLS, AND BUILDING COMMUNITY SUPPORT SYSTEMS. **4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses 131,961,894.

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
·	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	•	21	
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Λ
′	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? <i>If</i> "Yes,"	-		
o		8		v
9	complete Schedule D, Part III	-		Х
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	37	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total 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		X
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 1? If "Yes " complete Schedule I. Parts I and II	21		X

Part IV Checklist of Required Schedules (continued) Page **4**

ı arı	Officerial of Negative Ochevales (Commuca)		V	NI-
22	Did the expenientian report more than \$5,000 of grants or other equiptones to or for demostic individuals on		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			- /\
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		37
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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	20-		37
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	2.4	37	
35 2	or IV, and Part V, line 1	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	Λ	
	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			<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	Χ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			- <u> </u>
4 -	Enter the number reported in hex 3 of Form 1006. Enter 0 if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ŭ	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 2E1030			990	(2022)

Form 990 (2022) Page 5 Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . L Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?....... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **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). Χ 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... 9 Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 If "Yes," complete Form 6069.

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Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Χ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120		
·	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
D	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 similar arrangement			
···u	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNJ, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(sect	ion 5	01(c)
	(3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these available. Check all that apply.	, - 5 5 .	3	- (-)
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	est n	olicv
	and financial statements available to the public during the tax year.		Р	· · · · · · · · · · · · · · · · · · ·
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s		
	EILEEN RYAN-WILLIAMS 1 STATE STREET PLAZA NEW YORK, NY 10004	-		

212-695-4758

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

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

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe d a d	erson	e than c is both or/trust	an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) CHRISTINE C. QUINN	35.00									
PRESIDENT & CEO	2.00			Х				417,058.	NONE	4,176.
(2) MEGHAN LINEHAN	35.00			21				417,030.	INOINE	4,170.
COO (THRU 3/10/2023)	2.00			Χ				274,304.	NONE	19,578.
(3) RONDEL D. BOODRAM	35.00			21				271,001.	IVOIVE	13,070.
CHIEF FINANCIAL OFFICER	2.00			Х				218,536.	NONE	31,717.
(4) DOROTHY DAYNEEN CALDWELL	35.00									32,121
CHIEF HC & COMPLIANCE OFFICER	2.00				X			223,648.	NONE	6,805.
(5) DIANA SANTOS	35.00							,		, ,
CHIEF PROGRAM OFFICER	2.00				X			209,238.	NONE	11,866.
(6) RORI GITLIN	35.00									
SVP, INFORMATION TECHNOLOGY	2.00					X		188,422.	NONE	17,943.
(7) ELYSE BARBELL	35.00									
VP, HUMAN CAPITAL	NONE					X		170,159.	NONE	22,135.
(8) JOSEPH MEMOLY	35.00									
COO (AS OF 5/4/2023)	2.00			Χ				187,841.	NONE	NONE
(9) BRUNELLA JOHNSON	35.00									
VP, TRANSITIONAL HOUSING	NONE					Х		168,338.	NONE	14,831.
(10) IRA BELLACH	35.00									
AVP, INFORMATION TECHNOLOGY	NONE					Х		148,233.	NONE	23,112.
(11) SHANNON SNEAD	35.00									
VP, DEVELOPMENT	2.00					Х		136,547.	NONE	10,576.
(12) CHRIS COFFEY	6.00									
CHAIR	2.00	Х		Χ				NONE	NONE	NONE
(13) KATHERINE FREED JENNINGS	6.00									
VICE CHAIR	2.00	Х		Χ				NONE	NONE	NONE
(14) SUSAN TEICHER	6.00									
TREASURER	2.00	X		Χ				NONE	NONE	NONE

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Part VII Section A. Officers, Directors,	Trustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	neck ss pe d a c	erson	e than o is both tor/trus	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
15) HILLARY JURY	6.00									
SECRETARY	2.00	Х		Χ				NONE	NONE	NON
16) LAUREN BOGLIVI	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
17) JULIA BUTLER	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
18) CHARLES DAY	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
19) LAURIE CAMPBELL	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
20) LILI FOROURAGHI	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
21) TRACEY GAMBLE	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
22) CHRIS STERN HYMAN	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
23) JESSICA KEARNS	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
24) MICHELLE KLEIN	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
25) CHRIS KOVEL	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
1b Sub-total							▶	2,342,324.	NONE	162,739
c Total from continuation sheets to Part VII	Section A						>	NONE	NONE	NON
d Total (add lines 1b and 1c)							>	2,342,324.	NONE	162 , 739
2 Total number of individuals (including but n reportable compensation from the organiza	ot limited to t	hose	liste	d a	bov	e) wh		ceived more than	\$100,000 of	
						-				Yes No
3 Did the organization list any former or	fficer directo	or or	tri	ıste	e	kev 4	emn	llovee or highes	t compensated	133 7.0
employee on line 1a? If "Yes," complete Sch										3
4 For any individual listed on line 1a, is th organization and related organizations										
individual										4

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

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

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

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

Form 990 (2022) Page 8

Part VII Section A. Officers, Directors, Ti	rustees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per	,		Pos heck		e than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)					Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
26) AMY LESCH	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
27) MARIA MASI	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
28) MELISSA PIANKO	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
29) ANTHONY RIZZO	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
30) DAVID SANTINA	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
31) NICOLE SERMIER	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
32) GREG UNIS	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
33) SARA VALENZUELA	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NON
34) ANNIE WEIR	1.00									
DIRECTOR	2.00	X						NONE	NONE	NON
35) HOPE WINTERS	1.00									
DIRECTOR	2.00	X						NONE	NONE	NON
36) JENNY Y. LEE	6.00									
DIRECTOR	2.00	X						NONE	NONE	NON
1b Sub-total	Section A		 	 	· ·	· · ·	> >			
2 Total number of individuals (including but no reportable compensation from the organization)	t limited to t on ►	hose	liste	d a	bov	e) wh	o re	ceived more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched	icer, directo									Yes No
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater thar	\$15	50,0	00?	! It	"Yes	s, "	complete Schedu	le J for such	4

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	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		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

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

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

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

Form 990 (2022)

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees	(continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	(F) Estimated m 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-MISO	from the organization and related organizations
) PAM PARKER	6.00									
DI	RECTOR	2.00	X						NONE	10И	1E NONE
		+	1								
		<u> </u>									
С	Sub-total	ection A .						>			
	Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n ►									Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	. If	"Yes	5,"			4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
	ction B. Independent Contractors									ш ф100.000	
1	Complete this table for your five highest comcompensation from the organization. Report of year.										
	(A)								(B)	un do co	(C)

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

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

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Part VIII Statement of Revenue

Fal	rt VII	Check if Schedule O contains a respon	nse or note to an	v line in this Part \	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
وَق	С	Fundraising events 1c	3,368,121.				
fts ar A	d	Related organizations 1d					
عَ≓َق	е	Government grants (contributions) 1e	130,483,881.				
Sir	f	All other contributions, gifts, grants,					
e Ei		and similar amounts not included above . 1f	13,041,265.				
들본	g	Noncash contributions included in					
ğ		lines 1a-1f 1g	\$				
<u>a</u>	h	Total. Add lines 1a-1f		146,893,267.			
			Business Code				
<u>e</u>	2a	SUPPORTIVE HOUSING CLIENT RENT	531110	514,489.	514,489.		
e Z	b	SUBCONTRACTED FEES	531110	342,735.	342,735.		
ı Sı ent	С	DEVELOPER FEE	531110	867,591.	867,591.		
Fan	d						
Program Service Revenue	e						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,724,815.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		916,072.			916,072.
	4	Income from investment of tax-exempt bond	proceeds .	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
e	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss) 7c					
<u> </u>	d	Net gain or (loss)		NONE			
Other R	8a	Gross income from fundraising					
0		events (not including \$3,368,121.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	502,819.				
	С	Net income or (loss) from fundraising events		-502,819.			-502,819.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
S			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS	900099	271,705.			271,705.
lan ent	b						
e v	С						
Ē,	d	All other revenue					
	е	Total. Add lines 11a-11d		271,705.			
	12	Total revenue. See instructions		149,303,040.	1,724,815.		684,958.
JSA							Earm QQN (2022)

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a	response or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	7b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization	ons			
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domes	stic			
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to fore	ign			
organizations, foreign governments, a	ind			
foreign individuals. See Part IV, lines 15 and				
4 Benefits paid to or for members	NONE NONE			
5 Compensation of current officers, director				
trustees, and key employees	2,032,991.	96,714.	1,936,277.	
6 Compensation not included above to disquali	fied			
persons (as defined under section 4958(f)(1)) a				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages		28,729,511.	3,582,255.	1,132,869.
8 Pension plan accruals and contributions (inclu		298,662.		11,504
section 401(k) and 403(b) employer contribution	4 5 60 661	4 1 4 0 0 6 1	0.60, 0.55	150.040
9 Other employee benefits		4,140,261.	263,357.	159,043.
10 Payroll taxes	2,614,825.	2,329,992.	195,367.	89,466.
11 Fees for services (nonemployees):	11011			
a Management			10 407	
b Legal			10,497.	
c Accounting		106.000	146,773.	
d Lobbying		106,000.		
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, co		15 761 000	FOF 10F	204 707
(A), amount, list line 11g expenses on Schedule O.)	1	15,761,820.	505,125.	394,797.
12 Advertising and promotion	1 4 000 100	10 075 070	1 605 677	407 400
13 Office expenses		12,875,070.	1,685,677.	427,428.
14 Information technology				
15 Royalties		(1 001 750	2 050 245	0 400
16 Occupancy		61,021,752.	3,058,245.	9,488
17 Travel	1	338,864.	23,890.	3,085
18 Payments of travel or entertainment expens				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings		1 2 1 1	157 240	
20 Interest		4,244.	157,240.	
21 Payments to affiliates		1,810,218.	122,612.	607
22 Depreciation, depletion, and amortization	0.005.055	2,734,688.	191,377.	607
23 Insurance		2,/34,000.	191,377.	
24 Other expenses. Itemize expenses not cove				
above. (List miscellaneous expenses on line 24e line 24e amount exceeds 10% of line 25, colu				
(A), amount, list line 24e expenses on Schedule				
	′	012 060	17 655	7 002
a FOOD	836,797.	812,060.	17,655.	7,082
b MISCELLANEOUS	1,061,004.	902,038.	155,506.	3,460
cd				
e All other expenses25 Total functional expenses. Add lines 1 through 2	24e 146,252,576.	131,961,894.	12,051,853.	2,238,829.
26 Joint costs. Complete this line only if			12,001,000.	2,230,029.
organization reported in column (B) joint co from a combined educational campaign a	osts and			
fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	if			

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Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
	Cash - non-interest-bearing		1	9,158,960.
:	2 Savings and temporary cash investments	3,051,484.	2	60,174,259.
;	B Pledges and grants receivable, net	24,498,735.	3	26,767,202.
4	Accounts receivable, net	1,753,635.	4	3,225,749.
	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
	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
<u>.</u>	Notes and loans receivable, net		7	590,000.
Assets			8	NONE
As	Prepaid expenses and deferred charges		9	426,885.
	a Land, buildings, and equipment: cost or other	322/3731		120,000.
'`	basis. Complete Part VI of Schedule D 10a 35,066,332.			
	b Less: accumulated depreciation 10b 16,321,200.	6,548,811. 1	00	18,745,132.
4.				
11		NONE		NONE
12	, , , , , , , , , , , , , , , , , , , ,	NONE		NONE
13	, , , , , , , , , , , , , , , , , , , ,	NONE		NONE
14	Š	NONE		NONE
15	,		15	384,163,485.
16	3		16	503,251,672.
17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , ,	17	14,234,038.
18	Grants payable	NONE	18	NONE
19	Deferred revenue	NONE '	19	NONE
20	Tax-exempt bond liabilities	NONE 2	20	NONE
2	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE 2	21	NONE
ဖွ 22	Loans and other payables to any current or former officer, director,			
≝	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons	NONE 2	22	NONE
ت ₂₃			23	74,281,409.
24			24	NONE
25	· · ·	, ,		
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,704,046.	25	384,595,994.
26	F		26	473,111,441.
	Organizations that follow FASB ASC 958, check here	23,233,001.		1,0,111,111.
lanc	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	25 572 170	27	26 220 227
E 2			2 <i>1</i> 28	26,239,227. 3,901,004.
힏	Organizations that do not follow FASB ASC 958, check here	1,310,397.	20	3,901,004.
Assets or Fund Balances	and complete lines 29 through 33.			
o 29	Capital stock or trust principal, or current funds		29	
S S	Paid-in or capital surplus, or land, building, or equipment fund $\dots\dots$		30	
Ag 3.	Retained earnings, endowment, accumulated income, or other funds		31	
32 S	Potal net assets or fund balances	27,089,767.	32	30,140,231.
Z 3	Total liabilities and net assets/fund balances		33	503,251,672.
<u> </u>		. , .		Form 990 (2022)

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						9
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	9 , 3	03,	<u>040</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	6,2	52,	<u>576</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		3 , 0	50,	<u>464</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	7 , 0	89,	<u> 767</u> .
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))	10	3	0,1	40,	<u>231</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain k	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	int?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain (on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in tl	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Χ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		he			_
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	-		3b	X	

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

2022

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

WOMEN IN NEED INC 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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, Typ 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) FIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) instructions) instructions) document? 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) 2022

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,138,246.	96,489,163.	121,415,968.	134,871,031.	146,893,267.	590,807,675.
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 5	Total. Add lines 1 through 3 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)	91,138,246.	96,489,163.	121,415,968.	134,871,031.	146,893,267.	590,807,675.
6	Public support. Subtract line 5 from line 4						590,807,675.
	tion B. Total Support						390,007,073.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	91,138,246.	96,489,163.	121,415,968.	134,871,031.	146,893,267.	590,807,675.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	202,927.	579,237.	145,031.	138,026.	916,072.	1,981,293.
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. SURP .PAGE	70,507.	210,360.	54,223.	553,576.	271,705.	1,160,371.
11	Total support . Add lines 7 through 10						593,949,339.
12	Gross receipts from related activities, etc. (s					12	7,782,408.
13	First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	<u> </u>	<u></u>				
	Public support percentage for 2022 (lin		*	11 column (f))		14	99.47 %
14 15	Public support percentage for 2022 (iii) Public support percentage from 2021	. ,	•	, ,		15	99.51 %
	331/3% support test - 2022. If the org						
ıva	box and stop here . The organization qu	•		•		•	
b	331/3% support test - 2021. If the org			-			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2			-			
	10% or more, and if the organization	-					
	Part VI how the organization meets						•
	organization			_			
b	10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line						
	15 is 10% or more, and if the organize	zation meets th	e facts-and-circ	umstances test,	check this box	and stop here .	. Explain
	in Part VI how the organization meets	the facts-and	-circumstances t	est. The organi	zation qualifies	as a publicly su	upported
	organization			_			
18	Private foundation. If the organization						
	instructions					<u> </u>	<u> </u>

Schedule A (Form 990) 2022 Page **3**

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part 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 tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here.	-					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche	. ,	•	. , ,		16	%
Sec	tion D. Computation of Investmen						.,,
<u> 17</u>	Investment income percentage for 2022 (lin			13, column (f))		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
u	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2021. If the orga	-	-	•			
D	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization			•			

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WOMEN IN NEED INC.

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Year answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and E 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 actio was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 enti with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons, as defined in section 4946 (other than foundation managers and organizatio described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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 bene 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 integrate 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, determine whether the organization had excess business holdings.)

1			Yes	No
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3a		2		
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B) 3c	nd he			
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		Yes	
		163	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons desc	cribed on lines 11b and		
11c below, the governing body of a supported organization?	11:	3	
b A family member of a person described on line 11a above?	11	o	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line	e 11a, 11b, or 11c,		
provide detail in Part VI .	110		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, officers supported organizations have the power to regularly appoint or elect at least a majority of the directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported effectively operated, supervised, or controlled the organization's activities. If the organization had me organization, describe how the powers to appoint and/or remove officers, directors, or trustees were supported organizations and what conditions or restrictions, if any, applied to such powers during the	ne organization's officers, organization(s) ore than one supported re allocated among the		
Did the organization operate for the benefit of any supported organization other than the organization(s) that operated, supervised, or controlled the supporting organization? If " VI how providing such benefit carried out the purposes of the supported organization(s) to supervised, or controlled the supporting organization.	'Yes," explain in Part		
Section C. Type II Supporting Organizations		1	
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a m			
or trustees of each of the organization's supported organization(s)? If "No," describe in P			
or management of the supporting organization was vested in the same persons that cont the supported organization(s).			
	1		L
Section D. All Type III Supporting Organizations		V	LNI-
Did the organization provide to each of its supported organizations, by the last day of to organization's tax year, (i) a written notice describing the type and amount of support tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notif	provided during the prior fication, and (iii) copies of	res	No
the organization's governing documents in effect on the date of notification, to the exte provided?	ent not previously 1		
Were any of the organization's officers, directors, or trustees either (i) appointed or ele organization(s) or (ii) serving on the governing body of a supported organization? If "No, the organization maintained a close and continuous working relationship with the support	," explain in Part VI how		
3 By reason of the relationship described on line 2, above, did the organization's support a significant voice in the organization's investment policies and in directing the use of t income or assets at all times during the tax year? If "Yes," describe in Part VI the role the supported organizations played in this regard.	the organization's		
Section E. Type III Functionally Integrated Supporting Organizations	1 0		
1 Check the box next to the method that the organization used to satisfy the Integral Part T	Test during the vear (see instruc	tions).	
a The organization satisfied the Activities Test. Complete line 2 below.			
b The organization is the parent of each of its supported organizations. Complete lii	i ne 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you support		struction	s).
	, , , , , , , , , , , , , , , , , , ,		No
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the supported organization(s) to which the organization was responsive? If "Yes," then in those supported organizations and explain how these activities directly furthered their exhow the organization was responsive to those supported organizations, and how the organizations.	n Part VI identify kempt purposes,		
that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the orga involvement, one or more of the organization's supported organization(s) would have be "Yes," explain in Part VI the reasons for the organization's position that its supported organization in these activities but for the organization's involvement.	een engaged in? If		
	21		
 Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the office trustees of each of the supported organizations? If "Yes" or "No," provide details in Part \(\) 			
b Did the organization exercise a substantial degree of direction over the policies, progra of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organiz			

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	<u> </u>				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection 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					
Se	ection 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):						
а	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	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	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-functional	lly integra	ted Type III supporting	g organization			
	(see instructions).	5 0	21 11				

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed					
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required - p	5						
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	9 Distributable amount for 2022 from Section C, line 6 9			9				
10	10 Line 8 amount divided by line 9 amount							
		(1)	(ii)		(iii)			

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022

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 INCO	ME					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER	70,507.	210,360.	54,223.	553,576.	271,705.	1,160,371.
-						
TOTALS =	,	210,360.	,	553 , 576.	,	1,160,371.

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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 contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

	WOMEN IN NEED INC.		13-31644//
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$118,098,416.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$ 4,319,102.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A 	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organization Employer identification number

WOMEN IN NEED INC. 13-3164477

art II	Noncash Property	(see instructions). L	Jse duplicate cop	ies of Part II if additior	al space is needed.

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

Page 3

Schedule B (Form 990) (2022) Page **4**

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

Schedule B (Form 990) (2022)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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

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

Department of the Treasury Internal Revenue Service

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-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employeride	ntification number
				' '	ntification number
	MEN IN NEED INC.		(1 504/)		L64477
Pa		organization is exempt under			
1	·	ne 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	Volunteer hours for political	campaign activities. See instruction	ns		
Pai	rt I-B Complete if the c	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 \$	
2		cise tax incurred by organization m			
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.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	<u>). </u>
1		xpended by the filing organization			
2		g organization's funds contributed			
2	527 exempt function activiti	es		\$	
3	line 17b	enditures. Add lines 1 and 2. Ent		\$	
4 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 cributions received that were promoted to a political action committee (Note: 1.5).	er (EIN) of all section ter the amount paic optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filinç ation's funds. Also ente ditical 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)					

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Schedule C (Form 990) 2022

Sch	edule C (Form 990) 2022	NOMEN	IN NEED	INC.		13	-31644// Page ∠
Pa	Complete if the org section 501(h)).	anizati	on is exen	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α				affiliated group (and obbying expenditures)		ach affiliated group mem	ber's name, address,
В	Check if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	ly.	
	Limits	on Lobb	ying Expen	ditures		(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	eans amoui	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to in	nfluence	public opin	ion (grassroots lobb	ying)		
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobby	ng) [
С	: Total lobbying expenditures (ad	d lines 1	a and 1b) .				
d	I Other exempt purpose expendit	ures					
е	Total exempt purpose expenditu	ures (ado	d lines 1c ar	nd 1d)			
f	Lobbying nontaxable amount.	Enter th	e amount	from the following	table in both		
	columns.		•				
	If the amount on line 1e, column (a) or (b) is:	The lobbying	ng nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	lus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5			lus 10% of the excess			
	Over \$1,500,000 but not over \$17,	000,000	\$225,000 pl	lus 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 z						
j	If there is an amount other th						
	reporting section 4911 tax for the						Yes No
	(Sama avaguizations the			raging Period Unde		to all of the five column	ma halaw
	(Some organizations tha						ins below.
		See	tne separa	te instructions for l	ines za through	21.)	
		Lohk	wing Expe	nditures During 4-Y	ear Averaging Pe	riod	
		LODE	ying Exper	lattares burning 4-1	ar Averaging re	liou	
	Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(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) 2022

	(election under section 501(h)).	(;	a)		(b)
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed otion of the lobbying activity.	Yes	No		Amo	unt
	uring the year, did the filing organization attempt to influence foreign, national, state, or local gislation, including any attempt to influence public opinion on a legislative matter or					
	eferendum, through the use of:		v			
	olunteers?	X	X			
	ledia advertisements?	- 11	Х			
	lailings to members, legislators, or the public?		Х			
	ublications, or published or broadcast statements?		Х			
	rants to other organizations for lobbying purposes?		Х			
D	irect contact with legislators, their staffs, government officials, or a legislative body?	X				106,0
R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
0	ther activities?		Х			100
	otal. Add lines 1c through 1i		3.7			106,0
	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
lf.	"Yes," enter the amount of any tax incurred under section 4912					
lf If	"Yes," enter the amount of any tax incurred by organization managers under section 4912 the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
lf If	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? II-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ectio	n	
: If I If	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(c)(5)	, or s	ectio	n	Yes
lf If art I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? II-A Complete if the organization is exempt under section 501(c)(4), section 501				n 1	Yes
if If If If	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).					Yes
i If I If art W D D	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). Vere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures fro	 m the	prior	 year?	1 2 3	Yes
If If art I W D	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	 m the (c)(5)	prior	year?	1 2 3	
If If art I W D	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). Vere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures fro	 m the (c)(5)	prior	year?	1 2 3	
If If If Art I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	 m the (c)(5) OR (k	prior , or s	year?	1 2 3	
If I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	 m the (c)(5) OR (k	prior , or s o) Par	year? ection	1 2 3	
If I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	 m the (c)(5) OR (k	prior , or s o) Par	year? ection	1 2 3	
If I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	m the (c)(5) OR (t	prior of	year? ection t III-A	1 2 3	
If I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	m the (c)(5) OR (t	prior o, or so o) Par of	year? ection t III-A	1 2 3	
If I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	m the (c)(5) OR (k	prior o, or so o) Par of	year? ection t III-A 1 2a 2b 2c	1 2 3	
If I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	m the (c)(5) OR (t) unts es.	prior of	year? ection t III-A	1 2 3	
WDDDart I	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	m the (c)(5) OR (t) unts es. n of th	prior of of	year? ection t III-A 1 2a 2b 2c	1 2 3	
Under the state of	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	m the (c)(5) OR (t) unts es. n of thobbyin	prior of of	year? ection t III-A 1 2a 2b 2c	1 2 3	
D S po C C T A	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	om the (c)(5) OR (t) unts es of the obbyin	prior of of one	year? ection t III-A 1 2a 2b 2c 3	1 2 3	
Up D D S P C C T A A A A A A A A A A A A A A A A A	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). Vere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures fro II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." The provided in the section 527(f) tax was paid). The provided in section 527(f) tax was paid). The provided in section 6033(e)(1)(A) notices of nondeductible section 162(e) due notices were sent and the amount on line 2c exceeds the amount on line 3, what portion seess does the organization agree to carryover to the reasonable estimate of nondeductible lond political expenditures next year? The provided in section 6030(e)(1)(a) notices of nondeductible section 162(e) due notices were sent and the amount on line 2c exceeds the amount on line 3, what portion seess does the organization agree to carryover to the reasonable estimate of nondeductible lond political expenditures next year? The provided in the provided in section 6030(e)(1)(a) notices of nondeductible section 162(e) due notices were sent and the amount on line 2c exceeds the amount on line 3, what portion seess does the organization agree to carryover to the reasonable estimate of nondeductible lond political expenditures next year? The provided in the provided in section 501(c)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	m the (c)(5) OR (k	prior of of one	year? ection t III-A 1 2a 2b 2c 3	1 2 3 n, line	3, is
WDDDart I OCCOMPOSE POCCOMPOSE FOR AGE AGE AGE To Age T	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	m the (c)(5) OR (k	prior of of one	year? ection t III-A 1 2a 2b 2c 3	1 2 3 n, line	3, is
WDDDart I Specific Cartific Cart I Again C	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). Vere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures fro II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." The provided in the section 527(f) tax was paid). The provided in section 527(f) tax was paid). The provided in section 6033(e)(1)(A) notices of nondeductible section 162(e) due notices were sent and the amount on line 2c exceeds the amount on line 3, what portion seess does the organization agree to carryover to the reasonable estimate of nondeductible lond political expenditures next year? The provided in section 6030(e)(1)(a) notices of nondeductible section 162(e) due notices were sent and the amount on line 2c exceeds the amount on line 3, what portion seess does the organization agree to carryover to the reasonable estimate of nondeductible lond political expenditures next year? The provided in the provided in section 6030(e)(1)(a) notices of nondeductible section 162(e) due notices were sent and the amount on line 2c exceeds the amount on line 3, what portion seess does the organization agree to carryover to the reasonable estimate of nondeductible lond political expenditures next year? The provided in the provided in section 501(c)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	m the (c)(5) OR (k	prior of of one	year? ection t III-A 1 2a 2b 2c 3	1 2 3 n, line	3, is

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)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

WOMEN IN NEED INC.

13-3164477

-	EN IN NEED INC.	13-31644//
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds of	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year).	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Ра	rt II Conservation Easements.	
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	of a historically important land area
		of a historically important land area
		of a certified historic structure
•	Preservation of open space	a the form of a compounding
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
_	easement on the last day of the tax year.	
a	Total number of conservation easements	2a 2b
b	Total acreage restricted by conservation easements	2c 2c
c C	Number of conservation easements on a certified firstoric structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on	20
d	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
3	tax year	iniated by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	tion handling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
_		- content of the cont
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
		Ç ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its re-	
	balance sheet, and include, if applicable, the text of the footnote to the organization's file	nancial statements that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art bistorical traceures or other similar exacts held for public exhibition, education	ue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes t	or research in furtherance of public hese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s	
-	art, historical treasures, or other similar assets held for public exhibition, education, or res	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	
n	Assets included in Form 990 Part X	

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 WOMEN IN NEED INC. 13-3164477 Page 2

Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Tre	asures, c	r Other	Similar Assets (continued)	_
3	Using the organization's acquisition	n, accession, a	nd other reco	ds, check	any of th	ne follow	ing that make sig	nificant use of	its
	collection items (check all that app	y):	_	_					
а	Public exhibition		d	Loan	or exchang	e prograr	n		
b	Scholarly research		e	Other					_
С	Preservation for future gene								
4	Provide a description of the organ	nization's collect	ions and expl	ain how t	hey furthe	r the org	ganization's exemp	ot purpose in P	art
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath		aintained as pa	art of the	organizatio	n's collec	tion?	Yes	No
	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	tion answered						nt on Form	
1 a	Is the organization an agent, trus			-					
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and c	omplete the fo	llowing tab	ole:				
							Amoun	t	
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								—
f	Ending balance						account liability?	Yes	No
2a h	If "Yes," explain the arrangement in								NO
	rt V Endowment Funds.	Trait Alli. Clied	K Here II the e	хріапаціон	nas been	provided	UII FAIT AIII		—
ΙŒ	Complete if the organiza	tion answered	"Yes" on For	m 990. F	Part IV. lin	e 10.			
		(a) Current year	(b) Prid		(c) Two ye		(d) Three years back	(e) Four years ba	
1.	Beginning of year balance	150,000		50,000.	150	,000.	150,000.	150,000	
1a b	Contributions	,		,			,		_
C	Net investment earnings, gains,								
·	and losses	267		267.		267.	303.	302	2.
d	Grants or scholarships								_
e	Other expenditures for facilities								
·	and programs	267		267.		267.	303.	302	2.
f	Administrative expenses								
g	End of year balance	150,000	. 1	50,000.	150,	,000.	150,000.	150,000).
2	Provide the estimated percentage	of the current ve	ear end balanc	e (line 1a.	column (a)) held as			
а	Board designated or quasi-endown			ν ο,	· ,	,			
b	Permanent endowment 100.00	<u>00</u> %							
С	Term endowment %								
	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession	of the organiza	ation that	are held a	nd admin	istered for the	\[\frac{1}{2}\]	
	organization by:								No_
	(i) Unrelated organizations								<u>X</u>
	(ii) Related organizations							- ` 1	<u>X</u>
b	If "Yes" on line 3a(ii), are the relate	•	•					3b	—
4 Do	nt VI Land, Buildings, and Equ		nization's endo	wment tur	ias.				—
Га	Complete if the organiza	ation answered	"Yes" on Fo	rm 990, I	Part IV, Iin	ie 11a. S	See Form 990, P	art X, line 10.	
	Description of property		est or other basis nvestment)		or other basis ther)		cumulated (eciation	d) Book value	
1a	Land			9	10,000.			910,000	J.
b	Buildings								
С	Leasehold improvements			6,8	66,258.	5,8	16,602.	1,049,650	б.
d	Equipment			9,2	53 , 329.	7,8	00,763.	1,452,560	
<u>e</u>	Other				36,745.		03,835.	15,332,910	
	I Add lines 1a through 1e (Column		Course OOO Dour	V 1	- (D) Ii 4	0-1		18 7/15 133	

Schedule D (Form 990) 2022

Schedule D (F	Form 990) 2022	WOMEN IN	NEED INC.			13-3164	1477 Page $\overline{\ }$
Part VII	Investments - Other	er Securities.					
	Complete if the or	ganization an	swered "Yes'	on Form 990	, Part IV, line 11b.	See Form 990, Part X	(, line 12.

i G		· · · · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
<u>(7)</u>		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Other Assets. Part IX

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

(a) Description	(b) Book value
(1)DUE FROM RELATED PARTIES	2,188,195.
(2)OTHER ASSETS	504,973.
(3)SECURITY DEPOSITS	390,987.
(4)ROU ASSET	381,079,330.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	384,163,485.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)INTERCOMPANY PAYABLE	603,875.
(3)LEASE LIABILITY	383,992,119.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	384,595,994.

^{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 .

JSA 2E1270 1.000

Schedule D (Form 990) 2022 WOMEN IN NEED INC 13-3164477 Page **4**

Ochedu	WOFEN IN NEED INC.		JIUTT// Tage T	
Part		n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1		
1 2	Total revenue, gains, and other support per audited financial statements	•		
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.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)	4c		
С 5	Add lines 4a and 4b	5		
Part				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
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 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a			
a b	Other (Describe in Part XIII.)			
c	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.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.				
۷, ۲ aı	t XI, lines 20 and 4b, and Fart XII, lines 20 and 4b. Also complete this part to provide any additional inform	iation		
CEE	SUPPLEMENTAL PAGE			
SEE	SOFF LEMENTAL FAGE			

Schedule D (Form 990) 2022 WOMEN IN NEED INC. 13-3164477 Page **5**

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number WOMEN IN NEED INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants h Phone solicitations Special fundraising events C g In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

<u>Schedule G (Form 990) 2022</u> <u>WOMEN IN NEED INC.</u> 13-3164477 Page **2**

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	gross receipts greater than \$5,000	U			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL GALA	W <u>IN IMPACT</u>	NONE	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	2,894,326.	473,795.		3,368,121.
	Gross income (line 1 minus	2,894,326.	473,795.		3,368,121.
4					
5	Noncash prizes				
6	Rent/facility costs	185,015.	44,028.		229,043.
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	252,829.	20,947.		273,776.
10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in coluine 10 from line 3, col	umn (d) umn (d)		502,819. -502,819.
rt III	Gaming. Complete if the orga	anization answered "			
	\$15,000 on Form 990-EZ, lin	е ба.	I		
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes % No	Yes% No	Yes% No	
7	Direct expense summary. Add lir	nes 2 through 5 in colu	umn (d)		
8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
I	s the organization licensed to con-	duct gaming activities	in each of these state		Yes No
_					
	3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 E	1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add line 11 Net income summary. Subtract Income summar	ANNUAL GALA (event type) 1 Gross receipts 2,894,326. 2 Less: Contributions 2,894,326. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 185,015. 7 Food and beverages 18 Entertainment 29 Other direct expenses summary. Add lines 4 through 9 in column 19 Net income summary. Subtract line 10 from line 3, column 19 Single Gaming. Complete if the organization answered 15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense summary. Subtract line 7 from lines 2 through 5 in column 19 Direct expense 3 through 5 in column 19 Direct	(a) Event #1 ANNUAL GALA (event type) 1 Gross receipts	(a) Event #1

Sched	ule G (Form 990 or 990-EZ) 2022 WOMEN IN NEED INC.		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 entity			
	formed to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	а		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	-		
	records:			
	Name ►			
	· · · · · · · · · · · · · · · · · · ·			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gar	ning		
	revenue?		Yes	No
b	the same of the sa	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 proce	eds to		
	retain the state gaming license?	[Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organize			
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par	TIV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona	inform	nation	
	(see instructions).			

SCHEDULE J (Form 990)

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

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

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

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

WOMEN IN NEED INC.

Part I Questions Regarding Compensation

			Yes	No
1a				
	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 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		Χ
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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		Х
b	Any related organization?	6b		Х
	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		

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

Schedule J (Form 990) 2022

Page 2

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

Schedule J (Form 990) 2022

individual.

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

		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	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
RONDEL D. BOODRAM	Ξ	214,916.	3,500.	120.	2,235.	29,482.	250,253.	
1 CHIEF FINANCIAL OFFICER	≘							
DOROTHY DAYNEEN CALDWE	Ξ	219,612.	3,500.	536.	6,805.		230,453.	
2 CHIEF HC & COMPLIANCE OFFICER	≘							
RORI GITLIN	Ξ	184,635.	3,500.	287.	4,930.	13,013.	206,365.	
3 SVP, INFORMATION TECHNOLOGY	€							
ELYSE BARBELL	€	166,033.	3,500.	626.	5,205.	16,930.	192,294.	
4 VP, HUMAN CAPITAL	€							
MEGHAN LINEHAN	Ξ	229,675.	44,500.	129.	6,565.	13,013.	293,882.	
5 COO (THRU 3/10/2023)	€							
JOSEPH MEMOLY	€	184,065.	3,500.	276.			187,841.	
6 COO (AS OF 5/4/2023)	€							
CHRISTINE C. QUINN	Ξ	413,002.	3,500.	556.	4,176.		421,234.	
7 PRESIDENT & CEO	€							
BRUNELLA JOHNSON	Ξ	164,212.	3,500.	626.	5,102.	9,729.	183,169.	
8 VP, TRANSITIONAL HOUSING	Œ)							
DIANA SANTOS	Ξ	205,654.	3,500.	84.	2,137.	9,729.	221,104.	
9 CHIEF PROGRAM OFFICER	≘							
IRA BELLACH	Ξ	142,261.	3,500.	2,472.	3,164.	19,948.	171,345.	
10 AVP, INFORMATION TECHNOLOGY	€							
	Ξ							
11	€							
	Ξ							
12	€							
	≘							
13	€							
	(
14	€							
	≘							
15	€							
	€							
16	€							
							Sch	Schedule J (Form 990) 2022

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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

ALL BONUSES WERE DETERMINED BY WIN'S C-SUITE STAFF WITH METRICS OF

INDIVIDUAL PERFORMANCE APPRAISAL RATINGS AND SALARY.

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.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

WOMEN IN NEED INC.

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

Employer identification number

13-3164477

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

A COPY OF FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS FOR APPROVAL PRIOR TO FILING. ONCE REVIEWED BY THE BOARD, ANY CONCERNS OR ISSUES 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 2023.

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 2023.

FORM 990, PART VI, SECTION C, LINE 19

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

Schedule O (Form 990 or 990-EZ) 2022 Name of the organization **Employer identification number** WOMEN IN NEED INC. 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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHE ====================================	DESCRIPTION OF SERVICES	COMPENSATION
CLEAN SWEEP CLEANING COMPANY, INC. 307 7TH AVENUE, SUITE 804		
NEW YORK, NY 10001	CLEANING SERVICES	441,943.
SKDKNICKERBOCKER LLC 1150 18TH STREET NW STE 800 WASHINGTON, DC 20036	CONSULTING	330,229.
PIER SIXTY, LLC GROUND FL., CHELSEA PIERS, 23RD ST. WEST NEW YORK, NY 10011	CATERING	281,842.
ADP LLC PO BOX 842875 BOSTON, MA 02284	PAYROLL SERVICES	206,812.
FORVIS, LLP 1155 AVENUE OF AMERICAS, SUITE 1200 NEW YORK, NY 10036	ACCOUNTING	118,494.

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Schedule O (Form 990 or 990-EZ) 2022				Page 2
Name of the organization			Employer identification	n number
WOMEN IN NEED INC.			13-3164477	
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
TEMPORARY HELP	14,693,872.	14,073,914.	505 , 125.	114,833.
	1,967,870.	1,687,906.		279,964.
TOTALS				
	16,661,742.	15,761,820.	505,125.	394 , 797.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

MB No. 1545-0047	2022	
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Open to Public

Employer identification number

13-3164477

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

Part I

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

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Ŷ Yes 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. MIM (f) Direct controlling 874,612. (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 176,604. (d) Total income (d)
Exempt Code section (c)
Legal domicile (state
or foreign country) NX(c)
Legal domicile (state
or foreign country) SUPPORT HOUSI (b) Primary activity Primary activity 81-4159731 10004 (a) Name, address, and EIN (if applicable) of disregarded entity NEW YORK, NY (a) Name, address, and EIN of related organization (1) WIN 91ST STREET LLC SEE SUPPLEMENTAL PAGE STATE STREET PLAZA Part II 4 3 (9) 2 4 9 9 Ξ 9 5 9

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

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Schedule R (Form 990) 2022

Part III

WOMEN IN NEED INC.

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	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(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)										

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. Part IV

(a) Name, address, and ElN of related organization	d organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(i) Section
			(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets ownership 512(b)(13) controlled entity?	ownership	12(b)(13) ontrolled entity?
								<u>></u>	Yes No
(1) GLENMORE HOUSING GP, LLC	47-3025986								
325 E 104TH STREET NEW YORK, NY 10029		SUPPORTIVE HO	NY	N/A	C CORP				×
(2) WIN GLENMORE CORPORATION	47-3492213								
1 STATE STREET PLAZA NEW YORK, NY 10004		SUPPORTIVE HO	NY	N/A	C CORP				×
(3) WIN 118TH STREET GP, INC	47-3961359								
1 STATE STREET PLAZA NEW YORK, NY 10004		FAMILY SUPPOR	NY	N/A	C CORP				×
(4) WIN SUPPORTIVE HOUSING CORP	83-4624406								
1 STATE STREET PLAZA NEW YORK, NY 10004		SUPPORTIVE HO	NY	N/A	C CORP				×
(5)									
(9)									
(2)									
							Schedule R (Form 990) 2022	(Form 990) 2022

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Schedule R (Form 990) 2022

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.				Yes	Yes
		:			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	th one or more related organ	izations listed in Parts II-IV?			
a Receipt of (ii) interest. (iii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.			-	<u>1</u> 9	×
				4	>
b Gill, grant, or capital contribution to related organization(s)			:	2	4
c Gift. grant. or capital contribution from related organization(s)				<u>ا</u> د	\times
				×	
				+	
e Loans or loan guarantees by related organization(s)				او ×	
f Dividends from related organization(s)			_	11	×
				2	>
g sale of assets to related organization(s)				. מכ	4
h Purchase of assets from related organization(s)				4	\times
i Exchange of assets with related organization(s).				=	
i Lassa of facilities aguinment or other assats to related organization(s)				;=	
ן בכמסס כן ומכוווונסס, פקעוףוויסוון, כן סוווסן מסססס נס ופומוסט כו פמוובמווסוו(ס).				+	
k Lease of facilities, equipment or other assets from related organization(s)					×
	tion(s)			=	×
	(ion(s)			: [>
	.lon(s)			\perp	4
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 	(:	٦ ١	
• Sharing of paid employees with related organization(s)			:	1 0	
p Reimhursement paid to related organization(s) for expenses.			7	10 ×	
T Doing human and mark and development of the properties of the pr				_	
d reillibulselliellt pald by leigted ofganization(s) for expenses				-	
			~	7	>
				: 4	\$ >
o Other transfer of cash of property norm related organization (s).				<u>,</u> -	<
z If the answer to any of the above is "Yes," see the instructions for information on who mu	must complete this line, inclu	tor information on who must complete this line, including covered relationships and transaction thresholds.	ansaction thresho	olds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	I) determini	ing
	type (a - s)	(s -	amount involved	involved	
(1)					
(3)					
(5)					
(9)					
JSA			Schedule R (Form 990) 2022	(066 m.	2022

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Schedule R (Form 990) 2022

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	~ ~ ~ ·	(k) Percentage ownership
(1)			sections 512 - 514)	Ves No			Yes		Yes	
(2)										
(3)										
(4)										
(5)										
(9)										
(2)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
							-	Schedi	ıle R (Form	Schedule R (Form 990) 2022

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Part VII Supplemental Information

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

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Part VII

Supplemental Information

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C)	LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
WIN HOUSING DEVELOPMENT FUN						
1 STATE STREET PLAZA	NEW YORK, NY 10004 RESIDENTIAL	NV	501 (C) (3)	IINE 10	WOMN IN NEED	X
	REGIDENTIAL	14.1	301(0)(3)	DINE TO	WORN IN NEED	Α
WIN DECATUR HOUSING DEVELOR	PMENT FUND CO. 13-4010016					
1 STATE STREE PLAZA	NEW YORK, NY 10004					
	HOUSING	NY	501(C)(3)	LINE 10	WOMN IN NEED	Х
WIN GLENMORE HOUSING DEVELO	OPMENT FUND 47-2310887					
	NEW YORK, NY 10004					
		NY	501(C)(4)		WOMN IN NEED	Х
WIN 118TH STREET HOUSING DE	EV FUND 47-2035679					
1 STATE STREET PLAZA	NEW YORK, NY 10004					
	FAMILY SUP	NY	501(C)(4)		WOMN IN NEED	Х
WIN FAR ROCKAWAY HOUSING DE	EVELOPMENT FUN 83-2970758					
1 STATE STREET PLAZA						
	FAMILY SUP	NY	501(C)(4)		WOMN IN NEED	Х
POWERS SUPPORTIVE HOUSING I	DEV FUND 87-4069602					
1 STATE STREET PLAZA						
	HOUSING SUP	NY	501(C)(4)		WOMN IN NEED	Х
POWERS TRANSITIONAL HOUSING	G DEVELOPMENT 87-4044551					
	NEW YORK, NY 10004					
	HOUSING SUP	NY	501(C)(4)		WOMN IN NEED	X
COLGATE CLOSE HOUSING DEVEI	LOPMENT FUND 46-3161970					
	NEW YORK, NY 10004					
	FAMILY SUP	ИХ	501(C)(3)	LINE 10	WOMN IN NEED	X

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Contracts, for which an extension request must be sentiling of this form, visit www.irs.gov/e-file-providers/e-file			ructions). For more d	letails	on the	electronic
Automatic 6-Month Extension of Time. Only subr	mit original	(no copies needed).				
All corporations required to file an income tax return or must use Form 7004 to request an extension of time to		·	0-C filers), partnersh	ips, F	REMICs	, and trusts
Name of exempt organization or other filer, see instructions. WOMEN IN NEED INC. Number, street, and room or suite no. If a P.O. box, see instructions.			Faxpayer identification number (TIN)			
due date for filing your return. See instructions. 1 STATE STREET, 18TH FLOOR City, town or post office, state, and ZIP code. For NEW YORK, NY 10004	or a foreign ad	ldress, see instructions.				
Enter the Return Code for the return that this applicatio Application Is For	Return Code	Application Is For				Return Code
Form 990 or Form 990-EZ	01	Form 1041-A				08
Form 4720 (individual)	03	Form 4720 (other than individual)				09
Form 990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) Form 990-T (corporation)	06	Form 8870			12	
Telephone No. \blacktriangleright 212 695-4758 If the organization does not have an office or place of lf this is for a Group Return, enter the organization's for the whole group, check this box \blacktriangleright a list with the names and TINs of all members the extension.	f business ir our digit Gro	oup Exemption Number (G	EN)		If th	nis is
 I request an automatic 6-month extension of time for the organization named above. The extension Calendar year 20 or tax year beginning 07 If the tax year entered in line 1 is for less than 12 	until	ganization's return for:	06/30	, 20 <u>2</u>		on return
Change in accounting period 3a If this application is for Forms 990-PF, 990-T nonrefundable credits. See instructions.				3a	\$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. b Salance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					\$	NONE
using EFTPS (Electronic Federal Tax Payment Syste Caution: If you are going to make an electronic funds withdra instructions.	-		ee Form 8453-TE and F	3c Form 8		NONE for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)