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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		A Woman's Work, Inc.		20-8078513
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		2204 18th Ave.		303-827-7085
City or town, state or country, and ZIP + 4		F Group Exemption Number		
Longmont CO 80503				

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ www.awomanswork.org**J Tax-exempt status** (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H Check** ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **159,345****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Expenses	1 Contributions, gifts, grants, and similar amounts received	1	95,553
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,591
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	62,201
	b Less direct expenses other than fundraising expenses	6b	25,638
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	36,563
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	133,707
	10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12	20,152	
13 Professional fees and other payments to independent contractors	13	2,301	
14 Occupancy, rent, utilities, and maintenance	14	4,631	
15 Printing, publications, postage, and shipping	15	4,742	
16 Other expenses (describe ▶ See Statement 1)	16	77,085	
17 Total expenses. Add lines 10 through 16	17	108,911	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,796	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	59,881	
20 Other changes in net assets or fund balances (attach explanation) See Statement 2	20	6,874	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	91,551	

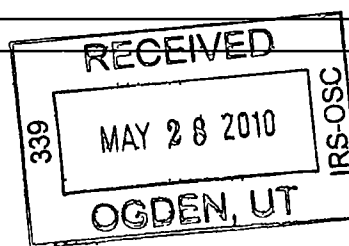
Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	59,486	91,363
23 Land and buildings		
24 Other assets (describe ▶ See Statement 3)	2,368	1,677
25 Total assets	61,854	93,040
26 Total liabilities (describe ▶ See Statement 4)	1,973	1,489
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,881	91,551

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

SCANNED JUL 23 2010



Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? See Statement 5	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	
28 See Statement 6	
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a 123,039
29 Provided funds for incidentals for Safe Shelter of St. Vrain Valley.	
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a 8,381
30	
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a
31 Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a
32 Total program service expenses (add lines 28a through 31a) ▶ ☐	32 131,420

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kate Gaddis 2212 Mariner Drive Longmont CO 80503	Board Member 5.00	0	0	0
Betsy Gray 4119 35th Avenue Evans CO 80620	Board Member 5.00	0	0	0
Karen Kramer 8000 Fox Hill Drive Longmont CO 80501	Board Member 5.00	0	0	0
Shirley Lemmex 3101 Almeria Way Longmont CO 80503	Board Member 5.00	0	0	0
Carol Yoakum 14707 N. 95th Street Longmont CO 80504	Board Member 5.00	0	0	0
Jody Lyons 1135 Purdue Drive Longmont CO 80503	Board Member 5.00	0	0	0
Susan Mesch 2668 Beech Circle Longmont CO 80503	President 5.00	0	0	0
Carol Smith 20 Pinyon Pine Rd. Littleton CO 80127	Board Member 5.00	0	0	0
Linda Snyder Crockett 1648 Albion Lane Longmont CO 80503	Board Member 5.00	0	0	0
Diane Stow 1683 Radcliffe Pl. Longmont CO 80503	Board Member 5.00	0	0	0
Cynthia Noble 1669 Stardance Circle Longmont CO 80504	Exec. Dir. 20.00	13,779	0	0
Pat Carson 1647 Stones Peak Drive Longmont CO 80503	Board Member 5.00	0	0	0
Sally Foss 554 East 16 Ave. Longmont CO 80504	Board Member 5.00	0	0	0
Stephanie McKay 807 Gay Street Longmont CO 80501	Board Member 5.00	0	0	0
Jill Nelson 7348 Erin Court Niwot CO 80503	Board Member 5.00	0	0	0
Nancy Parker P.O. Box 2710 Lyons CO 80540	Board Member 5.00	0	0	0
Kirsten Pellicer 1634 Bluefield Ave. Longmont CO 80504	Board Member 5.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ The Organization Telephone no ▶ 303-827-7085 2204 18th Ave. Located at ▶ Longmont, CO ZIP + 4 ▶ 80503		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S. ? If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

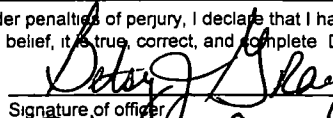
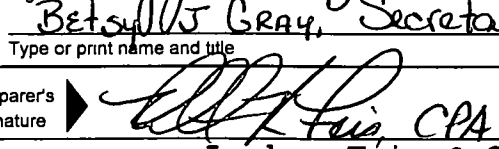
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date 5/12/10	
Paid Preparer's Use Only	 Type or print name and title		Date 05/07/10	
	Preparer's signature		Check if self-employed ☐	Preparer's Identifying Number (See instr.) P00218191
	Firm's name (or yours if self-employed), address, and ZIP + 4 Lemke, Feis & Co., P.C., CPAs 193 S. 27th Ave., Suite 100 Brighton, CO 80601		EIN ▶ 84-1130648	
			Phone no ▶ 303-659-1200	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			55,953	68,945	95,553	220,451
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			55,953	68,945	95,553	220,451
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						220,451

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			55,953	68,945	95,553	220,451
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3,543	3	1,591	5,137
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						225,588
12 Gross receipts from related activities, etc. (see instructions)					12	63,792
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☒						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2008. 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 organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
7a 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

A Woman's Work

EIN: 20-8078513

	Name	Amount
60100 · Awards and Grants		
60150 · Specific Assist to Individuals		
60155 · Child Care		
	Junior Jets	192.00
	Junior Jets	127.00
	Junior Jets	344 00
	Junior Jets	248 00
Total 60155 Child Care		911 00
60160 · Housing		
	Legacy Apartments	1,000.00
	Fickel Family Limited Partnership	0 00
	Cottonwood Park Condos	1,000 00
	The Inn Between of Longmont	342 00
	Aberle, Gary	825 00
	PiMP Realty	375 00
	PML	695 00
	Ute Creek Apartments	700 00
	Circle at Sunset	750 00
	Joshua Weinstein	1,000.00
	Howard Johnson	700 00
	Julie Tresp-Morales	500 00
	Quail Village	300 00
	PMP Realty	300.00
	Safe Shelter of St Vrain Valley	600 00
	PMP Realty	675 00
	Safe Shelter of St Vrain Valley	650.00
	Wynja Vista	650 00
	Missouri 1219 LLC	450 00
	Safe Shelter	625 00
	Terri Tuttle	600.00
	PMP Realty	310 00
	Erik Nelson	950 00
	Thistle Community Housing	300 00
	Terri Tuttle	600.00
	Faith Community Church	1,046 00
	Blazon, Alice	175.00
	Rose Transition Home	900 00
	Ron or Nancy Landas	775 00
	Crall Associates	600.00
	Safe Shelter	800 00
	Terri Tuttle	600.00
	Sheridan Nelson	380 00
	Ken Auer	500.00
	Terri Tuttle	600.00
	Eastglenn Apartments	600.00
	Small Potatoes	985 00
	The Inn Between	606 00
	The Hudson Company	211 00
	Stonehedge Apartments	242 00
	PML	625.00

A Woman's Work

EIN: 20-8078513

	Name	Amount
	Terri Tuttle	600 00
	Alex Fresquez	300 00
	HomeTown America Management	0 00
	Guaranty Bank and Trust Company	487 86
	Grandview Meadows Apartments	438 00
	Martin Adler	575 00
	Quail Village	650 00
	Bradley Woodiel	800.00
	stonebridge at Twin Peaks	935.00
	Terri Tuttle	600 00
	HomeTown America Management	476 60
	Safe Shelter	564 00
	Safe Shelter	800.00
	The Inn Between	500 00
	Safe Shelter	1,000 00
	Safe Shelter	1 000.00
	A & G Property Management	850.00
	Sherian Nelson	375 00
	Blazon, Patti	500.00
	Aberle, Gary	600.00
	Stonehedge Apartments	80.00
	Safe Shelter	866.68
	Terri Tuttle	376 02
	Wells Fargo Bank	1,000.00
	The Inn Between	650.00
	Marcela Lopez	400.00
	Clover Basin Village	400 00
	Bank of America	739.99
	S & A Captial Partners	0 00
	S & A Captial Partners	321 00
	Samra Mansfield	1,000 00
	Flagstar Bank	625.00
	Safe Shelter	675 00
	Greg Feldman	625 00
	Hudson Realty	400.00
	Kim Cinea	500 00
	Kim Cinea	500 00
	The Inn Between	306.00
	The Inn Between of Longmont	-484.25
	Richard Patnoe	300 00
Total 60160 · Housing		45,873 90

60165 · Medical

Aetna Insurance	0 00
Longmont Clinic	111.00
Health Ambitions	48 00
Beyond Sight, Inc	500 00
Dental Aid	200 00
Wal-Mart	489.00
Dental Aid	250 00
Dental Aid	296 00

A Woman's Work

EIN: 20-8078513

	Name	Amount
	Salud Dental Clinic	400.00
	Greeley Medical Clinic	9 00
	Comprehensive Addiction Treatment	130.00
	Third Ave Eyecare	250 00
	Bruce L Sessions DDS PC	200.00
	Dental Aid	746.00
	Walgreens	
	Bright Now Dental	400 00
	Salud Dental Clinic	300 00
Total 60165 · Medical		<u>4,329.00</u>

60170 · Transportation

	American Family Insurance	192 25
	Wells Fargo Bank	395 00
	Chase Bank	640 00
	American Family Insurance	220 00
	American Family Insurance	162 00
	Wells Fargo Bank	400 00
	Hayes Automotive	385.00
	Wells Fargo Bank	300.00
	Wells Fargo Bank	600.00
	Massa Auto Sales	1,000.00
	American Family Insurance	548 30
	Frontier Honda	400.00
	American Family Insurance	60 00
	Diagonal Tire & Alignment	130.00
	Boulder County	242 00
	Dan Smith	1,000.00
	Firestone Complete Auto	385 14
	Safe Shelter	0 00
	Best Auto	500 00
	American Family Insurance	252 02
	Safe Shelter	800.00
	Department of Motor Vehicles	246.00
	Chase Bank	469 00
Total 60170 Transportation		<u>9,326.71</u>

60175 · Utilities

	Verizon Wireless	132 00
	Verizon Wireless	232 41
	Qwest	175 00
	City of Longmont	210.00
	Xcel Energy	150 00
	T Mobile	125.00
	Cricket	0 00
	Patty Garcia	0.00
	Patty Garcia	20 00
	City of Longmont	300.00
	Xcel Energy	300 00
	Cricket	58 62
	Xcel Energy	62 50

A Woman's Work

EIN: 20-8078513

	Name	Amount
	City of Longmont	115 09
	City of Longmont	429 21
	Comcast Cable	110 00
	Xcel Energy	86.00
	Longmont United Power	106 80
	Xcel Energy	101 39
	City of Longmont	100.00
	City of Longmont	263 60
	City of Longmont	80.00
	City of Longmont	158.92
Total 60175 · Utilities		<u>3,316.54</u>
60180 · Other Assistance		
	Savvy Seconds	37 00
	Savvy Seconds	98 99
	Wal-Mart	100 00
	Safeway	50 00
	Friends of the Longmont Youth Center	659 00
	Nelnet	142 00
	ETS - The Praxis Series	130 00
	ETS - The Praxis Series	80 00
	Longs Peak Academy	695 00
	Peels Beauty Supplies	200.00
	Crall Associates	0 00
	Savvy Seconds	0.00
	Nelnet	211.68
	Longmont Association of Realtors, Inc	497.00
	The Neighborhood Center	75.00
	Nordstrom - Flatiron Circle	112 00
	Hospice Care of Boulder & Broomfield Cos	200 00
	Target	0.00
	Gray, Betsy	500.00
	Carson, Pat	400 00
Total 60180 Other Assistance		<u>4,187.67</u>
Total 60150 · Specific Assist to Individuals		<u>67,944 82</u>
Total 60100 Awards and Grants		<u>67,944 82</u>
TOTAL		<u><u>67,944.82</u></u>

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Fall Luncheon</u> (event type)	<u>Wine Tasting</u> (event type)	<u>None</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	31,686	27,584		59,270
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	31,686	27,584		59,270
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	8,352	3,319		11,671
	8 Entertainment				
	9 Other direct expenses	9,071	4,896		13,967
	10 Direct expense summary Add lines 4 through 9 in column (d)				25,638
	11 Net income summary Combine line 3, column (d), and line 10				33,632

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	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 lines 2 through 5 in column (d)					
8 Net gaming income summary Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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
9a		X
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in.

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► **The Organization**
2204 18th Ave.

Address ► **Longmont**

CO 80503**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$
- amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party

and the

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Yes No

15a

X

17a

X

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

A Woman's Work, Inc.

Identifying number

20-8078513

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	170
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	827
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		170	5.0	HY	200DB	34
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,031
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

Federal Statements

5/7/2010

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Advertising and Promotion	870
Office	1,817
Conferences/Meetings	314
Insurance	1,527
Child Care Assistance	911
Housing Assistance	45,874
Medical Assistance	4,329
Transportation Assistance	9,327
Utilities Assistance	3,317
Other Assistance	4,188
Denver Fund Fees	1,192
Books & Subscriptions	166
Mailing Service	1,027
Bank Fees	1,086
Memberships & Dues	350
Licenses & Fees	8
Volunteer Recognition	700
Miscellaneous Expenses	82
Total	\$ 77,085

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized Investment Gains	\$ 6,874
Total	\$ 6,874

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Computer/Office Equipment	\$ 2,068	\$ 2,408
Less Accumulated Depreciation		1,031
Security Deposit	300	300
	2,368	1,677

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Payroll Tax Payable	\$ 1,973	\$ 1,489
	1,973	1,489

Federal Statements**Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

The mission of the corporation is to provide monetary assistance to local women in the greater St. Vrain Valley Area who are burdened with unexpected and immediate financial needs that cannot and have not been met by other community resources.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

Provided 160 grants to assist eligible women with medical, housing, child care, transportation assistance. Grant amounts ranged from \$10 to \$1,100, averaging approximately \$425 per grant.