

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2010

OMB No 1545-0052

						· '		
For	calen	dar year 2010, or tax year beginning JUL			<u>JUN 30, 2011</u>			
G	G Check all that apply: Initial return Initial return of a former public charity Final return							
_	Amended return LX Address change Name change							
Na	Name of foundation A Employer identification number							
	Washington Women In Need 91-1559848							
Nu	mber a	nd street (or P O box number if mail is not delivered to street	address)		B Telephone number			
\perp		700 - 108th Avenue NE		207	425-451-88	38		
Cit	y or to	own, state, and ZIP code			C If exemption application is po			
L		Bellevue, WA 98004			D 1. Foreign organizations	, check here		
H	_	type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	mputation		
<u>L</u>			Other taxable private founda		E If private foundation state	us was terminated		
		rket value of all assets at end of year J Accounting		X Accrual	under section 507(b)(1)	(A), check here $ ightharpoonup$		
			her (specify)		F If the foundation is in a 6			
	\$		mn (d) must be on cash b		under section 507(b)(1)			
P	art I	The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes		
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)		
	1	Contributions, gifts, grants, etc., received	711,105.					
	2	Check It if the foundation is not required to attach Sch. B. Interest on savings and temporary	20.450	20.460	20 450			
	3	cash investments	32,468.	32,468.	32,468.	Statement 1		
	4	Dividends and interest from securities		.				
	5a	Gross rents						
	Ι.	Net rental income or (loss)	15 266					
e	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<15,366.	>				
Revenue	_ b	assets on line 6a 144, 490.						
g S	7	Capital gain net income (from Part IV, line 2)		0.				
	8	Net short-term capital gain			0.			
	9	Income modifications Gross sales less returns RECEIVED						
		and allowances	280					
		Gross profit or (loss) FEB 27 2012						
	11	Other income	<u> 57,761.</u>	0.	57 761	Statement 2		
	12	Total Add lines 1 through 15 DEN UT	785,968.	32,468.	90,229.	Deacement 2		
_	13	Compensation of officers, directors, trustees, etc	83,726.	<u> </u>	0.	83,726.		
	14	Other employee salaries and wages	152,217.	0.	0.	152,217.		
	145	Pension plans, employee benefits	16,170.	0.	0.	16,170.		
S	162	Legal fees	20/2/00			20/2/00		
ens	b	Accounting fees Stmt 3	27,257.	0.	0.	27,257.		
Z.	LI	Other professional fees Stmt 4	20,870.	0.	0.	20,870.		
Š	17	Interest						
ije.	18	Taxes Stmt 5	29,980.	0.	0.	29,980.		
	19	Depreciation and depletion	3,547.	0.	3,547.	,		
֓֞֝֞֓֞֓֞֝֓֞֞֓֓֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	20	Occupancy	53,023.	0.	0.	53,023.		
¥ A	21	Travel, conferences, and meetings	5,987.	0.	0.	5,987.		
A Pue	22	Printing and publications	6,560.	0.	0.	6,560.		
S S	23	Other expenses Stmt 6	112,293.	5,907.	903.	105,483.		
MINING .	23 24	Total operating and administrative						
,		expenses. Add lines 13 through 23	511,630.	5,907.	4,450.	501,273.		
	25	Contributions, gifts, grants paid	743,924.			743,924.		
Ž		Total expenses and disbursements.						
	L	Add lines 24 and 25	1,255,554.	5,907.	4,450.	1,245,197.		
ڒ	27	Subtract line 26 from line 12:						
D		Excess of revenue over expenses and disbursements	<469,586.	>				
	L	Net investment income (if negative, enter -0-)	•	26,561.				
	C	Adjusted net income (if negative, enter -0-)			85,779.			
202								

91-1559848

Page 2

Form 990-PF (2010)

Form 990-PF (2010)

Form 990-PF (2010) Was	hing	ton Women In	Need	- <u>-</u>		· · · · · · · · · · · · · · · · · · ·	9	<u>1-155</u>	9848	Page 3
		sses for Tax on In		Income	/b\ U^	w accurad		 		
		nd(s) of property sold (e.g. or common stock, 200 shs			P-1	w acquired Purchase Donation	(c) Date (mo., c	acquired lay, yr.)	(d) Dat (mo., da	
<u>1a Rainier Large</u>	Cap					P	-			
<u>b</u>			······································					_		
<u>c</u>						_		-		
<u>d</u>						_				
<u>e</u>	(6)	Depression allowed	(a) Coo	t or other back	! 		(h) G	ain or (loss)		
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		t or other basis xpense of sale				s (f) minus (
a 144,490.		,	,	159,85	6.		. , ,			,366.
b				133,03						<u>, 500 t</u> .
C		·					_			
d										
е										
Complete only for assets shown	ng gain in	column (h) and owned by t	he foundation	on 12/31/69				Col. (h) gain		
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		С		not less thai (from col. (
a								_	<15	,366.
b										
C										
_ d										
e	<u> </u>									·
2 Capital gain net income or (net ca	apıtal loss	If gain, also enter If (loss), enter -0-			}	2			<15	,366.
3 Net short-term capital gain or (lo	ss) as def				ÍΓ					
If gain, also enter in Part I, line 8,			u (0).		ĴΙ					
If (loss), enter -0- in Part I, line 8	•					3				0.
Part V Qualification L	Inder S	Section 4940(e) for	Reduced	Tax on Net	Inve	stment Ir	ncome			
(For optional use by domestic privat	e foundati	ons subject to the section 4	1940(a) tax on	net investment ir	rcome.)	1				
If section 4940(d)(2) applies, leave t	his part b	ank.								
										
Was the foundation liable for the sec				•	riod?				Yes	X No
1 Enter the appropriate amount in					90					
(a)	CECIT COIG	(b)	actions before	making any char	(c)				(d) oution ratio	
Base period years Calendar year (or tax year beginn	ına ın)	Adjusted qualifying dis	tributions	Net value of no		able-use asse	ts	Distrit (col. (b) div	oùtion ratio aded by col.	(c))
2009	g/	75	3,813.		4.	098,62	3.	(++(+)		83919
2008			9,058.			781,83				98068
2007			2,920.			026,80				10637
2006			8,113.			737,13				24244
2005		1,10	3,033.		1,	647,56	1.	_	. 6	69494
2 Total of line 1, column (d)							2	<u> </u>	2.1	<u>86362</u>
3 Average distribution ratio for the	5-year ba	se period - divide the total (on line 2 by 5,	or by the number	r of yea	rs				
the foundation has been in existe	nce if less	s than 5 years					3	ļ	. 4	<u> 37272</u>
									2 606	000
4 Enter the net value of noncharita	ble-use as	sets for 2010 from Part X,	line 5				4		3,696	<u>,992.</u>
6. Malhabatas Abadas 6							_		1 (16	E 0.1
5 Multiply line 4 by line 3							5_		1,616	<u>,591.</u>
6 Enter 1% of net investment inco	me (1% o	f Part I, line 27b)					6			266.
									_	
7 Add lines 5 and 6							7	-	1,616	<u>,857.</u>
8 Enter qualifying distributions fro	m Part XII	, line 4					8		1,245	,197.
If line 8 is equal to or greater tha			1b. and comr	olete that nart usu	no a 1%	tax rate				
See the Part VI instructions.				unut part usii	.g u 1/0					
023521 12-07-10								F	orm 990-	PF (2010)

	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- 1227			Page 4
		7 266 11	1511 4	Clioi	13)
`1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				Λ
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	+			0.
	of Part I, line 27b				
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				0
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	+			<u>0.</u>
3					0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	 			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-				0.
	Credits/Payments:				
	a 2010 estimated tax payments and 2009 overpayment credited to 2010				
	b Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	d Backup withholding erroneously withheld	Ì			^
	Total credits and payments. Add lines 6a through 6d				0.
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	-			0.
10					
	Enter the amount of line 10 to be: Credited to 2011 estimated tax			-	
	art VII-A Statements Regarding Activities			Yes	No
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			165	_
	any political campaign?		1a	-	X
D	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities				v
	c Did the foundation file Form 1120-POL for this year?		1c		X
a	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				į
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.				
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
•	managers. > \$ 0.		ایا		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		
•	If "Yes," attach a detailed description of the activities				
J	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>x</u>
4.	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	A / EL	5		х
J	If "Yes," attach the statement required by General Instruction T				
6					
Ü	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 				
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
•	If "Yes," complete Part II, col. (c), and Part XV		<u> </u>		<u> </u>
82	a Enter the states to which the foundation reports or with which it is registered (see instructions)				
-	WA				
ŀ	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
•	of each state as required by General Instruction G? If "No," attach explanation		8b	Х	
9					
•	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	х	1
10		+ 13	10	X	

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2010)

Х

3b

4a

Yes X No

N/A

during the year?

Form 990-PF (2010) Washington Women In Need	4700 14 D F		<u>91-15598</u>	48 Page 6	
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
' (1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire				
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	>	X Ye	s No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f				
the prevention of cruelty to children or animals?			s X No	1 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the excentions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru		ii riogalationa		5b X	
Organizations relying on a current notice regarding disaster assistance check h	·			" 1"	
		nad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —	s No		
expenditure responsibility for the grant?		/A	s L No		
If "Yes," attach the statement required by Regulations section 53.4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	г	₹		
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	Sb X	
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b					
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	/		
Faid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		T C	(d) Contributions to		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	
(a) Name and address	to position	enter -0-)	compensation	allowances	
See Statement 14		83,726.	0.	0.	
				ı	
		3			
				i	
				ı	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to	(e) Expense	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances	
Bruce Wood - 700 - 108th Ave NE, Ste	Fund Developm	ont Diroc	· · · · · · · · · · · · · · · · · · ·	allowalices	
	40.00	65,000.	0.	0.	
207, Bellevue, WA 98004	40.00	05,000.	0.	<u> </u>	
				ſ	
				 	
		ļ			
·					
			l		
Total number of other employees paid over \$50,000			<u>▶</u>	0	

form 990-PF (2010) Washington Women In Need		559848 Page
Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensat
NONE		
#	l.	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>
	wast information and has the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen		Expenses
1		
See Statement 15		356,84
2		
See Statement 16		53,18
3		
See Statement 17		263,73
4		2007,0
See Statement 18		228,87
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments See instructions.		
3		

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		——————————————————————————————————————
a	Average monthly fair market value of securities	1a	772,087.
	Average of monthly cash balances	1b	2,347,868.
	Fair market value of all other assets	1c	633,336.
	Total (add lines 1a, b, and c)	1d	3,753,291.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,753,291.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	56,299.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,696,992.
6	Minimum investment return Enter 5% of line 5	6	184,850.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here X and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2010 from Part VI, line 5	1	
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,245,197. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,245,197.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,245,197.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies f	or the section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,	·			
line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	.			
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		-		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)			-	
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a				
i				
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009 e Excess from 2010				
E EXCESS HOLLI CO IO	1	1	1	1

Applicants must be low-income women 18 and older residing in Washington

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
a Paid during the year								
			;					
See Statement 19								
Total	T	T	<u>▶ 3a</u>	743,924.				
b Approved for future payment								
None								
		ł						
			1					
Total			▶ 3b	0.				

Part XVI-A **Analysis of Income-Producing Activities**

Form 990-PF (2010)

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code	, .	code	741100111	
a					
b					
<u> </u>					
d					
e	}				<u> </u>
					
 g Fees and contracts from government agencies 2 Membership dues and assessments 					-
3 Interest on savings and temporary cash					
investments			14	32,468.	
4 Dividends and interest from securities				32,400.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					-
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	<15,366.	> .
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e				17 100	
12 Subtotal. Add columns (b), (d), and (e)		0.		17,102.	17,102.
13 Total. Add line 12, columns (b), (d), and (e)				13	17,102.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o tne Acc	omplishment of Ex	cemp	t Purposes	
Line No Explain below how each activity for which incor	me is reported	ın column (e) of Part XVI-A	contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing fu	unds for such purposes).			
					-
					_
				<u> </u>	
					
				<u> </u>	
					_
					
				<u> </u>	
			_	· · · · ·	
	•			_	
023821 12-07-10		·- 			Form 990-PF (2010)

orm 990-1		ngton women			059848	Page 13
Part X	Information Re Exempt Organ		To and Transactions ar	nd Relationships With Nonc	haritable	
1 Did th			following with any other organization	n described in section 501(c) of	T	es No
	•		ction 527, relating to political organiz	• •		
	ifers from the reporting founda					
(1)					1a(1)	x_
٠,	Other assets				1a(2)	X
٠,	transactions:					
(1) 5	Sales of assets to a noncharital	ble exempt organization			16(1)	X
(2) F	Purchases of assets from a nor	ncharitable exempt organiza	ation		1b(2)	X
(3) F	Rental of facilities, equipment,	or other assets			1b(3)	X
(4) F	Reimbursement arrangements				1b(4)	X
(5) l	oans or loan guarantees				1b(5)	X
(6) F	Performance of services or me	mbership or fundraising so	olicitations		1b(6)	X
c Sharı	ng of facilities, equipment, ma	ılıng lists, other assets, or p	oaid employees		1c	X
d If the	answer to any of the above is	"Yes," complete the following	ng schedule. Column (b) should alwa	ays show the fair market value of the goo	ds, other assets	S,
or se	rvices given by the reporting fo	oundation. If the foundation	received less than fair market value	e in any transaction or sharing arrangeme	nt, show in	
colun	nn (d) the value of the goods,					
a) Line no	(b) Amount involved	 	aritable exempt organization	(d) Description of transfers, transactions,	and sharing arran	gements
		N	I/A			
		· · · · · · · · · · · · · · · · · · ·				
					_, ,	
				-		
	·					
2a Is the	foundation directly or indirec	tly affiliated with, or related	to, one or more tax-exempt organization	ations described		
ın se	ction 501(c) of the Code (other	r than section 501(c)(3)) or	r in section 527?		Yes	X No
b if "Ye	s," complete the following sch	edule.				
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relati	ionship	
	N/A					
				 .		
	Under a see the see of a leave to dealer				ad bankat it in to in	
C:			n, including accompanying scriedules and eary) is based on all information of which pi	l statements, and to the best of my knowledge ar reparer has any knowledge	io bester, it is tide,	correct,
Sign Here	, AT I	A -	12/22	hally Executive D	iroator	
	Signature of officer or tru	ustee	Date	Executive D:	rector	
	Print/Type preparer's na		erer's signature		TIN	
	D Proparti 3 lie			self- employed		
Paid	Susan Reil	1v -	Kuld	02/10/12		
Prepar		son & McDone		Firm's EIN ►		
Use O		.com a McDone	,	Thin 3 Line		
		25 - 4th Ave	enue, Suite 1705			
		attle, WA 98		Phone no. (2)	06) 624	-2380

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization Employer identification number Washington Women In Need 91-1559848 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

ı

Name of organization

Employer identification number

Washington Women In Need

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Weyerhaueser, Dr. Gail and Dr. William 33210 Tanwax Dr E Eatonville, WA 98328-9685	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	The Byron W. & Alice L. Lockwood Foundation 8121 SE 44th St Mercer Island, WA 98040	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Progeny 3, Inc. PO Box 24868 Seattle, WA 98134	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Polygon Northwest Company PO Box 1349 Bellevue, WA 98009	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Hemingway, Kim & Jon 104 Cascade Key Bellevue, WA 98006	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2	Haumerson, Melissa & Doug 1615 Broadway Ave E seattle, WA 98102	\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)

Employer identification number

Washington Women In Need

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Elkington, Julie & Jerry 5019 Wilmington Ave Everett, WA 98203	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Charlie's Produce PO Box 24606 Seattle, WA 98124	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Billow, Charlie & Courtni 5233 Pleasure Point Lane Bellevue , WA 98006	\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	BAS Family Foundation (Anonymous) PO Box 760 Mercer Island, WA 98040	\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	Daly, Evelyn & John (Anonymous) 8545 NE 13th St. Clyde Hill, WA 98004	\$\$6,000.	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2	Miller, Kathleen C and Dudley 14235 207th Pl NE Woodinville, WA 98072-7633	- \$	Person X Payroll

Employer identification number

Washington Women In Need

<u>wasiii</u>	ngton women in Need		-1559646
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Charles See Foundation 1215 120th Ave NE Suite 202 Bellevue, WA 98005	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	Microsoft 1 Microsoft Way Redmond, WA 98052	\$8,427.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>15</u>	Ellison, Sue and Tom 5666 Pleasure Pt Lane Bellevue, WA 98006	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	Young, Lark and Gary 17218 SE 29th Ct Bellevue, WA 98008	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>17</u>	Thompson, Margo and Thomas Van Halm 5798 179th Ave SE Bellevue, WA 98006-5943	\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	Redmond Rotary Foundation PO Box 563 Redmond, WA 98073	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
023452 12-2	23-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2010)

Page	4 of	5 of Part I
rage	4 0	Jorgani

Schedule	а	Æorm.	മമറ	000-F7	OF COL	-66	1201	ını

Name of organization

Employer identification number

Washington Women In Need

91-155984<u>8</u>

	Contributors (, J±	1337040
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	Smith, Fred R. 2033 First Ave Seattle, WA 98121	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	Gow, Pam & Jeff 3412 Hunts Point Rd Hunts Point, WA 98004-1116	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21	Community Funding Group 506 Second Ave, Suite 3204 Seattle, WA 98104	s 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	Bollen, Anne-Marie 8041 Crest Drive NE Seattle, WA 98115	\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23	Melody S. Robidoux Foundation 21725 NE 136th Place Woodinville, WA 98077	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	Aven Foundation PO Box 53508 Bellevue, WA 98015	\$\$	Person X Payroll
023452 12-2		Schedule B (Form	990. 990-EZ. or 990-PF) (2010)

•				
Schedule B (F	orm 990, 990-EZ, or 990-PF) (2010)			Page 5 of 5 of Part I
Name of or	ganization		Employ	er identification number
<u>Washi</u>	ngton Women In Need		91	-1559848
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
25	Pritt, Julia 123 Dorffel Dr. E Seattle , WA 98112	\$100,0	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
26	The Seattle Foundation 1200 Fifth Avenue Seattle, WA 98101	\$\$	<u>50.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
				Person

(b)

Name, address, and ZIP + 4

Person Payroll Noncash

(c)

Aggregate contributions

Noncash

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(a)

No.

of Part II

Employer identification number

Washington Women In Need

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom	(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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			990, 990-EZ, or 990-PF) (2

Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2010)		Page of of P
Name of orga	nization		Employer identification number
Maahin	gton Women In Need		91-1559848
Part III	Exclusively religious, charitable, etc., in	e columns (a) through (e) and the fous, charitable, etc., contributions of	i 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing of
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

10

0 0 0 0 0 0 0 0 0 1,439. 3,415. 138. 1,838 3,415 Current Year Deduction 0 Ö Ö Current Sec 179 1,596. 4,801. 995, 653. 936, 857. 370. 370. 141 16,515 9,201 39,772 4,077 40,142 Accumulated Depreciation 45,236. 7,193. 370. 4,801 1,597. 995, 995. 370, 16,515 141 653 937 11,039 44,866 Basis For Depreciation 0 0 0 Reduction In Basis Bus % Excl 1,597. 7,193. 4,801, 995 141 653 937 995 370 370 16,515 44,866 11,039 45,236 Unadjusted Cost Or Basis S Ca 16 16 16 16 16 16 16 16 16 16 16 3.00 00. 00. 3.00 3.00 3.00 5.00 3.00 3.00 3.00 3.00 Life Method 110201BL 06|30|02|SL 06|30|03|ST 06|22|07|SL 03/15/05/SL 06|30|04|SL 08|18|04<mark>|</mark>SL 20705SL 1112807SL 58|Social Solutins S/W12|20|07|SL 09|01|07|SL Date Acquired Page 10 Depr & Amor 59Phone System * 990 Page 10 Total 990 Page 10 Total 57bell Laptop (E.D.) Machinery & Equipm * Grand Total 990 04 HP color laser Other 05 Dell CPU Frt printer Computer, Prog 56pell Computer Description B computer 50fundraising Machinery copier Equipment 55birector HP 6450 52printer 53(E.D.) Other 54besk 46Misc 4802 03 Asset

(D) - Asset disposed

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF Page 1

Current Year Deduction	0	0	0	0	0	0	0	0	138.	1,838.	1,439.	903.	132.	0	0	4,450.	
Current Sec 179							_									0	
Accumulated Depreciation	16,515.	4,801.	1,596.	995.	141.	370.	653.	936.	857.	9,201.	4,077.	9,931.	•			50,073.	
Basis For Depreciation	16,515.	4,801.	1,597.	995.	141.	370.	653.	937.	995.	11,039.	7,193.	10,834.	7,944.	13,399.	2,500.	79,913.	
Reduction In Basis																0	
Bus % Excl							<u> </u>			_			<u>.</u>				
Unadjusted Cost Or Basis	16,515.	4,801.	1,597.	995.	141.	370.	653.	937.	995.	11,039.	7,193.	10,834.	7,944.	13,399.	2,500.	79,913.	
Line	16	16	16	16	16	16	16	16	16	16	16	43	16	42	42		
Life	7.00	7.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	5.00	11M	5.00	М09	М09		
Method	SL			4SL	4SL	2SL			SL			9197	$_{ m SI}$				
Date Acquired	1102011	063002 <mark>SL</mark>	063003SL	0630048	081804	031505	12 <mark>0705</mark> 51	062207SL	11 <mark>2807</mark> SL	1220078	09 <mark>01</mark> 07 <u>s</u> r	1028093	0622118	063011	space063011		
Description	18Misc		computer draising	Laser	printer		tor	Dell Computer 30(Deborah)	42pell Laptop (E.D.)	3Social Solutins S/W122007SL	tem	Facility Expansion 70Fall 09	81 Sharp Copier System 062211	Architect 82Fees-Bradford space06301	Architect 83Fees-Bradford space	* Total 990-rr rg l Depr & Amort	
Asset	181	٦ 6	24	25	27	28	29	30	42	43	44	70	8	8	83.		

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form 990-PF Interest on Savi	ngs and Tem	porary Cash	Investments	Statement 1
Source				Amount
Bank interest			-	32,468.
Total to Form 990-PF, Part I,	line 3, Co	olumn A	=	32,468.
Form 990-PF	Other I	ncome		Statement 2
Description		(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Gross Income from Special Fundraising Events		57,761.	0	. 57,761.
Total to Form 990-PF, Part I,	line 11	57,761.	0	57,761.
Form 990-PF	Accounti	ng Fees		Statement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
Accounting Fees	27,257.	0	•	27,257.
To Form 990-PF, Pg 1, ln 16b	27,257.	0		27,257.
Form 990-PF C	ther Profes	sional Fees		Statement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	(d) Charitable e Purposes
Other	20,870.	0	•	0. 20,870.
To Form 990-PF, Pg 1, ln 16c	20,870.	0	•	20,870.

Form 990-PF	Tax	es	St	atement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Payroll taxes	23,638.	0.	0.	23,638.
Property taxes and maintenance	6,342.	0.	0.	6,342.
To Form 990-PF, Pg 1, ln 18	29,980.	0.	0.	29,980.
Form 990-PF	Other E	Ynenses	St	tatement 6
		Apenses		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Office, supplies and postage Technology and equipment Fundraising Events Insurance Endowment Fees Misc Bank, Payroll & Annual Fees Amortization	21,225. 9,834. 57,760. 5,033. 5,907. 2,921. 8,710. 903.	0. 0. 0. 0. 5,907. 0. 0.	0. 0. 0. 0. 0. 0. 903.	21,225. 9,834. 57,760. 5,033. 0. 2,921. 8,710.
To Form 990-PF, Pg 1, ln 23	112,293.	5,907.	903.	105,483.
Form 990-PF Other Increases	s in Net Ass	ets or Fund Ba	alances St	catement 7
Description				Amount
Unrealized Gain In kind services capitalized				134,840. 2,500.
Total to Form 990-PF, Part II	II, line 3			137,340.

Form 990-PF Other Decreases in	Net Assets or Fu	ınd Balances	Statement	8	
Description			Amount		
Impairment Loss Depreciation	-	54,2	00.		
Total to Form 990-PF, Part III, li	ine 5	· •	55,0	59.	
Form 990-PF Co	orporate Stock		Statement	9	
Description		Book Value	Fair Marke Value	t	
Vanguard Inflation protected secur Vanguard GNMA Fund Vanguard L-T Inv Grade Vanguard S/T Equities ING Global Real Estate	34,345. 34,3 101,927. 101,9 100,154. 100,1 33,310. 33,3 465,538. 465,5 23,758. 23,7				
Total to Form 990-PF, Part II, lir	ne 10b =	759,032.	759,0	32.	
Form 990-PF Depreciation of Ass	sets Held for Inv	vestment	Statement	10	
Description	Cost or Other Basis	Accumulated Depreciation	Book Val	ue	
Investment Land	404,200.	0.	404,2	00.	
Total to Fm 990-PF, Part II, ln 11	404,200.	0.	404,2	00.	
Form 990-PF Oth	ner Investments		Statement	11	
Description	Valuation Method	Book Value	Fair Marke Value	t	
Certificate of Deposit Money Fund	COST FMV	1,432,991. 26,609.	1,432,9 26,6		
Total to Form 990-PF, Part II, lin	ne 13	1,459,600.	1,459,6	00.	
	=			_	

Form 990-PF Depreciation of Asse	ts Not Held for	Investment	Statement 12
Description	Cost or Other Basis	Accumulated Depreciation	Book Value
	— Dabib		
Office Furniture	16,515.	16,515.	0.
02 copier	4,801.	4,801.	0.
03 computer fundraising	1,597.	1,597.	0.
04 HP color laser printer	995.	995.	0.
HP 6450 printer (E.D.)	141.	141.	0.
05 Dell CPU Frt Desk	370.	370.	0.
Computer, Prog Director	653.	653.	0.
Dell Computer, (E.D.)	937. 995.	937. 995.	0.
<pre>Dell Laptop (E.D.) Social Solutions S/W (prog)</pre>	11,039.	11,039.	0.
Sharp Copier System	7,944.	132.	7,812.
Facility Expansion Fall 09	10,834.	10,834.	0.
Donated L/H Improvements	10,302.	10,302.	0.
Architect Fees-Bradford space	13,399.	0.	13,399.
Architect fees	2,500.	0.	2,500.
Phone System-Sep 07	7,193.	5,516.	1,677.
Total To Fm 990-PF, Part II, ln 14	90,215.	64,827.	25,388.
	tantial Contrib	outors	Statement 13
Name of Contributor	Address		
Pritt, Julia	123 Dorffel D Seattle, WA 9		

	List of Officers, Di and Foundation Manag		State	ement 14
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Darcy Boddy 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Vice President 2.00	0.	0.	0.
Erin Devoto 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Secretary 1.50	0.	0.	0.
Richard Dix 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Liz Feucht 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Shirley Heath 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Vice President 1.50	0.	0.	0.
Linda Jackman 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Claudia Marks Larkin 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Shawn McCord 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Kathleen Miller 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Diana Olsen 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Gregg Ose 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Treasurer 2.00	0.	0.	0.

Washington Women In Need			91-15	559848
Andy Pletz 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Doug Prince 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Celia Pym 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Suzanne Riley 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Terry Smith 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Susan Stead 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	President 2.00	0.	0.	0.
Adrien Zeumault 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Board Member 1.50	0.	0.	0.
Robin Carey (interim ED) 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	Executive Direct 40.00	or 18,799.	0.	0.
Deborah Cushing (ED until March	Executive Direct	or		
2011) 700 - 108th Ave NE, Ste 207 Bellevue, WA 98004	40.00	64,927.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	83,726.	0.	0.

Form 990-PF Summary of Direct Charitable Activities Statement 15 Activity One These grants are provided to individual women who seek and apply for the grants and who are responsible for choosing their own plan of action and provider. The WWIN Education Grant provides assistance only for tuition and books (not living expenses) at accredited institutions in the state of Washington and is available for two years. The WWIN grant is the last funding source applied to tuition and book expenses, after all federal and private grants and scholarships. The maximum amount of the education grant is \$5000 per year. In 2010-2011 WWIN funded 64 additional women (i.e. counting only women new this year --although WWIN is continuing to fund women who received the first year's grant last year). Payments were made to 29 Accredited educational institutions throughout Washington. Expenses To Form 990-PF, Part IX-A, line 1 356,847. Form 990-PF Summary of Direct Charitable Activities Statement 16 Activity Two WWIN's Health Care Insurance Premium Program provides assistance for the payment of monthly premiums for clients who have health insurance. WWIN does not provide health insurance, but rather pays monthly premiums for one year on the client's behalf. In addition, the grant covers co-pays for doctor visits and hospital stays. The grant assists with coverage for the individual woman only, and does not cover prescription drugs. The maximum amount of this grant is \$4000 for insurance premiums and \$1000 for co-pays and

deductibles for up to one year. WWIN funded 11 IP grantees this fiscal year. Payments were made to 66 medical providers

and insurance companies throughout Washington.

To Form 990-PF, Part IX-A, line 2

Expenses

53,187.

Form 990-PF

Summary of Direct Charitable Activities

Statement

17

Activity Three

Physical, Dental, Vision, and Hearing exams and treatment -The Physical, Dental, Vision & Hearing Grant provides up to \$3000 for a wide range of dental services and basic physical/vision/hearing screening exams. This grant can also cover limited expenses related to eyeglasses or hearing aids. Grant recipients can see the professionals of their choice, and can see more than one professional if necessary. Among the physical services covered are mammograms, eye exams, hearing exams, and yearly physicals, in addition to many restorative dental procedures (no cosmetic procedures are covered). In 2010-2011 WWIN provided grants to 71 women, allowing them to achieve wellness, be relieved from pain and, often restore confidence and self esteem and be better positioned to seek employment. Payments were made to 107 healthcare providers throughout Washington.

Expenses

To Form 990-PF, Part IX-A, line 3

263,731.

Form 990-PF

Summary of Direct Charitable Activities

Statement 3

18

Activity Four

Mental Health Counseling with licensed mental health professionals - WWIN's Mental Health Counseling Grant covers 24 sessions with the licensed mental health professional of the client's choice during a period of one year. Clients may choose to pursue individual or group therapy, or a combination of both. Seeing a therapist on a regular basis allows women to sort out their past problems, develop a plan for themselves and to create a brighter future. This fiscal year, provided grants to 87 women. Payments were made to 164 mental health counseling providers throughout Washington.

Expenses

To Form 990-PF, Part IX-A, line 4

228,875.

Form 990-PF Grants Paid	Stat	ement 19	
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
Contact Michelle Nitz at the Foundation for detail information - 700 - 108th Ave NE, Suite 207 Bellevue, WA 98007	Counseling		188,630.
Contact Michelle Nitz at the Foundation for detail information - 700 - 108th Ave NE, Suite 207 Bellevue, WA 98007	Copays		9,265.
Contact Michelle Nitz at the Foundation for detail information - 700 - 108th Ave NE, Suite 207 Bellevue, WA 98007	Insurance Premiums		34,570.
Contact Michelle Nitz at the Foundation for detail information - 700 - 108th Ave NE, Suite 207 Bellevue, WA 98007	Dental		212,324.
Contact Michelle Nitz at the Foundation for detail information - 700 - 108th Ave NE, Suite 207 Bellevue, WA 98007	Hearing		1,876.
Contact Michelle Nitz at the Foundation for detail information - 700 - 108th Ave NE, Suite 207 Bellevue, WA 98007	Physical		1,086.
Contact Michelle Nitz at the Foundation for detail information - 700 - 108th Ave NE, Suite 207 Bellevue, WA 98007	Vision		2,072.

Washington Women In Need		91-1559848
Contact Michelle Nitz at the Foundation for detail information - 700 - 108th Ave NE, Suite 207 Bellevue, WA 98007	Education	294,101.

Total to Form 990-PF, Part XV, line 3a

743,924.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990-PF

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

See separate instructions. Business or activity to which this form relates

Sequence No 67 Identifying number

Form 990-PF Page 1 91-1559848 Washington Women In Need Part | Election To Expense Certain Property Under Section 179 Note. If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (c) Elected cost (b) Cost (business use only) 7 7 Listed property Enter the amount from line 29 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 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 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 2011 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 3,547 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 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 2010 Tax Year Using the General Depreciation System (b) Month and year placed (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period ın service 19a 3-year property 5-year property h 7-year property 10-year property d 15-year property е f 20-year property 25-year property 25 yrs S/L g 27 5 yrs MM S/L h Residential rental property 27.5 yrs MM S/L MM S/L 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 <u>yrs</u> S/L 12-year b 40-vear 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 3,547. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

_						_			_								_
_	m 4562 art V	(2010) Listed Propert		hington						putor	and pror	orty use	d for on			848	
	artv	amusement)	-									•					
		Note: For any v	ehicle for w	hich you are usi	ng the	standard	d mil	eage	e rate or	dedu	ctıng lease	expense	e, comp	lete only	24a, 24	4b, colun	nns (a)
—		through (c) of S		on and Other I						netruc	tions for lir	nute for r	255000	or autom	obdec 1	 _	
244	- Do you	have evidence to s	•				Latio	_			ī						7.1-
248	a DO YOU		(b)	(c)	T use ca		┪	J Y∈	es (e)	J No_	i l		_			」Yes	<u> </u>
		(a) of property chicles first)	Date placed in	Business/ investment	l nt	(d) Cost or her basis			s for depre	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Elec sectio	ted
			service	use percentage	<u> </u>				use only		<u> </u>		1			_co	st
25	•	l depreciation allo		•	roperty	placed	ın se	ervic	e during	the ta	ax year an	đ					
		nore than 50% in											25				
<u>26</u>	Propen	ty used more thar	1 50% in a c		1									1			
				%	1												
				%												ļ <u>.</u>	
				%												l	
<u>27</u>	Propert	ty used 50% or le	ss in a qual		1		 -,										
				%	1							S/L -					
				%		-						S/L·					
				%								S/L -	1				
		nounts in column	• •	•				21,	page 1				28		1		
<u> 29</u>	Add an	nounts in column	(ı), lıne 26 E			7, page 3 - Infor									29_	L	
-	ou provi se vehic	ded vehicles to year	our employe	ees, first answe			ın S			see if y						1	
30 Total business/investment miles driven during the			luring the		a) ncle	ļ	(b Veh	-	٧	(c) /ehicle	(c Veh	· .	Veh	e) icle	(f) Vehi		
	year (d c	not include comm	nuting miles)	[
31	Total co	ommuting miles d	lriven during	the year													
32	Total of driven	ther personal (nor	ncommuting	ı) mıles													
33	Total m	niles driven during	the year.	1		_											
	Add lin	es 30 through 32		Ì													
34		e vehicle availabl	e for person	al use	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No	Yes	No
		off-duty hours?		-													
35		ie vehicle used pr	, ,	more													
		% owner or relate	-	-						<u> </u>							
36		her vehicle availal	ble for perso	onal													
	use?			,		1				<u> </u>		L				<u> </u>	
_				- Questions fo	•	-					_						
		ese questions to d related persons	letermine if	you meet an ex	ceptior	to com	pleti	ng S	Section E	3 for v	ehicles us	ed by en	nployee	s who ar	e not m	ore than	5%
_		·	n naliou ata	tomant that are	م مدارط	ll across					1					V	
3/	-	maintain a writte	n policy sta	tement that pro	HIDIUS &	ııı persor	iai u	ise o	or venicie	es, inc	luaing con	nmuting,	by you	ſ		Yes	No
20	employ		n naliau ata	tomont that are	hihita n			~ \$ \	obiolos							-	
30	•	maintain a wntte ees? See the inst		•	•					•		• , ,	our				
20							ncei	s, u	rectors,	01 1%	o or more c	owners	•				
	-	treat all use of ve	•				ınfa-	·m~+-	ion from		omolovece	ahard					
4∪	-	i provide more that of the vehicles, a		•			ıı ııOf	ıııdil	ווטוו ווטוו	your	employees	anuut					
41		meet the require					mon	etro	tion use		•						
→ 1	-	f your answer to 3		• •							novemed ve	hicles	•			-	
	11016.7	. your answer to c	, 00, 03, 4	0,017113 163	GO III	or comp	- CC 1	ابات	טו ט ווטיי	, me c	JOVETEU VE	, noics.					Ь

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins durin	g your 2010 tax year:				
See Statement 20					
43 Amortization of costs that began befor	e your 2010 tax year			43	903.
44 Total. Add amounts in column (f) See	the instructions for who	ere to report	•	44	903.

Form 4562	Pa	rt VI - Amorti	Statement 20		
(a) Description of Costs	(b) Date Began	(c) Amortizable Amount	(d) Code Section	(e) Period/ Percent	(f) Amortization this year
Architect Fees-Bradford space Architect Fees-Bradford space	06/30/11	13,399.		60M 60M	
Total to Form 4562, 1	ine 42				