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**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	51,178	<b>22</b> 24,383
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)		<b>24</b>
<b>25</b> Total assets	51,178	<b>25</b> 24,383
<b>26</b> Total liabilities (describe in Schedule O)		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,178	<b>27</b> 24,383

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **Short term financial assistance for basic needs**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

<b>28</b> Provided short term financial assistance for basic needs when assistance was not otherwise available from other sources. Assisted over 280 individuals through 130 requests with needs including housing, utilities, transportation, health care, child care tuition and more. (Grants \$ 47,937) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	47,937
<b>29</b> _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	47,937

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Karen MacNair, 346 Dennett Street, Portsmouth NH	Board President 10-15 hours	0	0	0
Jennifer Hedges, 88 Tidewater Farm Rd, Greenland NH	Board Vice Pres 5-10 hours	0	0	0
Joan Walsh, 29 Versailles Avenue, Portsmouth NH	Board Treasurer 5-10 hours	0	0	0
Barclay Jackson, 36 Marston Avenue, Portsmouth NH	Board Secretary 5-10 hours	0	0	0
Helen Brewster, 9 Ireland Way, Greenland NH	Board Member 5-10 hours	0	0	0
Patricia Cohen, 27 Beach Hill Road, New Castle, NH	Board Member 5-10 hours	0	0	0
Kathleen, Ricci, 25 Park Avenue, Greenland NH	Board Member 5-10 hours	0	0	0
Maria Sillari, 171 Jones Avenue, Portsmouth NH	Board Member 5-15 hours	0	0	0

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WOMEN AID OF GREATER PORTSMOUTH  
PO BOX 4154  
PORTSMOUTH NH 03802



### DECLARATION

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

*Joan Walsh*  
Signature of officer or trustee  
*Treasurer*  
Title

*4/16/13*  
Date