

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Washington Women In Need Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2285 - 116th Ave NE, Suite 100 100 City or town, state or country, and ZIP + 4 Bellevue, WA 98007	D Employer identification number 91-1559848 E Telephone number 425-451-8838
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 2,601,917.	
J Website: ▶ www.wawomeninneed.org		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		F Name and address of principal officer: Deborah Cushing L Year of formation: 1992 M State of legal domicile: WA	
H(c) Group exemption number ▶			

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: <u>To improve the lives of low income women in Washington</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 20	
	5	Total number of employees (Part V, line 2a)	5 0	
	6	Total number of volunteers (estimate if necessary)	6 0	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,321,403. Current Year 1,676,670.
9		Program service revenue (Part VIII, line 2g)		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,710. 92,512.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	670,170. 32,417.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,098,283. 1,801,599.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	740,380. 749,058.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	277,808. 294,417.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,000. 10,000.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 174,206.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	155,896. 147,989.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,184,084. 1,201,464.	
19	Revenue less expenses. Subtract line 18 from line 12	914,199. 600,135.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 3,833,811. End of Year 4,297,180.	
	21	Total liabilities (Part X, line 26)	51,851. 43,721.	
	22	Net assets or fund balances. Subtract line 21 from line 20	3,781,960. 4,253,459.	

Part II Signature Block				
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.				
Sign Here	Signature of officer _____ Deborah Cushing, Executive Director Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ _____ Phone no. ▶ _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: To improve the lives of low income women in Washington through financial assistance for health care and education.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

See Schedule O for Continuation(s)

4a (Code:) (Expenses \$ 432,372. including grants of \$ 355,911.) (Revenue \$) In this fiscal year WWIN provided grants to women for health care and education in the amount of \$749,058. 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 for up to two years (or \$10,000 total). In 2008-2009 WWIN funded 96 additional women (i.e. counting only women new this year --although WWIN is continuing to fund women

4b (Code:) (Expenses \$ 72,266. including grants of \$ 59,487.) (Revenue \$) 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 22 IP grantees this fiscal year.

4c (Code:) (Expenses \$ 267,357. including grants of \$ 220,078.) (Revenue \$) 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 2008-2009 WWIN provided grants to 104 women, allowing them to achieve wellness, be relieved from pain and, often restore confidence and self esteem and be better positioned to seek employment.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 137,981. including grants of \$ 113,581.) (Revenue \$)

4e Total program service expenses \$ 909,976. (Must equal Part IX, Line 25, column (B).)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Robin Carey Board Member	1.50	X					0.	0.	0.	
Erin Devoto Board Member	1.50	X					0.	0.	0.	
Marilyn Enright Board Member	1.50	X					0.	0.	0.	
Liz Feucht Board Member	1.50	X					0.	0.	0.	
Shirley Heath Board Member	1.50	X					0.	0.	0.	
Linda Jackman Board Member	1.50	X					0.	0.	0.	
Claudia Marks Larkin Board Member	1.50	X					0.	0.	0.	
Shawn McCord Board Member	1.50	X					0.	0.	0.	
Kathleen Miller Board Member	1.50	X					0.	0.	0.	
Gregg Ose Board Member	1.50	X					0.	0.	0.	
Rosalind Schoof Board Member	1.50	X					0.	0.	0.	
Susan Stead Board Member	1.50	X					0.	0.	0.	
Helena Stephens Board Member	1.50	X					0.	0.	0.	
Robyn Tessin Board Member	1.50	X					0.	0.	0.	
Nadia Tucker Board Member	2.50	X					0.	0.	0.	
Lark Young Board Member	1.50	X					0.	0.	0.	
Helena Stephens President	3.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Linda Jackman Vice President	1.50	X		X				0.	0.	0.
Susan Stead Secretary	1.50	X		X				0.	0.	0.
Robin Carey Treasurer	1.50	X		X				0.	0.	0.
Deborah Cushing Exec Dir	40.00			X				80,560.	0.	0.
1b Total								80,560.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	14,358.				
	b	Membership dues	1b					
	c	Fundraising events	1c	376,781.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,285,531.				
	g	Noncash contributions included in lines 1a-1f: \$		467,000.				
	h	Total. Add lines 1a-1f			1676670.			
	Program Service Revenue	2 a	Business Code					
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		105,905.			105,905.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		(i) Real	(ii) Personal				
		b	Gross Rents					
		c	Less: rental expenses					
		d	Net rental income or (loss)					
	7 a		(i) Securities	(ii) Other				
		b	Gross amount from sales of assets other than inventory		728883.			
		c	Less: cost or other basis and sales expenses		742276.			
		d	Net gain or (loss)		-13393.			-13,393.
	8 a		Gross income from fundraising events (not including \$ 376,781. of contributions reported on line 1c). See Part IV, line 18	a	58,042.			
		b	Less: direct expenses	b	58,042.			
		c	Net income or (loss) from fundraising events					
	9 a		Gross income from gaming activities. See Part IV, line 19	a				
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a	WA DOT reimb.& Prepaid	900099		32,417.			32,417.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			32,417.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1801599.	0.	0.	124,929.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	749,058.	749,058.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,560.	32,630.	14,311.	33,619.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	164,577.	66,661.	29,235.	68,681.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,812.	1,145.	1,736.	2,931.
9 Other employee benefits	23,171.	9,760.	4,349.	9,062.
10 Payroll taxes	20,297.	8,293.	3,621.	8,383.
11 Fees for services (non-employees):				
a Management				
b Legal	1,585.		1,585.	
c Accounting	33,659.	2,600.	31,059.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	10,000.			10,000.
f Investment management fees	4,713.		4,713.	
g Other	1,342.			1,342.
12 Advertising and promotion				
13 Office expenses	32,830.	7,816.	9,814.	15,200.
14 Information technology	9,772.	2,901.	3,180.	3,691.
15 Royalties				
16 Occupancy	39,400.	20,763.	7,617.	11,020.
17 Travel	682.		175.	507.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,140.	470.	1,122.	548.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,952.	4,881.	432.	639.
23 Insurance	2,286.	358.	1,928.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Fees	9,160.	25.	2,078.	7,057.
b Volunteer & Client Reco	4,468.	2,615.	327.	1,526.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,201,464.	909,976.	117,282.	174,206.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,175,359.	2	1,049,531.
	3 Pledges and grants receivable, net	385,118.	3	367,909.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,905.	9	7,303.
	10a Land, buildings, and equipment: cost basis ... 10a 45,236.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 34,379.	16,810.	10c	10,857.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,235,619.	12	2,394,580.
	13 Investments - program-related. See Part IV, line 11		13	467,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,833,811.	16	4,297,180.	
Liabilities	17 Accounts payable and accrued expenses	51,851.	17	43,721.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	51,851.	26	43,721.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,625,455.	27	3,203,343.
	28 Temporarily restricted net assets	1,156,505.	28	1,050,116.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,781,960.	33	4,253,459.	
34 Total liabilities and net assets/fund balances	3,833,811.	34	4,297,180.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **Washington Women In Need** Employer identification number **91-1559848**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,227,757.	1,506,654.	1,480,345.	1,321,403.	1,676,670.	7,212,829.
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 - 5	1,227,757.	1,506,654.	1,480,345.	1,321,403.	1,676,670.	7,212,829.
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						7,212,829.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1,227,757.	1,506,654.	1,480,345.	1,321,403.	1,676,670.	7,212,829.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			112,302.	106,710.	92,512.	311,524.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			112,302.	106,710.	92,512.	311,524.
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.)				670,170.	32,417.	702,587.
13 Total support (Add lines 9, 10c, 11, and 12.)						8,226,940.

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 2008 (line 8, column (f) divided by line 13, column (f))	15	87.67 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	61.92 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	3.79 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.22 %

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Washington Women In Need

Employer identification number

91-1559848

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and modified easements.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		44,866.	34,009.	10,857.
e Other		370.	370.	0.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				10,857.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Reserves	1,806,223.	End-of-Year Market Value
Endowments	588,357.	End-of-Year Market Value
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	2,394,580.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Land	467,000.	Cost
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶	467,000.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)..... ▶		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,801,599.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,201,464.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	600,135.
4	Net unrealized gains (losses) on investments	4	-128,635.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-128,635.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	471,500.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,681,363.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-128,635.
b	Donated services and use of facilities	2b	13,112.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-115,523.
3	Subtract line 2e from line 1	3	1,796,886.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,713.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	4,713.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,801,599.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,209,864.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,112.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	13,112.
3	Subtract line 2e from line 1	3	1,196,752.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,713.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	4,713.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,201,465.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization **Washington Women In Need** Employer identification number **91-1559848**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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 (Add col. (a) through col. (c))	
		Seattle Benefit (event type)	Bellevue Benefit (event type)	None (total number)		
Revenue	1	Gross receipts	115,793.	244,265.		360,058.
	2	Less: Charitable contributions	93,576.	208,540.		302,116.
	3	Gross revenue (line 1 minus line 2)	22,217.	35,725.		57,942.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	8,778.	14,596.		23,374.
	7	Other direct expenses	13,439.	21,129.		34,568.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(57,942.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				0.

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	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
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? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ► _____

Address ► _____

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 ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

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
13a		
13b		
14		
15a		
16		
17a		
17b		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Washington Women In Need

Employer identification number

91-1559848

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations ▶ _____
- 3** Enter total number of other organizations ▶ _____

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Education grants for tuition and books.	96	355,911.	0.		
Insurance Premium grants for copays and premiums	22	59,486.	0.		
Healthcare grants to pay for Physcial, Dental, Vision and Hearing services.	104	220,077.	0.		
Counseling grants to pay for counseling sessions.	69	113,581.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Washington Women In Need

Employer identification number

91-1559848

Form 990, Part III, Line 4a, Program Service Accomplishments:

who received the first year's grant last year). Because of a relationship with Independent Colleges of Washington WWIN was able to identify and fund low income women at the 10 independent private schools throughout the State that belong to the consortium -- meeting our goal of funding a diverse body of students across the State.

Form 990, Part III, Line 4d, Other Program Services:

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.

Expenses \$ 137981. including grants of \$ 113581. Revenue \$ 0.

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

2008
Open to Public Inspection

Name of the organization **Employer identification number**
91-1559848
 Washington Women In Need

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ITP Granite Falls LLC 2285 - 116th Ave NE, Suite 100 Bellevue, WA 98007	formed to receive a one-time donation of land and cash	Washington	502,004.	504,504.	

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) ITP Granite Falls LLC	D	2,500.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership**

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of- year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

832164
12-23-08

2008 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Machinery & Equipment														
46	Misc	11/02/01	SL	7.00		HY16	16,515.				16,515.	16,515.		0.	16,515.
48	02 copier	06/30/02	SL	7.00		HY16	4,801.				4,801.	4,801.		0.	4,801.
50	03 computer fundraising	06/30/03	SL	3.00		HY16	1,597.				1,597.	1,596.		0.	1,596.
52	04 HP color laser printer	06/30/04	SL	3.00		HY16	995.				995.	995.		0.	995.
53	HP 6450 printer (E.D.)	08/18/04	SL	3.00		HY16	141.				141.	141.		0.	141.
55	Computer, Prog Director	12/07/05	SL	3.00		HY16	653.				653.	464.		189.	653.
56	Dell Computer	06/22/07	SL	3.00		HY16	937.				937.	312.		312.	624.
57	Dell Laptop (E.D.)	11/28/07	SL	3.00		HY16	995.				995.	193.		332.	525.
58	Social Solutins S/W	12/20/07	SL	3.00		HY16	11,039.				11,039.	1,841.		3,680.	5,521.
59	Phone System	09/01/07	SL	5.00		HY16	7,193.				7,193.	1,199.		1,439.	2,638.
	* 990 Page 10 Total Machinery & Equipment						44,866.				44,866.	28,057.		5,952.	34,009.
	Other														
54	05 Dell CPU Frt Desk	03/15/05	SL	3.00		HY16	370.				370.	370.		0.	370.
	* 990 Page 10 Total Other						370.				370.	370.		0.	370.
	* Grand Total 990 Page 10 Depr						45,236.				45,236.	28,427.		5,952.	34,379.

2008 DEPRECIATION AND AMORTIZATION REPORT

Form 990-PF Page 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	Misc	11/02/01	SL	7.00		HY16	16,515.				16,515.	16,515.		0.	16,515.
19	02 copier	06/30/02	SL	7.00		HY16	4,801.				4,801.	4,801.		0.	4,801.
24	03 computer fundraising	06/30/03	SL	3.00		HY16	1,597.				1,597.	1,596.		0.	1,596.
25	04 HP color laser printer	06/30/04	SL	3.00		HY16	995.				995.	995.		0.	995.
27	HP 6450 printer (E.D.)	08/18/04	SL	3.00		HY16	141.				141.	141.		0.	141.
28	05 Dell CPU Frt Desk	03/15/05	SL	3.00		HY16	370.				370.	370.		0.	370.
29	Computer, Prog Director	12/07/05	SL	3.00		HY16	653.				653.	464.		189.	653.
30	Dell Computer (Deborah)	06/22/07	SL	3.00		HY16	937.				937.	312.		312.	624.
42	Dell Laptop (E.D.)	11/28/07	SL	3.00		HY16	995.				995.	193.		332.	525.
43	Social Solutins S/W	12/20/07	SL	3.00		HY16	11,039.				11,039.	1,841.		3,680.	5,521.
44	Phone System	09/01/07	SL	5.00		HY16	7,193.				7,193.	1,199.		1,439.	2,638.
	* Total 990-PF Pg 1 Depr						45,236.				45,236.	28,427.		5,952.	34,379.