Form

Department of the Treasury Internal Revenue Service

# 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)

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning and ending C Name of organization WOMEN'S HOUSING & ECONOMIC Check if applicable: Employer identification number Address change DEVELOPMENT CORPORATION Doing Business As 11-3099604 Name change Number and street (or P.O. box if mail is not delivered to street address) Telephone number Initial return 50 EAST 168TH STREET 718-839-1100 Terminated City, town or post office, state, and ZIP code Amended return BRONX 10452 14,303,571 G Gross receipts \$ Name and address of principal officer: Application pending H(a) is this a group return for affiliates? H(b) Are all affiliates included? If "No," attach a list, (see instructions) X 501(c)(3) Tax-exempt status 501(c) ( (insert no.) 4947(a)(1) or 527 WWW.WHEDCO.ORG H(c) Group exemption number X Corporation Year of formation: 1991 Form of organization: Trust M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO MAKE THE BRONX A MORE BEAUTIFUL, EQUITABLE AND Governance ECONOMICALLY VIBRANT PLACE TO LIVE AND RAISE A FAMILY. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ಯ Activities 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 316 6 Total number of volunteers (estimate if necessary) 56 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 12,025,702 13,488,800 Revenue 9 Program service revenue (Part VIII, line 2g) 524,889 671,915 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -13,208 25,026 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 81,452 99,721 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,618,835 285,462 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 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) 9,058,283 9,796,354 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 295,789 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,869,390 4,3<u>92,434</u> 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 12,927,673 14,188,788 19 Revenue less expenses. Subtract line 18 from line 12 -308,838 96,674 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 11,058,707 11,506,145 21 Total liabilities (Part X, line 26) 1,451,614 1,802,378 22 Net assets or fund balances. Subtract line 21 from line 20 9,607,093 9,703,767 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. Signature of officer Sign Here DEEPAK BUTANI CFO Type or print name and title Print/Type preparer's name Preparer's signature Check X if Paid A. Gary Aaronson, CPA. 10/10/13 self-employed Preparer A Gary Aaronson CPA PLLC Firm's EIN Use Only 42 West 38th Street Suite 1003 New York, NY 10018-0060 212-684-5770

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Form 990 (2012) WOMEN'S HOUSIN	NG & ECONOMIC	11-3099604	Page 2
	Service Accomplishments		
Check if Schedule O cor	ntains a response to any que	estion in this Part III	
1 Briefly describe the organization's mission			
		RE BEAUTIFUL, EQUITABLE AN	∕D
ECONOMICALLY VIBRANT	PLACE TO LIVE AND	D RAISE A FAMILY.	
O DITTO			:
2 Did the organization undertake any signi	ficant program services during the	year which were not listed on the	□ , , ,
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on		uit conducto, onu program	
3 Did the organization cease conducting, of services?	or make significant changes in now	vit conducts, any program	Yes X No
If "Yes," describe these changes on Sch		,	les A No
_		its three largest program services, as measured by	4
		port the amount of grants and allocations to others,	
the total expenses, and revenue, if any,			
the total expenses, and revenue, it any,	(o. 023); p. 03(a. 1) 55: 7/35 (5p5):15a	•	
4a (Code: ) (Expenses \$ 1	0,893,971 including gran	nts of \$ ) (Revenue \$	)
PROGRAMS RELATING TO			
IN LOW INCOME AREAS W			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
THEIR FAMILIES.			************************
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	238,925 including grad		)
DEVELOPMENT OF AFFORD	ABLE HOUSING IN	LOW INCOME	
AREAS.			***************************************
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			***************************************
* . ,	***************************		
•			
4c (Code: ) (Expenses \$	1,380,452 including gra	nts of \$) (Revenue \$ _	)
PROGRAMS RELATING TO	PROVIDING CHILD	CARE SERVICES IN LOW	
INCOME AREAS.	,		
		***************************************	
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		• •	
4d Other program services. (Describe in Services)	-L-Jula O V		
		\ (Daves:	
(Expenses \$ 4e Total program service expenses ▶	chedule O.) including grants of \$ 12,513,348	) (Revenue \$	)

Pa	rt IV Checklist of Required Schedules			
		*	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	- 11	
•	condidates for public office? If "Voc." complete Schodule C. Bort !			v
4	() \(\frac{1}{2}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	<del></del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			į
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	i		ĺ
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ĺ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ĺ
	"Yes," complete Schedule D, Part i	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8 -	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			<u> </u>
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		Ì	
	debt negotiation services? If "Yes," complete Schedule D, Part IV			v
40		9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			.,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	200000000000000000000000000000000000000	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	<u>11a</u>	X	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	!	Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		11	
•	· · · · · · · · · · · · · · · · · · ·	1		7.7
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		'	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	-		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		'	1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13	<del> </del>	
	to individuals located outside the United States 2 If "Ves." complete Schodule E. Detta III and IV	1,0		x
47	***************************************	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	l		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ <u>.</u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	ĺ
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
	Targy at the waters minimum statements to this rotation.	1 200		

#### Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

11-3099604 Form 990 (2012) WOMEN'S HOUSING & ECONOMIC Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes 40 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  $\mathbf{x}$ 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 316 2Ь If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O h 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X If "Yes," enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes." did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X X X X X

	required to file Form 8282?		ļ <i>.,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,	7c					
d·	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	ŧ?	7e		2			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		_2			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		•						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring								
	organization, have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?			9a	ļ.,,,,	-			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		******************	9b		3			
10	Section 501(c)(7) organizations. Enter:		1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_					
Ь	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:		1						
а	Gross income from members or shareholders	11a		_					
b	Gross income from other sources (Do not net amounts due or paid to other sources								

against amounts due or received from them.)

Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

Enter the amount of reserves on hand

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

12a

13a

14a

13b

13

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any guestion in this Part VI  $|\mathbf{X}|$ Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? X 8a Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: DEEPAK BUTANI 50 East 168th St NY 10452 718-839-1100 Bronx

Section A.

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

Check if Schedule O contains a response to any question in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) ·Name and Title	(B) (C) (D)  Average Position Reportable compensation week box, unless person is both an from (list env officer and a director/trustee) the		Reportable compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation					
	(list eny hours for related organizations below dotted line)	organization (W-2/1099-MISC)  Highest compensated employee or director  Individual trustee		from the organization and related organizations						
(1) NANCY BIBERMAN	35.00									
PRESIDENT	0.00	X		x				246,500	o	7,252
(2) HON. ANALISA TOP						1 1		2.0,000		
(2) 11021 . 1211222011 = 0-	0.00				ļ					
CHAIR	0.00	X						0	o	0
(3) LINDA FIELD										
, ,	0.00									
TREASURER	0.00	X						0	. 0	0
(4) PAMELA SLOAN								÷		
	0.00									_
MEMBER	0.00	X			<u> </u>			0	0	
(5) ROBERT MCNATT										
	0.00							•	0	
MEMBER	0.00	X	_		-	1		0	<u> </u>	<u></u>
(6) SARA HOROWITZ	0.00									
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MEMBER	0.00	X	-		-				<u> </u>	
(7) SARA KAY	0.00									
an an emany	0.00	X						0	0	
SECRETARY (8) SUSANA MORALES	0.00	+A	+	-	╁					
(0) SOBAMA MORALES	0.00									
MEMBER	0.00	$ \mathbf{x} $						0	0	
(9) SUSAN SAEGERT	1 3.33		+	$\top$		$\dagger$				
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MEMBER	0.00	X						0	0	
(10) LORNA BRETT HOW		$\top$								
· ,	0.00									
MEMBER	0.00	X						0	0	C
(11) TAMIKA S. MAYES										
	0.00									
MEMBER	0.00	X						0	0	

Part VII Section A. Officers	, Directors, Tru	stees	s, Ke	yΕι	npl	oyee	s, a	nd Highest Compensated	Employees (continued)	<del></del>
(A)	(□)			(0				(D)	(E)	(F)
Name and title	Average hours per	(do	not ch	Posi reck r		than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week		unles					from the	related organizations	other compensation
	(list any hours for							organization	(W-2/1099-MISC)	from the
	related organizations	r divi	Stitu	Officer	ey e	ighe	Former	(W-2/1099-MISC)		organization and related
	below dotted	dual	tions	"	Key employee	st co	ъ,			organizations
	(ine)	Individual trustee or director	Institutional trustee		yee	mpen				
		ě	stee			Highest compensated employee				
(12)LEISLE LIN									,	
(,	0.00									
MEMBER	0.00	X						0	0	0
(13)D RUSSELL	-									
	35.00									
EXECUTIVE VP	0.00			X		<u> </u>		157,334	C	6,234
(14)DEEPAK BUTANI	35 00						ľ			
	35.00			х				112,121		14 114
VP FINANCE (15) REBECCA KRAMNIC							-	112,121		14,114
(15) TEDECCA TRANSITION	35.00									
VP /COUNSEL	0.00			X				87,558	İ	14,693
(16) CHRIS TOKAR										
	35.00									
VP DEVELOPMENT	0.00			Х	<u> </u>			87,289	(	5,024
(17)DIANA PEREZ										
	35.00		lĺ			**		104 044		6 224
DIRECTOR OF FDC	0.00				├	X	├-	104,244		6,234
(18)										
,		1								
(19)										
(/										
		`								
1b Sub-total								795,046		53,551
c Total from continuation she							<b>•</b>	705 040		F2 FF4
d Total (add lines 1b and 1c)		11 14.						795,046	1	53,551
2 Total number of individuals (i reportable compensation from	ncluaing but not n the organizatio	amae n ▶	4	uios	se in	sted a	abo	ve) who received more than	1 \$ 100,000 M	
										Yes No
3 Did the organization list any f	ormer officer, di	recto	r, or	trus	tee,	key	emp	oloyee, or highest compens	ated	3 X
employee on line 1a? If "Yes, 4 For any individual listed on lir	," complete Sche ne 1a_is the sum	eaule of re	nort:	suc able	n in	aivia noen	uai sati	on and other compensation	from the	3 A
organization and related orga	inizations greate	r thai	n \$15	50,0	00?	If "Ye	es,"	complete Schedule J for su	ıch	
individual  5 Did any person listed on line		. , ,							e individual	4 X
5 Did any person listed on line for services rendered to the or	าล receive or ac proanization? If "	crue Yes."	comp ' com	oens Iblet	e So	in iro chedi	m a ule .	ny unielated organization o J for such person	i iligividual	5 X
Section B. Independent Contract										
1 Complete this table for your f	ive highest com	ensa	ated i	inde	pen	dent	con	tractors that received more	than \$100,000 of	
compensation from the organ	nization. Report o	comp	ensa	tion	for	the c	aler	ndar year ending with or wit	hin the organization's tax (B)	year.
Name an	(A) id business address							Descri	(B) ption of services	(C) Compensation
MARKET THE STATE OF THE STATE O				-			+			
7						···	+			
	•									
		<b></b>						Market Control of the		
2 Total number of independent received more than \$100,000	t contractors (inc	ludin n fro	g but m th	not e or	ilimi dani	ted to zatio	o th n ▶	ose listed above) who	0	
DAA	s. compondate		111		<u>,</u>					Form <b>990</b> (201)

Par	t VII	Statement of Revenue Check if Schedule O contains a response t	o any question in t	this Part VIII	,	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenuė	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	ь i d l	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e 11,044,683				
tribution Other S	f #	All other contributions, gifts, grants, and similar amounts not included above  1f  2,444,117  Noncash contributions included in lines 1a-1f:  78,350				
9 E	_	Total. Add lines 1a–1f▶	13,488,800			
Program Service Revenue		Busn. Code	670 403	679 403		
Seve	2a	RENTAL AND OTHER	678,403			
S	b	LOUIS NINE URBAN HORIZONS	-6,448			
ervi	c d	, , , , , , , , , , , , , , , , ,				
E	e					
ogra	f	All other program service revenue				
ፈ		Total. Add lines 2a-2f	671,915		Т	T .
		Investment income (including dividends, interest,	25.026	25,026		
		and other similar amounts)	25,026	25,026		
		Income from investment of tax-exempt bond proceeds Royalties				
	5	(i) Real (ii) Personal				
	6a	Gross rents				
		Less: rental exps.				
	С	Rental inc. or (loss)	_			
		Net rental income or (loss)  Gross amount from (i) Societies (ii) Other				
	1 a	Gross amount from (i) Securities (ii) Other sales of assets	-			
		other than inventory				
	D	Less: cost or other basis & sales exps.				
	С	Gain or (loss)				
	ì	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$				
Še		of contributions reported on line 1c).				
ĕ		See Part IV, line 18 a 117, 830 Less: direct expenses b 18, 109				
횽		Less: direct expenses b 18,109  Net income or (loss) from fundraising events	99,72	Ĺ		
		Gross income from gaming activities.				
		See Part IV, line 19 a				
		Less: direct expenses b	_			
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
	١.	returns and allowances a	-			
		Less: cost of goods sold b  Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Busn. Code				
	11a					
	b					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	С	.,,				
		All other revenue				
	L.	Total, Add lines 11a–11d	14,285,46	2 696,94	1	0 0
	12	Total revenue. See instructions.	1 14,200,40			-1

Form 990 (2012)

Form 990 (2012) WOMEN'S HOUSING & ECONOMIC

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) Program service (C) Management and (D) (A) Total expenses Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 74,573 70,364 690,802 545,865 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 577,473 122,928 7,436,413 6,736,012 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 914,738 87,788 6,070 1,008,596 Other employee benefits 53,950 4,094 602,499 660,543 Payroll taxes 10 Fees for services (non-employees): a Management b Legal 1,278 16,625 14,868 479 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 70,061 394,448 67,120 531,629 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion Office expenses 13 1,168 14,858 1,080 17,106 Information technology 14 15 Royalties 417,735 57,877 4,734 480,346 Occupancy 43,422 7,603 51,079 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 13,701 13,701 20 Payments to affiliates 21 157,596 157,596 Depreciation, depletion, and amortization 22 55,235 9,771 2,047 67.053 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,127,758 10,142 896 2,138,796 PROGRAMS DIRECT COSTS 41,140 2,258 223,524 266,922 SUPPLIES 171,624 65,807 5,216 242,647 EQUIPMENT RENTAL & REPAIR 111,001 39,986 3,372 154,359 PROFESSIONAL DEVELOPMENT 224,554 25,032 4,989 254,575 All other expenses 12,513,348 1,379,651 295,789 14,188,788 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 📗 if

following SOP 98-2 (ASC 958-720)

**Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 3,416,062 2,849,489 Cash—non-interest bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 1,901,620 2,716,880 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 146,671 9 Prepaid expenses and deferred charges 93,728 10a. Land, buildings, and equipment: cost or 2,383,274 other basis. Complete Part VI of Schedule D 10a 10b 1,185,698 10c 1,362,209 1,021,065 b Less: accumulated depreciation Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 4,408,656 4,483,839 Other assets. See Part IV, line 11 15 15 11,058,707 11,506,145 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,018,657 1,080,008 17 Accounts payable and accrued expenses Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other 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 23 275,000 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 508,721 371,606 25 of Schedule D 1,451,614 26 1,802,378 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 7,438,457 7,158,919 Unrestricted net assets 235,000 617,700 Temporarily restricted net assets 1,927,148 1,933,636 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 9,607,093 33 9,703,767 Total net assets or fund balances 11,058,707 34 11,506,145 Total liabilities and net assets/fund balances

Form 990 (2012)

X

Form 990 (2012)

3b

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 11-3099604

niversalism	NAME AND DESCRIPTIONS	-1400							1	<del></del>	J U U -			
P	art I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this pa	ırt.) Se	e insti	ruction	ıs.			_
Гһе	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, c	heck only	one box	.)							_
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1	(i)(A)(i).							
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E.)										
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjugation with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital organization												
4	П	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:												
	ш			- m conjenion-m mm a neophar		00000		/( · /(· ·/(·			Jopital 5 mai	110,		
5			***********************	of a college or university owned	or operate	ad by a n	overnme	intal unit	descri	and in	• • • • • • • • • • • • • • • • • • • •			
Ū	ш		b)(1)(A)(iv). (Complete Part	- · · · · · · · · · · · · · · · · · · ·	or operan	Ja by a g	OVCIIIIIC	inta: umi	. ucsciii	Jeu III				
6				•	#: 47	0/6//4//	V. A							
6	v		= =	overnmental unit described in se										
7	X		•	substantial part of its support fro	om a gove	ernmenta	unit or i	rom the	genera	l public				
			section 170(b)(1)(A)(vi). (Co	•										
8				70(b)(1)(A)(vi). (Complete Part	-									
9				l) more than 33 1/3% of its supp						_	SS			
		receipts from	activities related to its exem	npt functions—subject to certain	exception	ns, and (2	2) no ma	re than	33 1/3%	⊚ of its				
		support from	gross investment income ar	nd unrelated business taxable in	come (les	ss section	1 511 tax	() from b	usiness	ses				
		acquired by the	he organization after June 3	0, 1975. See section <b>509(a)(2).</b>	. (Comple	te Part III	.)							
10		An organizati	on organized and operated o	exclusively to test for public safe	ety. See <b>s</b>	ection 5	09(a)(4).							
11		An organizati	on organized and operated o	exclusively for the benefit of, to	perform ti	ne functio	ns of, o	to carry	out the	•				
		purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	), See	section				
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	on and co	mplete li	nes 11e	through	11h.					
		a Type	I b Type II	c Type III-Functions	ally integr	ated	d	Тур	e III–No	n-functi	ionally integ	ırated		
ę		By checking t	this box, I certify that the org	anization is not controlled direct	tly or indir	ectly by o	one or m					•		
			.=.	er than one or more publicly sup	-					•				
		or section 50	•								•			
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	rtina					
			check this box		, , ,		.,		J					
g		-		tion accepted any gift or contrib	ution from	any of the	 1e			• • • • • • • • •			Ш	
9		following per		don 1000ptol 1/1/ gift of 50/14/2		,								
				ontrols, either alone or together	with pares	one doce	ibed in /	ii\ and				[ <sub>1</sub> / <sub>1</sub>		-
	,		w, the governing body of the		with perso	illo desci	in bealin (	n) and			44	Ye	s No	_
								,			11g		_	_
			member of a person describ	************							11g			_
				described in (i) or (ii) above?							11g	(iii)]		
h				he supported organization(s).	T		Γ							_
(	•	e of supported ganization	(ii) EIN	(iii) Type of orgenization (described on lines 1–9		organization		ou notify ization in	(vi) !  organizat	s the	(vii) Amou		onetary	
	Ois	gar iizatiori		above or IRC section		sted in your document?		of your	(i) organi		S	nbbout		
				(see instructions))			sup	oort?	U.	5.?				
					Yes	No	Yes	No	Yes	No				_
(A)														
<u>.</u> .														
(B)														_
(C)													-1	-
(D)			*.	**************************************										-
									<u> </u>					
(E)														_
Tota	al													

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

Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·	•	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,885,311	9,836,022	12,291,926	12,025,702	13,001,100	54,040,061
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		:				
4	Total. Add lines 1 through 3	6,885,311	9,836,022	12,291,926	12,025,702	13,001,100	54,040,061
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						54,040,061
	tion B. Total Support	In the second se					01/040/001
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	6,885,311	9,836,022	12,291,926	12,025,702	13,001,100	54,040,061
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54	23,752	31,659	-13,208	25,026	67,283
9	Net income from unrelated business activities, whether or not the business is regularly carried on						, 100 TV BUCK 1
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						54,107,344
12	Gross receipts from related activities, etc.	(see instructions)		,			5,150,815
13	First five years. If the Form 990 is for the	-	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	. —
<u> </u>	organization, check this box and stop her			• • • • • • • • • • • • • • • • • • • •	<u></u>		<u></u>
	ction C. Computation of Public Su						
14	Public support percentage for 2012 (line 6	i, column (f) divided	d by line 11, colum	ın (f))		14	99.88%
15	Public support percentage from 2011 Sch	edule A, Part II, lin	e 14				99.91 %
16a	33 1/3% support test—2012. If the organ				33 1/3% or more, o	neck this	▶ <del>जि</del>
_	box and stop here. The organization qual						<b>&gt;</b> X
b	33 1/3% support test—2011. If the organ						▶ □
17a	check this box and stop here. The organication of the community of the com						, L
110	10% or more, and if the organization meet	-					
	Part IV how the organization meets the "fa						
			•				▶ □
b	organization 10%-facts-and-circumstances test—201		on did not check a	hox on line 13 16		d line	<b>-</b> U
-	15 is 10% or more, and if the organization	<del>-</del>					
	Explain in Part IV how the organization me						
				-		•	▶ □
18	Private foundation. If the organization die	d not check a hox	on line 13, 16a, 16	b 17a or 17h che	eck this box and se	······································	►
	instructions						<b>&gt;</b> 🗔

Page 3

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 or if the organization failed to qualify under Part II.

	If the organization falls to o	quality under t	He tests listed b	elow, please c	ompiete ratt i	1.)	······································
	ion A. Public Support		T	( ) 00/0		4 ) 2045	(D.T. ( )
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				la de la la		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						NUMBER 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	***************************************					
8	Public support (Subtract line 7c from line 6.)						., ,,,,,
Sec	tion B. Total Support				1	1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he	e organization's fi				01(c)(3)	· · · · · · · · · · · · · · · · · · ·
Sec	tion C. Computation of Public S						
15	Public support percentage for 2012 (line			mn (f))		15	9,
16	Public support percentage from 2011 Sch					<b>I</b>	9
	tion D. Computation of Investme						
17	Investment income percentage for 2012	(line 10c, column	(f) divided by line 1	3, column (f))		17	0
18	Investment income percentage from 201	1 Schedule A, Pa	rt III, line 17			18	
19a		anization did not	check the box on lir	ne 14, and line 15	is more than 33 1	/3%, and line	<del></del>
	17 is not more than 33 1/3%, check this I	box and stop her	e. The organization	qualifies as a pul	blicl <b>y</b> supported or	ganization	<b>&gt;</b>
ь							
_	line 18 is not more than 33 1/3%, check t	this box and stop	here. The organiza	ation qualifies as a	a publicly supporte	d organization	<b></b>
20	Private foundation. If the organization d						<b>&gt;</b>

	orm 990 or 990-EZ) 20	12 WOMEN'S	S HOUSING	& ECONOM	IC .	11-3099604	Page 4
Part IV	Supplemental Ir Part II, line 17a o instructions).	<b>nformation.</b> Co r 17b; and Part	mplete this par : III, line 12. Als	t to provide the complete this	explanations rec part for any add	quired by Part II, line 10 itional information. (Se	);
			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************	
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### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

WOMEN'S HOUSING & ECONOMIC

# **Schedule of Contributors**

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

2012

DEVELOPMENT CO	RPORATION	11-3099604
Organization type (check one	):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7) instructions.	overed by the <b>General Rul</b> e or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See
General Rule		
	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in e contributor. Complete Parts I and II.	money or
Special Rules		
under sections 509(a)	s) organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the requit) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contributor.	ontribution of
during the year, total of	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corcontributions of more than \$1,000 for use exclusively for religious, charitable, scient les, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
during the year, contri not total to more than year for an exclusively	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one collibutions for use exclusively for religious, charitable, etc., purposes, but these contributions. If this box is checked, enter here the total contributions that were received y religious, charitable, etc., purpose. Do not complete any of the parts unless the Garation because it received nonexclusively religious, charitable, etc., contributions of	butions did during the eneral Rule
990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not file Schedule ast answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its F PF, to certify that it does not meet the filing requirements of Schedule B (Form 990,	Form 990-EZ or on

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Page 1 of 1 of Part l

Name of organization
WOMEN'S HOUSING & ECONOMIC

Employer identification number

11	_	3	n	a	a	6	n	Δ	

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN HOWARD 80 Irving Place NEW YORK NY 10003	\$ 571,050	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(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) Total contributions	(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) Total contributions	(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) Total contributions	(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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Part II

Name of organization
WOMEN'S HOUSING & ECONOMIC

Employer identification number 11-3099604

Part II	Noncash Property (see instructions). Use duplicate of	copies of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FRANCESCAS HLDGS 2846 SHARES	\$ 78,350	12/31/12
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

## SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization WOMEN'S HOUSING & ECONOMIC Employer is	dentification number
	099604
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organ	nization.
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2 Political expenditures	\$
3 Volunteer hours	
<u> </u>	
Part (-B Complete if the organization is exempt under section 501(c)(3).	
	\$
2 Enter the amount of any excise tax incurred by organization managers under section 4955	· \$
a titule organization incurred a section 4900 tax, did it life Form 4720 for this year?	Yes No
4a Was a correction made?	Yes No
b If "Yes," describe in Part IV.  Part I=C Complete if the organization is exempt under section 501(c), except section 501(c)(3	
1 Enter the amount directly expended by the filing organization for section 501 (c), except section 501 (c)(3	<u> </u>
ar and	\$
2 Enter the amount of the filing organization's funds contributed to other organizations for section	* *************************************
527 exempt function activities	\$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	
	\$
4 Did the filing organization file Form 1120-POL for this year?	Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the	e filing
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also	
the amount of political contributions received that were promptly and directly delivered to a separate political organization,	
as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in F	Part IV.
(a) Name (b) Address (c) EIN (d) Amount paid	1
filing organizat	
funds. If none, er	nter -0 promptly and directly delivered to a separate
	political organization. If
	none, enter -0
(1)	
(2)	
(3)	
(4)	•
(5)	
(5)	
(5) (6)	

Schedule C (Form 990 or 990-EZ) 2012 WOMEN	'S HOUSING & ECONOMIC	11-3099604	Page <b>2</b>
	ization is exempt under section 501(c)(3)	and filed Form 5768 (ele	
name, address, EIN	ion belongs to an affiliated group (and list in , expenses, and share of excess lobbying ex ion checked box A and "limited control" prov	(penditures).	ıp member's
	bbying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	public opinion (grass roots lobbying)		J
	a legislative body (direct lobbying)		
	and 1b)		
d Other exempt purpose expenditures		1	
	lines 1c and 1d)	36,000	
f Lobbying nontaxable amount. Enter the a			
columns.	······································	7,200	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
. Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	_	
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25	% of line 1f)	1,800	
h Subtract line 1g from line 1a. If zero or le	ss, enter -0-	0	
i Subtract line 1f from line 1c. If zero or les		28,800	
j If there is an amount other than zero on e	either line 1h or line 1i, did the organization file Form 4	720	
reporting section 4911 tax for this year?	**************************************		Yes X No
(Some organizations th	4-Year Averaging Period Under Section at made a section 501(h) election do not	, ,	ne five

Lo	bbying Expenditu	res During 4-Yea	r Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	( <b>d)</b> 2012	(e) Total
2a Lobbying nontaxable amount	8,000	3,200	7,200	7,200	25,600
b Lobbying ceifing amount (150% of line 2a, column(e))					38,400
c Total lobbying expenditures	40,000	16,000	36,000	36,000	128,000
d Grassroots nontaxable amount	2,000	800	1,800	1,800	6,400
e Grassroots ceiling amount (150% of line 2d, column (e))					9,600
f Grassroots lobbying expenditures					

columns below. See the instructions for lines 2a through 2f on page 4.)

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768	i		
			(8	a)		(b)		
		" response to lines 1a through 1i below, provide in Part IV a detailed he lobbying activity.	Yes	No		Amou	ınt	
	legislation referendur	year, did the filing organization attempt to influence foreign, national, state or local including any attempt to influence public opinion on a legislative matter or n, through the use of:						
b		or management (include compensation in expenses reported on lines 1c through 1i)?						
d	Mailings to	ertisements? members, legislators, or the public? is, or published or broadcast statements?						
f	Grants to	other organizations for lobbying purposes?						
q	Direct con	tact with legislators, their staffs, government officials, or a legislative body?						
h		monstrations, seminars, conventions, speeches, lectures, or any similar means?						
		lines 1c through 1i						
		tivities in line 1 cause the organization to be not described in section 501(c)(3)?	The state of the s					
		to the control of any tax is a control of the 4040				499444444	0000000000	020000000000
	-	nter the amount of any tax incurred under section 4912 nter the amount of any tax incurred by organization managers under section 4912						<del></del>
		organization incurred a section 4912 tax, did it file Form 4720 for this year?	6880080800	4280013000				
		Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	;)(5),	or s	ection			
							Yes	No
1		stantially all (90% or more) dues received nondeductible by members?	· 			1	<u> </u>	
2		ganization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the or	ganization agree to carry over lobbying and political expenditures from the prior year?			· · · · · · · · · · · · · · · · · · ·	3	<u> </u>	
	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	)(5), )R (t	) if F	'art III-	A, lin	e 3,	is ——
1		essments and similar amounts from members		1				
	political	S2(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).						
	Current y			2a	<del> </del>			
b	Carryove	from last year		2b	<del> </del>			
С	Total			2c				
3		amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<del>]</del>			
4	excess do	were sent and the amount on line 2c exceeds the amount on line 3, what portion of the best the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
_	-	cal expenditure next year?	• • • • •	4	<del> </del>			
5	*******	mount of lobbying and political expenditures (see instructions)	<u> </u>	5				
Com	Part II-A, li	Supplemental Information art to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affine 2; and Part II-B, line 1. Also, complete this part for any additional information.	iated (	group	****		•	
		e C, Part II-B, Line 1  gs with legislators and their staff to obtain New 1	(or)	c C	ity j	oub.	Lic	
d	iscre	cionary funding						
		······································						
					• • • • • • • • • • • • • • • • • • • •			
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Schedule C (Form 99	0 5r 990-EZ) 2012	WOMEN'S HOUSIN	IG 8	ECONOMIC	1	1-3099604	Page <b>4</b>
Part IV	Supplementa	I Information (continued	d)				i age r
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

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

Inspection

Employer identification number

WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORPORATION 11-3099604 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ..... Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIII, 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. 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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: (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

a Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

4 Describe in Part XIII the intended uses of the	organization's endowment t	funds.		
Part VI Land, Buildings, and Equip	ment. See Form 990	, Part X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,088,668		1,007,982
d Equipment		1,294,606	940,379	354,227
e Other		(D) P 40(1)		7 262 206
Total: Add lines 1a through 1e. (Column (d) must ed	rual Form 990. Part X. colu	imn (B), line 10(¢).)	<b>₽</b>	1.362.209

Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

508,721

(10) (11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

chedule D (Form 990) 2012 WOMEN'S HOUSING & ECONOL	4IC 11-3099	604 Page 4
Part XI Reconciliation of Revenue per Audited Financial		Return
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities		91
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e 147,891
3 Subtract line 2e from line 1		3 14,285,462
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	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5 14,285,462
Part XII Reconciliation of Expenses per Audited Financia		
Total expenses and losses per audited financial statements		1 14,336,679
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a   147,8	91
b Prior year adjustments		
c Other losses		<del></del>
d Other (Describe in Part XIII.)		2e 147,891
e Add lines 2a through 2d		3 14,188,788
3 Subtract line 2e from line 1		
	4a	
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		19999999994
a Investment expenses not included on Form 990, Part VIII, line 7b     Other (Describe in Part XIII.)		40
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b		4c 5 14 188 788
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line)		
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII. Supplemental Information	e 18.)	5 14,188,788
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and	e 18.) 9; Part III, lines 1a and 4; Part IV, lines	5 14,188,788
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and	e 18.) 9; Part III, lines 1a and 4; Part IV, lines	5 14,188,788
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII) Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and	e 18.) 9; Part III, lines 1a and 4; Part IV, lines	5 14,188,788
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and	e 18.) 9; Part III, lines 1a and 4; Part IV, lines	5 14,188,788
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII.) Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4 information.	e 18.)  9; Part III, lines 1a and 4; Part IV, lines  4b. Also complete this part to provide an	5 14,188,788   b and 2b; radditional
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and	e 18.)  9; Part III, lines 1a and 4; Part IV, lines  4b. Also complete this part to provide an	5 14,188,788   b and 2b; radditional
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Schedule D (F	orm 990) 2012	WOMEN'S	HOUSING &	ECONOMIC	3	11-3099604	Page <b>5</b>
Part XIII	Supplemer	ital Informatio	n (continued)				
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SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

Department of the Treasury Internal Revenue Service

WOMEN'S HOUSING & ECONOMIC

Employer identification number

Name of the organization DEVELOPMENT CORPORATION 11-3099604 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fund-(v) Amount paid to (vi) Amount pald to raiser have (iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) custody or (ii) Activity from activity fundraiser listad in organization or entity (fundraiser) control of contributions col. (i) Yes No 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

WOMEN'S HOUSING & ECONOMIC Schedule G (Form 990 or 990-EZ) 2012 11-3099604 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None FUNDRAISING (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 117,830 117,830 2 Less: Contributions 3 Gross income (line 1 minus 117,830 117,830 line 2). 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 11,334 7 Food and beverages 11,334 8 Entertainment 6,775 6,775 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 18,109 99,721 11 Net income summary. Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue, 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs ..... 5 Other direct expenses Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2012 WOMEN'S HOUSING & ECONOMIC	11-3099604		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?	[	Yes	No
13	Indicate the percentage of gaming activity operated in:			
a		120		07
_	The organization's facility	13a		<u>%</u>
b	An outside facility	13b		<u>%</u>
14	Enter 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?		Yes	No
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Address ►			
	,	*******************		
16	Gaming manager information:			
10	Garning manager mormation.			
	Nome >			
	Name ▶	,		
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			_
	retain the state gaming license?		Yes	No
ď	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
*********	spent in the organization's own exempt activities during the tax year ▶ \$			_
Pai	TIV Supplemental Information. Complete this part to provide the explanations required			
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicab	le. Also complete	this	
	part to provide any additional information (see instructions).			
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	Sc	hedule G (Form 990	or 990-E	Z) 2012

### SCHEDULE J

(Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 11-3099604

Pa	rt I Questions Regarding Compensation			
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		Yes	No
ıd	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	1		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Total 950 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7				
	organization or a related organization:	4a		X
	organization or a related organization:  Receive a severance payment or change-of-control payment?	4a 4h		X
a b	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
a b	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?			
a b	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4b		X
a b	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	4b		X
a b	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	4b		X
a b c	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	4b		X
a b c	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	4b		X
a b c 5	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	4b 4c		X
a b c 5	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?	4b 4c 5a		X
a b c 5	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?	4b 4c 5a		X
a b c 5	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	4b 4c 5a		X
a b c 5 a b	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	4b 4c 5a		X X X X
а b с 5 а b 6 а	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?	4b 4c 5a 5b		X X X
а b с 5 а b 6 а	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a—c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5—9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?	4b 4c 5a 5b		X X X X
а b с 5 а b 6 а	organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a—c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5—9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization?  If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	4b 4c 5a 5b		X X X X
a b c 5 a b 6 a b	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	4b 4c 5a 5b		X X X X
a b c 5 a b 6 a b	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	4b 4c 5a 5b		X X X
a b c 5 a b 6 a b 7	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	4b 4c 5a 5b		X X X
a b c 5 a b 6 a b 7	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, pald or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	4b 4c 5a 5b		X X X
a b c 5 a b 6 a b 7	organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	4b 4c 5a 5b 6a 6b		X X X X

Page 2

WOMEN'S HOUSING & ECONOMIC

Schedule J (Form 990) 2012

WHEDCO 10/10/2013 12:19 PM

11-3099604

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Part II

(1) (1)(1)	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)–(D)	reported as deferred in prior Form 990
MANGE TO THE MANAGE TO WANTER	246 500		i	0			
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Schedule J (Form 990) 2012 WOMEN'S HOUSING & ECONOMIC 11-3099604	9604 Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a,	s 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.
Also complete this part for any additional information.	
	2012 (1) Form 990) 2012
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### **SCHEDULE L**

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN'S HOUSING & ECONOMIC

DEVELOPMENT CORPORATION

Employer identification number

11-3099604

Part I	Excess Benefit Transaction Complete if the organization answere							line 40	ıb.				
			ship between disc										ed?
1	(a) Name of disqualified person		organizatio	n			(c) Description of the	insaction		٠.	Yes	N	0
(1)	· · · · · · · · · · · · · · · · · · ·											+	
(2)													
												_	
(5)		1											
(6)													
under se	e amount of tax incurred by the organizection 4958eamount of tax, if any, on line 2, above							. ► \$ . ► \$					
Part II	Loans to and/or From Interc			art V. I	ine (	38a or Form 9	90, Part IV, line 26	; or if tl	he				
	organization reported an amount on												
(a) Name of inte		(b) Relationship with organization	(c) Purpose of loan	(d) Lo or fro	m the	(e) Original principel amount	(f) Balance due	(g) ln	default?	by bo	proved ard or nittee?	(i) W agree	
					rom	*******		Yes	No	Yes	7	Yes	Νo
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(7)													
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<u>(9)</u>													
(10)													
Total							B						
Part III	Grants or Assistance Bene Complete if the organization answe				e 27								
	(a) Name of interested person	(b) Relation	nship between inte and the organizati	rested	1	mount of assistance	(d) Type of assistan	ce	(е	) Purpo:	se of as	sistance	
<u>(1)</u>	the state of the s												
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(9)	*				1								

Complete if the organization answere	A "YAE" AN HARM QUIL DOM IV "PA /	aa yan oryac			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) S of rever	org.
LINDA FIELD	BOARD MEMBER		AMOUNT PAID DOES NO	+	2
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Part V Supplemental Information		<u> </u>		. <b></b>	٠
Complete this part to provide addition	al information for responses to que	stions on Schedule L	(see instructions).		
Complete this part to provide addition	ist information for respondes to que	310110 011 001101010 1	(Good Model Collaboration Coll		-
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# SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attech to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Types of Property

Part I

WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 11-3099604

		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution  amounts reported on  Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amo	=
1	Art—Works of art					
2	Art—Historical treasures					,
3	Art—Fractional interests		` ` `	32008 VIV. 11 20 20 20 20 20 20 20 20 20 20 20 20 20	***************************************	
4	Books and publications			111111111111111111111111111111111111111		
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes			****		
8	Intellectual property			:		
9	Securities—Publicly traded	X	1	78,350		-
10	Securities—Closely held stock					
11	Securities—Partnership, LLC,				·	
	or trust interests			, , , , , , , , , , , , , , , , , , , ,		<u> </u>
12	Securities—Miscellaneous					
13	Qualified conservation					
	contribution—Historic					
	structures					
14	Qualified conservation					
	contribution—Other					
15	Real estate—Residential					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					7-7-7-440
22	Historical artifacts	<u> </u>				
23	Scientific specimens	-				· · · · · · · · · · · · · · · · · · ·
24	Archeological artifacts	M-2				,
25	Other ►(					
26	Other ►()					
27	Other ►(					
28	Other ►(					
29	Number of Forms 8283 received by	_				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowl	eagement	29	Ven Ne
20-	During the year, did the organization		contribution and areas	ty reported in Dort Librar	1 3P that	Yes No
30a	it must hold for at least three years					
	•					30a X
_	used for exempt purposes for the end if "Yes," describe the arrangement if		ig periour		• • • • • • • • • • • • • • • • • • • •	30a   X
b	Does the organization have a gift at		nation that requires the r	ovious of any non-standard		
31	. ()					24 Y
270		ird partice	or related organizations	to solicit process or cell s	noncash	31 X
32a	_	•	-			32a X
h	contributions? If "Yes," describe in Part II.					32a X
33	If the organization did not report an	amount in	column (c) for a type of	nronerty for which column	(a) is checked	
33	describe in Part II.			•	(a) is oncolled,	
	uescribe ili Fait II.			······································		location for the first section for the first

Schedule M (Form 9		OMENIS	HOUSING	& ECONOM	IC	11-30996	04	Page <b>2</b>
Part II	Supplement and 33, and	ntal Information	ation. Comple le organization	te this part to is reporting i	provide the int n Part I, colum	ormation required n (b), the number	by Part I, lines 30b, of contributions, the additional informatic	32b,
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# SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2012 Open to Public Inspection

Internal Revenue Service Name of the organization

PROGRAM.

WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORPORATION

Employer identification number 11-3099604

Form 990, Part I, Line 6 THE ORGANIZATION RECEIVES VOLUNTEERS SERVICES FOR HEAD START AND FOOD PANTRY PROGRAMS. VOLUNTEERS FOR HEAD START PROGRAMS CONSIST OF PARENTS OF CHILDREN IN THE PROGRAM AND REGULAR VOLUNTEERS WHO ASSIST IN HEAD START

VOLUNTEERS FOR THE FOOD PANTRY PROGRAM HELP ASSEMBLE AND HAND OUT

FOOD TO CLIENTS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE ORGANIZATION'S 990 IS REVIEWED AND APPROVED BY CFO, GENERAL COUNSEL AND THE BOARD OF DIRECTORS BEFORE IT IS FINALIZED AND ISSUED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE ORGANIZATION REGULARLY ASKS BOARD MEMBERS TO CONTINUALLY MONITOR AND DISCLOSE INTERESTS AND REMINDS THIS REQUIREMENT AT BOARD MEETINGS ORGANIZATION INCLUDES MATERIALS ON THIS TOPIC AT THE BOARD ORIENTATION.

Form 990, Part VI, Line 15a - Compensation Process for Top Official THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION IS PERFORMED BY COMPENSATION COMMITTEE, WHICH REVIEWS AND APPROVES THE COMPENSATION ON AN ANNUAL BASIS. THE ORGANIZATION ALSO USES AN INDEPENDENT COMPENSATION CONSULTANT.

Form 990, Part VI, Line 15b - Compensation Process for Officers THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION IS PERFORMED BY WHICH REVIEWS AND APPROVES THE COMPENSATION ON AN COMPENSATION COMMITTEE,

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SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 11-3099604 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ▶ See separate instructions. ▶ Attach to Form 990. WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORPORATION Department of the Treasury Internal Revenue Service Name of the organization

	(a) Name, address, and EIN (if applicable) 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
(1)	(1)					
(2)	(2)					
(3)	(3)					
(4)	(4)				·	
(5)	(5)					
Part II	Identification of Related Tax-Exempt Organizations (Co	Complete if the organitax year.)	ization answered "Y	es" to Form 990, Pa	Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had tax year.)	e it had

one or more related tax-exempt organizations during the tax year.	tions during the	tax year.)						
(a) Name and the state of the s		(b)	(c) Least demoile (ctate	(d)	(e) Public charity etatus	(f) Direct controlling	(g) Section 512(b)(13)	2(b)(13)
יאמוויף, מעטופטא, מווט בווא טו ופומנפע טופטווגמטטון.		FIIIII aly activity	or foreign country)	. Evelipt code sector	(if section 501(c)(3))	entily	Yes	No
(1) LOUIS NINE HDFC			56					
50 E 168TH STREET	20-3674068							
BRONX NY 10452		HOUSING	NY			N/A		X
(2) URBAN HORIZONS II HDFC		-						
50 E 168TH STREET	20-3673984							
BRONX NY 10452		HOUSING	NY			N/A		×
(3)								

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Schedule R (Form 990) 2012

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11–3099604 Page 2 rship (Complete if the organization answered "Yes" to Form 990, Part IV, line 34	Code Variable   Code Variabl	X X	×	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, corporation or trust during the tax year.)	(d) (e) (ft) (ft) (g) (h) Share of total Share of Percentage Section Share of Percentage (C corp. S corp., income end-of-year assets ownership controlled entity?	Yes	100.000000 X		
& ECONOMIC 11–3	anizations treated as a partne  (b) (c) (d)  Primary activity Legal Direct controlling domicile entity  (state or foreign country)	HOUSING NY	HOUSING NY	Taxable as a Corporation organizations treated as a	(b) (c) Primary activity Legal domicile (state or state)	idengi bount i	HOUSING NY		
(Form 990) 2012 WOMEN'S HOUSING Identification of Related Organiza	Name, address, and EIN of related organisation	(1) UPBAN HORIZONS TAX CREDIT FUND LP 50 EAST 168TH STREET BRONX 13-3864695 (2) LOUISE NINE LP 50 EAST 168TH STREET BRONX NY 10452 HOU 20-3673464	ZONS II LP 88TH STREET NY 10452	Part IV Identification of Related Organizations Taxable as a Corporation line 34 because it had one or more related organizations treated as a	(a) Neme, address, and EIN of related organization	(1)WHEDCO DEVELOPMENT CORP 50 EAST 168TH STREET BRONX NY 10452	(2) URBAN HORIZON II GP INC. 50 EAST 168TH STREET BRONX NY 10452	GP INC 8TH STREET NY 10452	(4)

Part V

Schedule R (Form 990) 2012 WOMEN'S HOUSING & ECONOMIC

11-3099604

Page 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

***************************************					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	·			Yes No	او
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?	ed organizations listed ir	ı Parts II–IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X	ا
b Gift, grant, or capital contribution to related organization(s)				1b X	اي
c. Giff mant or capital contribution from related organization(s)				1c X	ای
				X bl	u
				1e X	ار
f Dividends from related organization(s)			1	1f X	
: 77				1g X	اي
Purchase of assets from related organization(s)				1h X	
i Exchange of assets with related organization(s)				1i X	ا
i Lease of facilities, equipment, or other assets to related organization(s)				1j	ای
		4		× ×	****
				-	1
Performance of services or membership or fundraising solicitations for related organization(s)				+-	
m Performance of services or membership of fundralsing solicitations by related organization(s)					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					۱.
o Sharing of paid employees with related organization(s)				10	 
			900000	*	
p Reimbursement paid to related organization(s) for expenses				+	,
q Reimbursement paid by related organization(s) for expenses				1g b	
			3300		<b>.</b>
r Other transfer of cash or property to related organization(s)					. ار
				1s x	اہ
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ine, including covered re	line, including covered relationships and transaction thresholds.	thresholds.		İ
(e)	(b) Terroccies	(c)	(d) Method of defermining mount in body	peylovei to	
Name of other organization	type (a~s)				
(1) URBAN HORIZONS II LP	H	115,000			
(2) URBAN HORIZONS II LP	ĸ	120,501			1
(3) URBAN HORIZONS TAX CREDIT FUND LP	¥	125,490			
(4) URBAN HORIZONS TAX CREDIT FUND LP	ρ	369,138			
(9)					
A. A. A. A. A. A. A. A. A. A. A. A. A. A			Schedule R	Schedule R (Form 990) 2012	12

Page 4

11-3099604

Schedule R (Form 990) 2012 WOMEN'S HOUSING & ECONOMIC

Part VI

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

(a) (b) Name, address, and EIN of entity (b)	(b) Primary activity	(c) Legal domicile (state or	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organization?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		country)	section 512-514)	Yes No			Yes	9		Yes	2	
(1)		0.00		See See See See See See See See See See			-				··•	
								-				
(2)					.					****		
(3)												
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(11)												
The second secon									Schedule R (Form 990) 2012	le R (F	orm 99(	0) 2012

Schedule R (Fe	orm 990) 2012	WOMEN'S	HOUSING	& ECONOMIC	11-3099604	Page 5
Part VII	Suppleme	n <mark>tal Informati</mark> his part to prov	on		onses to questions on Schedule R (see	- Lage 5
					·	
			•••••••			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
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4		23,44,41,44,4,444,424,				••••
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**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

Attach to your tax return.

Name(s) shown on return

WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORPORATION

ldentifying number 11-3099604

	es or activity to which this form relates adirect Depreciati	ion						
MAGAGGGGG	rt I Election To Expen	se Certain Prope	•					
	Note: If you have a		complete Part V I	oefore you co	mplete Part	l <u>.                                    </u>		
1	Maximum amount (see instructions	·					1	500,000
2	Total cost of section 179 property						2	
3	Threshold cost of section 179 prop			uctions)			3_	2,000,000
4	Reduction in limitation. Subtract lin		1.1.5				4	
5	Dollar limitation for tax year. Subtract lin						5	
6	(a) Description	of property	(b) C	ost (business use on	(c) E	Elected cost		
						•		
		X - x						
7	Listed property. Enter the amount	1,,,,,,,,			7			
8	Total elected cost of section 179 p			and 7			8	
9	Tentative deduction. Enter the sm						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter					ıs)	11_	
12	Section 179 expense deduction. A						12	
13	Carryover of disallowed deduction			<b>b</b>	13			
	Do not use Part II or Part III below			· /D	4 ! 1 1- 1'- 4-		, 1	/0 : / /:
	rt II Special Depreciati					ea prope	rty.)	(See instructions)
14	Special depreciation allowance for		her than listed property	y) placed in sen	/ice			
	during the tax year (see instruction				·		14	
15	Property subject to section 168(f)(	(1) election					15	
16	Other depreciation (including ACR						_16	157,596
Pa	rt III MACRS Depreciat	ion (Do not inclu			ctions.)			
			Section A			*****	<del></del>	T
17	MACRS deductions for assets pla	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			17	0
18	If you are electing to group any essets placed					<u></u> ▶		
	Section BA	1 1	vice During 2012 Tax		General Depre	eciation S	ysten	1
	(a) Classification of property	(b) Month and year placed in service	<ul><li>(c) Basis for depreciation (business/investment use only-see instructions)</li></ul>	(d) Recovery period	(e) Convention	(f) Meth	od .	(g) Depreciation deduction
19a	3-year property	] [						
b	5-year property							
С	7-year property							
d	10-year property		***					
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	ММ	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—As	sets Placed in Servi	ce During 2012 Tax Y	ear Using the a	Alternative Dep	reciation	Syste	m
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
C	40-year			40 yrs.	MM	S/L		
Pa	i <b>rt IV Summary</b> (See ins	tructions.)						
21	Listed property. Enter amount fror	m line 28					21	
22	Total, Add amounts from line 12,	lines 14 through 17, li	nes 19 and 20 in colur	nn (g), and line	21. Enter here			
	and on the appropriate lines of yo	ur return. Partnership	s and S corporations—	-see instructions	3	<u></u> .	22	157,596
23	For assets shown above and plac	ed in service during th	ne current year, enter t	he				
	portion of the basis attributable to	section 263A costs	<u> </u>		23			

# WHEDCO WOMEN'S HOUSING & ECONOMIC 11-3099604 Federal Asset Report

Form 990, Page 1

10/10/2013 11:53 AM

Asset	Description	Date In Service	Cost	Bus Se 	ec 19B <u>onu</u> s	Basis for Depr	PerConv Meth	Prior	Current
6 OFFI 7 COM 8 COM 9 COM	RS: CE EQUIPMENT CE EQUIPMENT PUTER PUTER EQUIPMENT PUTER EQUIPMENT PUTER EQUIPMENT CE EQUIPMENT	1/01/97 1/01/98 1/01/96 1/01/97 1/01/98 7/01/00	27,662 4,420 13,633 54,363 54,473 4,236 158,787		-	27,662 4,420 13,633 54,363 54,473 4,236 158,787	5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB	27,662 4,420 13,633 54,363 54,473 4,212 158,763	0 0 0 0 0
12 COM 14 FURI 15 FURI 16 FURI 17 FURI 18 FURI 20 BLD0 21 HVA 23 COM 24 VEH 25 COM 26 FURI 27 COM 28 OFFI 30 EQU 31 COM 32 EQU 33 EQU 34 EQU 35 COM 36 COM 37 EQU 38 COM 40 OFFI 43 OFFI 44 OFFI 45 OFFI 46 OFFI 47 OFFI 48 OFFI 48 OFFI 49 LEA 50 LEA 51 FUR 52 COM 53 FUR 54 COM 55 COM 57 COM 66 COM 67 COM 66 COM 67 COM 68 COM 67 COM 68 COM 69 COM 69 COM 69 COM 69 COM 69 COM 69 COM 67 COM 69 COM	PUTER EQUIPMENT PUTER EQUIPMENT NITURE NITURE NITURE NITURE NITURE SIMP - C&E CIMP - C&E PUTER EQUIPMENT ICLE PUTER EXPENSE NITURE PUTER EQUIPMT CE EQUIPMT CE EQUIPMENT IPMENT PUTER	7/01/99 6/01/01 1/01/92 1/01/97 7/01/98 7/01/00 5/01/01 1/01/98 1/01/98 1/01/98 1/01/98 1/01/00 1/01/00 4/30/03 6/15/02 8/10/02 3/20/02 9/15/04 10/12/05 4/01/05 9/01/05 9/01/05 9/01/05 9/01/05 3/01/06 3/01/06 7/01/07 10/01/09 12/31/10 12/31/11	117,460 14,179 2,226 6,056 20,678 5,385 2,331 6,009 1,315 106,196 24,612 14,640 4,085 34,436 2,650 8,149 35,906 13,275 8,334 1,300 4,074 1,076 13,328 8,499 22,960 7,894 2,184 2,896 1,800 9,584 4,935 9,099 33,400 20,000 63,620 12,747 5,979 210,925 3,720 4,181 1,248 2,076 1,215 34,270 37,250 1,111 837 4,128 4,207 1,007 1,420 5,917 4,682 24,410 44,713			117,460 14,179 2,226 6,056 20,678 5,385 2,331 6,009 1,315 106,196 24,612 14,640 4,085 34,436 2,650 8,149 35,906 13,275 8,334 1,300 4,074 1,076 13,328 8,499 22,960 7,894 2,184 2,896 1,800 9,584 4,935 9,099 33,400 20,000 63,620 12,747 5,979 210,925 3,720 4,181 1,248 2,076 1,111 837 4,128 4,207 1,007 1,420 1,917 4,682 24,410 44,713	7 MO S/L 5 MO S/L	117,460 14,179 2,226 6,056 20,678 5,385 2,331 6,009 1,315 106,196 24,612 14,640 4,085 34,436 2,650 8,149 35,906 13,275 8,334 1,300 4,074 1,076 13,328 8,499 20,664 7,105 1,857 2,655 1,710 9,106 4,277 8,646 9,463 5,333 31,810 8,923 1,851 84,370 0 2,230 499 1,038 385 0 0 352 265 1,307 1,191 285 284 1,183 1,324 1,162 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

# WHEDCO WOMEN'S HOUSING & ECONOMIC 11-3099604 Federal Asset Report

Form 990, Page 1

10/10/2013 11:53 AM

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
72 73 74	LEASEHOLD IMPROVEMENT LEASEHOLD IMPROVEMENT COMPUTER	7/08/11 12/31/11 12/31/11	115,512 622,896 50,000			115,512 622,896 50,000	15 MO S/L	6,417 0	7,701 41,526 5,000
75 76 77	OFFICE EQUIPMENT COMPUTER COMPUTER	12/31/10 4/30/12 7/01/12	1,450 4,824 59,829			1,450 4,824 59,829	5 MO S/L	290 0 0	290 482 5,983
78 79 80	LEASEHOLD IMPROVEMENT LEASEHOLD IMPROVEMENT LEASEHOLD IMPROVEMENT	12/31/12 12/31/12 12/31/12	61,503 43,333 40,217			61,503 43,333 40,217	15 MO S/L 15 MO S/L 15 MO S/L	0 0	0 1,444 1,341
81 82	LEASEHOLD IMPROVEMENT LEASEHOLD IMPROVEMENT	12/31/12 12/30/10	124,400 27,407			124,400 27,407	15 MO S/L 15 MO S/L	0 0	2,073 1,827
	Total Other Depreciation	-	2,195,924			2,195,924		676,120	157,596
	Total ACRS and Other Depre	eciation	2,195,924			2,195,924		676,120	157,596
	Grand Totals Less: Dispositions and Trans: Less: Start-up/Org Expense Net Grand Totals	fers -	2,354,711 0 0 2,354,711			2,354,711 0 0 2,354,711		834,883 0 0 834,883	157,596 0 0 157,596

Form 990, Page 1

10/10/2013 11:53 AM

			·····					
Asset	Description	Date In Service	0 4	Basis	NY Drien	NY	Federal	Difference
FISSOL	Description	In Service	Cost	for Depr	Prior	Current	Current	Fed - NY
Prior	MACRS:							
5	OFFICE EQUIPMENT	1/01/97	27,662	27,662	27,662	0	0	0
6 7	OFFICE EQUIPMENT COMPUTER	1/01/98	4,420	4,420	4,420	0	0	0
8	COMPUTER EQUIPMENT	1/01/96 1/01/97	13,633 54,363	13,633 54,363	13,633 54,363	0	0	0 0
9	COMPUTER EQUIPMENT	1/01/98	54,473	54,473	54,473	0	0	0
13	OFFICE EQUIPMENT	7/01/00	4,236	4,236	4,212	0	0	0
		=	158,787	<u>158,787</u>	158,763	0	0	0
								4.4
Other 10	<u>Depreciation:</u> COMPUTER EQUIPMENT	7/01/99	117,460	117,460	117,460	0	0	0
12	COMPUTER EQUIPMENT	6/01/01	14,179	14,179	14,179	0	0	0 0
	FURNITURE FURNITURE	1/01/92 1/01/97	2,226 6,056	2,226	2,226	0	. 0	0
16	FURNITURE	7/01/98	20,678	6,056 20,678	6,056 20,678	0	. 0	0 0
17 18	FURNITURE FURNITURE	7/01/00	5,385	5,385	5,385	0	0	0
20	BLDG IMP - C&E	5/01/01 1/01/98	2,331 6,009	2,331 6,009	2,331 6,009	0 0	0	0 0
· 21	HVAC IMP - C&E	1/01/98	1,315	1,315	1,315	0	0	0
	COMPUTER EQUIPMENT VEHICLE	1/01/00 1/01/00	106,196 24,612	106,196 24,612	106,196 24,612	0	0	0
25	COMPUTER EXPENSE	4/30/03	14,640	14,640	14,640	0	0	0 0
26 27	FURNITURE COMPUTER EQUIPMT	6/15/02 8/10/02	4,085	4,085	4,085	0	0	0
28	OFFICE EQUIPMT	3/20/02	34,43 <i>6</i> 2,650	34,436 2,650	34,436 2,650	0	0	0 0
29	OFFICE EQUIPMENT	9/15/04	8,149	8,149	8,149	0	0	0
31	EQUIPMENT COMPUTER	10/12/05 4/01/05	35,906 13,275	35,906 13,275	35,906 13,275	0 0	0	0 0
32	EQUIPMENT	9/01/05	8,334	8,334	8,334	0	0	0
33 34	EQUIPMENT EQUIPMENT	9/09/05 9/21/05	1,300 831	1,300 831	1,300 831	0	0	0
35	COMPUTER	4/01/05	1,508	1,508	1,508	0	0	0
	COMPUTER EQUIPMENT	7/12/05 3/01/06	1,600 4,074	1,600 4,074	1,600	0	0	0
38	COMPUTER	3/01/06	1,076	1,076	4,074 1,076	0	0	0 0
	COMPUTERS COMPUTER	6/01/06	13,328	13,328	13,328	0	0	0
41	COMPUTER EQUIPMENT	7/01/06 7/01/07	8,499 22,960	8,499 22,960	8,499 20,664	0 2,296	0 2, <b>2</b> 96	0 0
	OFFICE EQUIP	7/01/07	7,894	7,894	7,105	789	789	0
	OFFICE EQUIP OFFICE EQUIP	10/01/0 <b>7</b> 6/01/07	2,184 2,896	2,184 2,896	1,857 2,655	327 241	327 241	0
45	OFFICE EQUIP	4/01/07	1,800	1,800	1,710	90	90	0
	OFFICE EQUIP OFFICE EQUIP	4/01/07 9/01/07	9,584 4,935	9,584 4,935	9,106 4,277	478 658	478	0
48	OFFICE EQUIP	4/01/07	9,099	9,099	8,646	658 453	658 453	0
49 50	LEASHOLD IMPROVEMENT LEASHOLD IMPROVEMENT	10/01/07 12/15/07	33,400 20,000	33,400	9,463	2,227	2,227	0
51	FURNITURE	7/01/08	63,620	20,000 63,620	5,333 31,810	1,333 9,088	1,333 9,088	0
	COMPUTER EQUIPMENT FURNITURE	7/01/08 11/01/09	12,747	12,747	8,923	2,549	2,549	0
54	COMPUTER EQUIPMENT	12/31/09	5,979 210,925	5,979 210,925	1,851 84,370	854 42,185	854 42,185	0 0
55	COMPUTER EQUIPMENT COMPUTER EQUIPMENT	12/31/09	3,720	3,720	0	372	372	0
57	COMPUTER EQUIPMENT	5/01/09 12/31/09	4,181 1,248	4,181 1,248	2,230 499	836 249	836 249	0
58	COMPUTER EQUIPMENT	7/01/09	2,076	2,076	1,038	415	415	0 0
59 60	OFFICE EQUIPMENT COMPUTER EQUIPMENT	6/01/10 10/27/10	1,215 34,270	1,215 34,270	385 0	243 3 427	243	0
61	COMPUTER EQUIPMENT	10/31/10	37,250	34,270 37,250	0	3,427 3,725	3,427 3,725	0 0
62 63	COMPUTER EQUIPMENT COMPUTER EQUIPMENT	6/01/10 6/01/10	1,111	1,111	352	222	222	0
64	COMPUTER EQUIPMENT	6/01/10	837 4,128	837 4,128	265 1,307	167 826	167 826	0 0
65	COMPUTER EQUIPMENT COMPUTER EQUIPMENT	8/01/10	4,207	4,207	1,191	842	842	0
67	COMPUTER EQUIPMENT	8/01/10 11/23/10	1,007 1,420	1,007 1,420	285 284	202 284	202 284	0
68	COMPUTER EQUIPMENT	12/08/10	5,917	5,917	1,183	1,184	284 1,184	0 0
69 70	COMPUTER EQUIPMENT FURNITURE	8/01/10 9/01/11	4,682 24,410	4,682 24,410	1,324	937	937	0
	OFFICE EQUIP	12/31/11	44,713	24,410 44,713	1,162 0	3,487 8,943	3,487 8,943	0
				,			*,	V

WHEDCO WOMEN'S HOUSING & ECONOMIC
11-3099604 NY Asset Report

Form 990, Page 1

10/10/2013 11:53 AM

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
72	LEASEHOLD IMPROVEMENT	7/08/11	115,512	115,512	6,417	7,701	7,701	0
73	LEASEHOLD IMPROVEMENT	12/31/11	622,896	622,896	0	41,526	41,526	0
74	COMPUTER	12/31/11	50,000	50,000	0	5,000	5,000.	0
75	OFFICE EQUIPMENT	12/31/10	1,450	1,450	290	290	290	0
76	COMPUTER	4/30/12	4,824	4,824	0	482	482	0
77	COMPUTER	7/01/12	59,829	59,829	0	5,983	5,983	0
78	LEASEHOLD IMPROVEMENT	12/31/12	61,503	61,503	0	0	0	0
79	LEASEHOLD IMPROVEMENT	12/31/12	43,333	43,333	0	1,444	1,444	0
80	LEASEHOLD IMPROVEMENT	12/31/12	40,217	40,217	0	1,341	1,341	0
81	LEASEHOLD IMPROVEMENT	12/31/12	124,400	124,400	0	2,073	2,073	0
82	LEASEHOLD IMPROVEMENT	4/30/10	27,407	27,407	0	1,827	1,827	0
	Total Other Depreciation		2,195,924	2,195,924	676,120	157,596	157,596	0
	Total ACRS and Other Depre	eciation	2,195,924	2,195,924	676,120	157,596	157,596	0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	,	2,354,711 0 0 2,354,711	2,354,711 0 0 2,354,711	834,883 0 0 834,883	157,596 0 0 157,596	157,596 0 0 157,596	0

Form 8868 (Rev. 1-2013)  If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part II  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need Enter filer's identifying num  Type or  Print  Name of exempt organization or other filer, see instructions.  Print  WOMEN'S HOUSING & ECONOMIC  DEVELOPMENT CORPORATION  Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (S filing your 50 EAST 168TH STREET	Page 2  ▶ X				
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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the bes knowledge and believe is true, correct, and complete, and that I am authorized to prepare this form.	st of my  Date  08/02/13  Form 8868 (Rev. 1-2013)				

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# CONTENTS

Independent Auditor's Report	1
Financial Statements:	
Statement of Financial Position	4
Statement of Activities and Changes in Net Assets	6
Statement of Cash Flows	8
Notes to Financial Statements	10
Supplemental Information:	
Statement of Functional Expenses	19
Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other matters based on an Audit of Financial Statements performed in accordance with Government Auditing Standards	21
Report on Compliance for each major Program and on Internal Control over Compliance required by OMB Circular A-133	23
Schedule of Findings and Questioned Costs	25
Schedule of Federal Awards	26
Notes to Schedule of Federal Awards	27

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The Board of Directors
Women's Housing and Economic
Development Corporation

Independent Auditor's Report

# Report on the Financial Statements

I have audited the accompanying financial statements of Women's Housing and Economic Development Corporation, which comprise the statement of financial position as of December 31, 2012 and 2011, and the related statements of activities, and cash flows for the years then ended, and the related notes to the financial statements.

# Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

# Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the

The Board of Directors Women's Housing and Economic Development Corporation

### Page 2

effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

# Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Women's Housing and Economic Development Corporation as of December 31, 2012 and 2011, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Other Matters

### Other Information

My audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses is presented for purposes of additional analysis and is not a required part of the financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and is also not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In my opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

The Board of Directors Women's Housing and Economic Development Corporation

Page 3

# Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, I have also issued my report dated May 29, 2013, on my consideration of Women's Housing and Economic Development Corporation's internal control over financial reporting and on my tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Women's Housing and Economic Development Corporation's internal control over financial reporting and compliance.

Celyang Cham Ch

New York, New York May 29, 2013

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2012 AND 2011

# ASSETS

	2012	2011
Current Assets		
Cash and cash equivalents Accounts receivable Pledge receivable Prepaid expenses and other current assets	\$ 2,849,489 1,709,901 469,279 93,728	\$ 3,416,062 1,490,520 411,100 146,671
Total Current Assets	5,122,397	5,464,353
Fixed Assets, net of accumulated depreciation of \$1,028,391 in 2012 and \$870,795 in 2011	1,362,209	1,185,698
Other Assets		
Pledge receivable - net of current portion Security deposit Investment in Urban Horizons Investment in Louis Nine Developer's fee receivable - Urban Horizons II Developer's fee receivable - Foyer project Loan receivable - Urban Horizons II	3,585 1,214,685 82,093 1,686,706 100,475 608,403	4,895 1,221,133 82,133 2,221,802 151,350 608,403
Predevelopment - Bronx Commons Due from Urban Horizons Due from affiliates Equipment deposit	81,489 405,905 300,498	32,193 30,000
Total Other Assets	5,021,539	4,351,909
TOTAL ASSETS	\$11,506,145	\$11,001,960

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2012 AND 2011

# LIABILITIES AND NET ASSETS

	2012	2011
Current Liabilities		
Accounts payable and accrued expenses Due to affiliate Contract advance Tenants' security deposit	\$ 1,018,657 45,686 456,750 6,285	\$ 1,023,261 - 365,321 6,285
Total Current Liabilities	1,527,378	1,394,867
Long-Term Debt		
Loans payable, net of current portion	275,000	
Total Liabilities	1,802,378	1,394,867
Net Assets		
Unrestricted Temporarily restricted Permanently restricted	7,158,919 617,700 1,927,148	7,438,457 235,000 1,933,636
Total Net Assets	9,703,767	9,607,093
TOTAL LIABILITIES AND NET ASSETS	\$11,506,145	<u>\$11,001,960</u>

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
UNRESTRICTED NET ASSETS		
Unrestricted Revenues Foundations Individuals/Special events Contracts and grants Rental and other income Donated services Investment income	1,719,356 224,891 11,044,683 678,403 147,891 25,026	\$ 1,197,265 314,540 10,541,047 530,949 130,435 (13,208)
Total	13,840,250	12,701,028
Net assets released from restrictions Restrictions satisfied by payments	235,000	454,400
Total Unrestricted Revenue	14,075,250	13,155,428
Expenses Program and Services Kitchen Head Start Family Support Youth Services Homebased Childcare Housing development Melrose Community development Research and Evaluation Management and general Fundraising	238,925 1,508,644 630,418 1,477,359 7,823,682 189,123 529,728 164,753 78,907 1,399,352 313,897	215,064 1,454,135 573,331 1,499,599 6,777,659 713,691 - 70,243 1,138,734 637,350
Total Expenses (Decrease) Increase in unrestricted Net Assets before adjustments	14,354,788	13,079,806 75,622

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
Reclassification adjustment: to permanently restricted net assets Increase in unrestricted Net Assets after adjustment		(39,000) 36,622
TEMPORARILY RESTRICTED NET ASSETS		
Grant income for next year	617,700	76,000
Expenditure of prior year grant funds and contract income	(235,000)	(454,400)
Increase (Decrease) in Temporarily restricted assets	382,700	(378,400)
PERMANENTLY RESTRICTED ASSETS		
Loss from Urban Horizons I Loss from Louis Nine Reclassification from	(6,448) (40)	(6,020) (40)
Unrestricted net assets		39,000
(Decrease) Increase in Permanently restricted assets	(6,488)	32,940
Increase (Decrease) in Net Assets	96,674	(308,838)
Net Assets - Beginning of Year	9,607, <b>0</b> 93	9,915,931
Net Assets - End of Year	<u>\$ 9,703,767</u>	<u>\$ 9,607,093</u>

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION STATEMENT OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
Cash flows from operating activities:		
Increase (Decrease) in net assets	\$ 96,674	\$ (308,838)
Adjustments to reconcile excess of revenue over expenditures to net cash used in operating activities:		
Depreciation Changes in assets and liabilities: Increase in accounts receivable	157,596	87,762
And pledge receivable Decrease (Increase) in prepaid expenses	(815,260)	(746,126)
and other current assets Decrease in security deposit (Decrease) Increase in accounts payable	52,943 1,310	( <b>3</b> 8,396) -
and accrued expenses Increase in contract advances Decrease in developer's fees receivable	(4,604) 9 <b>1,42</b> 9 585,971	289,168 132, <b>3</b> 95
Increase in due from affiliate Increase in due to affiliate	(268,305) 45,686	(53,708)
Decrease in investment in Urban Horizons Decrease in investment in Louis Nine LP Increase in loan receivable	I 6,448 40	6,020 40
- Urban Horizons I Decrease in tenant security deposit	(405,905)	(14,700)
Total adjustments	(552,651)	(337,545)
Net cash used in operating activities	(455,977)	(646,383)
Cash flows from investing activities: Increase in investment		
in Urban Horizon I Acquisition of fixed assets Increase in predevelopment cost	- (334,107) (81,489)	(39,000) (857,530)
Decrease (Increase) in equipment deposit	30,000	(30,000)
Net cash used in investing activities	(385,596)	(926,530)

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION STATEMENT OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
Cash flows from financing activities:		
Increase (Decrease) in notes payable	275,000	<u>(25,<b>0</b>00)</u>
Net cash provided by (used in) financing activities	<b>2</b> 75,000	(25,000)
Net Decrease in cash	(566,573)	(1,597,913)
Cash at beginning of year	3,416,062	5,013,975
CASH AT END OF YEAR	\$2,849,489	\$3,416,062

Supplemental information:

Interest paid during the year

\$ -

# NOTE 1 - SUMMARY OF ACCOUNTING POLICIES

# Basis of Operation

Women's Housing and Economic Development Corporation (WHEDCO), not-for-profit corporation, works with families in the Bronx who struggle with the multiple challenges presented by poverty, and who, like all of us, aspire to a healthy, financially stable future. WHEDCO offers interconnected, innovative, and high quality solutions - including the building of healthy, affordable homes - creating more beautiful, more equitable, and more economically vibrant places to live and raise a family. The Corporation is a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code.

# Financial Statements Presentation

The presentation of the Corporation's financial statements is in accordance with the Accounting Standards Codification Topic No. 958, "Not-for-Profit Entities", (ASC 958). Under ASC 958, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Temporarily restricted net assets consist of contract revenue or donations received in the current year for use during the next year.

### Fixed Assets

Fixed assets are recorded at cost net of accumulated depreciation. Depreciation is being provided based on the estimated useful life, using the straight line and accelerated methods.

# Use of Estimates in the Preparation of the Financial Statements

Preparation of the financial statements in conformity with the generally accepted accounting principles requires management to make estimates and assumptions that affect amounts reported therein. Due to the inherent uncertainty involved in making estimates, actual results reported in future periods may be based upon amounts which differ from those estimates.

### NOTE 2 - GRANT AND OTHER INCOME

The Corporation received unrestricted grants and donation income from foundations, individuals, and business organizations totaling \$2,179,247 in 2012 and \$1,966,205 in 2011 to help provide the funding for the organization. The Corporation also received temporarily restricted grant income of \$617,700 in 2012 and \$76,000 in 2011 respectively.

### NOTE 3 - INVESTMENT IN URBAN HORIZONS I

The Corporation, and its affiliate WHEDCO Development Corp., have acted as the developer of Urban Horizons I (Urban Horizons), a unique community economic development center in the South Bronx. The Urban Horizons project has transformed the former Morrisania Hospital, abandoned in 1976, into a multiservice complex which includes 132 apartments for low-income families, with 48 set aside for previously homeless families; employment training and job creation programs; a day care center; comprehensive counseling and referral services; and a playground and courtyard connecting Urban Horizons with a bilingual elementary school serving grades K-8, which shares the site. There is also a primary health care facility operated by the Institute for Family Health.

The project began construction in December 1995 and was completed in April 1997. The Corporation through its affiliate WHEDCO Development Corp. has made an investment of \$1,237,273 as the general partner of the Urban Horizons Tax Credit Partnership L.P.. The source of the investment came from fees that WHEDCO received for developing the project, and from funds received from the Department of Health and Human Services (DHHS) and New York State Urban Development Corp.. The project is also being financed with equity investments by the National and New York Equity Funds and loans from the New York State Housing Trust Fund and New York State Homeless Housing Assistance Corporation.

The Corporation has classified the investment in Urban Horizons as a permanently restricted asset. The investment is being reported on the accompanying financial statement using the equity method whereby the investment is increased or decreased by WHEDCO's share of the results of operations. In 2011, WHEDCO made a capital contribution in the amount of \$39,000 to Urban Horizon.

### NOTE 4 - GOVERNMENT GRANTS

WHEDCO entered into a contract called Early Learn with the New York City Administration for Children's Services (ACS) for the contract period starting from October 1, 2012 to September 30, 2016 to provide quality early care and education services to children and families. This contract replaced a previous Head Start program, which expired on September 30, 2012. Early Learn consists of two programs, a traditional Head Start and Family Child Care (FCC), under this contract. During 2012 \$469,405 was received under that contract. Advances relating to the contract totaling of \$134,652 is included in liabilities at December 31, 2012.

Under the Head Start program that expired on September 30, 2012 the Corporation received \$795,389 in 2012 and \$1,132,688 in 2011. At December 31, 2012 and 2011, there was no receivable from ACS. Advances relating to the contract totaling of \$314,908 and \$334,074 are included in liabilities at December 31, 2012 and 2011 respectively.

WHEDCO has a contract with the New York State Department of Health to provide meals to children participating in day care in the South Bronx. During 2012 and 2011, WHEDCO received \$2,119,469 and \$1,869,702 under the contract. The funds received represent costs of meals and administrative fees. The total administrative fees earned were \$263,040 in 2012 and \$237,944 in 2011. As of December 31, 2012 and 2011, \$501,224 and \$479,191 from the state were included in accounts receivable, respectively.

WHEDCO has entered into various contracts with the New York City Department of Youth and Community Development to provide various services to local youth. The contracts have varying terms. During 2012 and 2011, WHEDCO earned \$1,068,356 and \$1,164,102 under these contracts, of which \$364,670 and \$141,022 were receivable as of December 31, 2012 and 2011 respectively.

WHEDCO entered into a contract with the Office of Child and Family Service (OCFS) for the contract period starting April 1, 2008 to June 30, 2014 to enroll unlicensed daycare providers into the Child Care Facility System(CCFS). During 2012 and 2011, revenue of \$6,125,000 and \$6,125,000 respectively were earned. As of December 31, 2012 and 2011, WHEDCO had receivable of \$535,938 and \$535,938 from OCFS respectively.

### NOTE 4 - GOVERNMENT GRANTS (CONTINUED)

WHEDCO is currently negotiating with the New York City regarding a capital grant that had been authorized during 2005. A total of \$208,063 were included in accounts receivable as of December 31, 2012 and 2011 and no reserve has been recorded. WHEDCO collected \$114,999 in 2013. Management is in contact with New York City to collect the remaining balance due.

The Corporation also received \$467,069 in 2012 and \$249,555 in 2011 respectively under various other contracts and grants. The accounts receivable from various contracts are \$82,761 in 2012 and \$106,702 in 2011 respectively.

# NOTE 5 - DEVELOPMENT COSTS AND LOANS - URBAN HORIZONS II

The Corporation, and its affiliate Urban Horizons II GP, Inc., have acted as the developer of Intervale Green (Urban Horizons II), a unique affordable housing development for low income families in the South Bronx. The project named Urban Horizons II is a limited partnership and qualifies for low-income housing tax credits. Urban Horizons II consists of 128 residential units for low-income families with 30% of the units set aside for families coming out of the homeless shelter system. The total cost of the project is \$38,114,306 and financing is provided by tax-exempt bonds issued from the New York City Housing Development Corporation (HDC) and from private investments from Richman Housing Resources, the tax credit syndicator. A pilot program through the New York State Energy Research and is providing Development Authority (NYSERDA) assistance and capital costs so that the building can achieve one of the first ever Energy Star ratings for multi-family buildings. Construction began in December 2005 and was completed in February 2009.

WHEDCO was expected to earn \$4,914,853 in developer's fees in connection with this project and WHEDCO earned the entire developer's fee as of December 31, 2008.

Payment of the fees are in accordance with the development fee agreement. As of December 31, 2011, WHEDCO has received \$3,228,147 of which \$398,228 was used to repay certain loans and professional expenses incurred by WHEDCO to support the project development. As of December 31, 2012 and 2011, the balance of Developer's fee receivable was \$1,686,706 and \$2,221,802 respectively.

# NOTE 5 - DEVELOPMENT COSTS AND LOANS - URBAN HORIZONS II (CONTINUED)

The Corporation entered into a loan agreement with Urban Horizons II for the amount of \$547,403. The loan was evidenced by a promissory note and secured by a subordinate lien on the rental property. The loan bears no interest and matures on October 1, 2039. The Corporation entered into two loan agreement with Urban Horizons II for the amount of \$36,000 and \$25,000 in July 29, 2010. The loans were evidenced by promissory notes and secured by a subordinate lien on the rental property. The loan bears no interest and matures on July 29, 2040. As of December 31, 2012 and 2011 the loan receivable was \$608,403.

In 2009, the Corporation received a total grant of \$547,403 from New York State Energy Research and Development Authority (NYSERDA) for \$422,403 and the Bronx Overall Economic Development Corporation for \$125,000, which is included in the statement of activities as a permanently restricted assets.

In 2010, the Corporation received a total grant of \$61,000 from Enterprise Community Partners Inc. for \$36,000 and Home Depot for \$25,000, which is included in the statement of activities as a permanently restricted assets.

The Corporation provides a social services to Urban Horizons II for an annual fee. The Corporation has earned for social service fee of \$115,000 for 2012 and 2011. The unpaid portion of social service fees of \$28,749 in 2012 and \$57,500 in 2011 were included in due from affiliates.

# NOTE 6 - DEVELOPMENT COSTS AND LOANS - FOYER PROJECT

The Corporation, and its affiliate Louis Nine GP, Inc., have acted as the developer of Louis Nine House, a unique affordable housing development for low income families in the South Bronx. The Foyer building was built by the same general contractor as Urban Horizons II, and is providing 46 units of supportive housing for young adults out of foster care. The total cost of the project will be 7.6 million dollars and will come from HPD's Supportive Housing Loan Program and Richman Housing Resources. The project will also provide low income housing tax credits for the limited partner.

# NOTE 6 - DEVELOPMENT COSTS AND LOANS - FOYER PROJECT (CONTINUED)

The project began construction in May 2006 and was completed in February 2009. WHEDCO was expected to earn \$224,250 of developer's fees in connection with this project and earned the entire developer's fee as of December 31, 2008. An affiliate of WHEDCO will be the general partner. As of December 31, 2012 and 2011, the balance of developer's fee receivable for Foyer Project was \$100,475 and \$151,350 respectively.

In 2009, the Corporation received a grant from NYSERDA in the amount of \$82,233, which was contributed to the Foyer project through the general partner that the Corporation owns. The grant is included in the statement of activities as a permanently restricted assets.

# NOTE 7 - PREDEVELOPMENT COSTS - BRONX COMMONS

During 2012, WHEDCO incurred \$81,489 of costs associated with the planning of new low income housing project named Bronx Commons. These costs are to be reimbursed at the time of the syndication closing on the property. It is anticipated that WHEDCO or an affiliate will be the general partner. The project will be financed with funds from a private investor who will be the limited partner and with loans from New York City. The project will also provide low income housing tax credits for the limited partner.

### NOTE 8 - CONTRACT ADVANCE

WHEDCO receives advances from various government contracts. Total advances outstanding as of December 31, 2012 and 2011 are \$456,750 and \$365,321 respectively.

### NOTE 9 - LOANS PAYABLE

In September 2012, WHEDCO received a loan of \$250,000 from The Contact Fund, LLC. The loan agreement also provides an additional fund of \$250,000 if needed. The proceeds of the loan is used for the development of Bronx Commons (Note 7). The loan bears an interest at prime rate plus 1.5% on the outstanding balance. The loan is payable on the earlier of June 30, 2014 or the date WHEDCO or its affiliate receives any construction financing in respect to the development of Bronx Commons project.

# NOTE 9 - LOANS PAYABLE (CONTINUED)

In 2012 WHEDCO received grants and loans totaling \$225,000 from Deutsche Bank of America. The grants (\$150,000) and loans (\$75,000) are to be received over a 3 year period beginning in 2012. In 2012, WHEDCO received \$50,000 of grants and a non interest bearing loan of \$25,000 that is payable in July 2015. WHEDCO has recorded a pledge receivable for the additional \$100,000 of grants (Note 10).

Loans payable consists of:

parameter comments	2012	2011
Contact Fund, LLC Deutsche Bank	\$ 250,000 25,000	\$ - -
Current portion	275,000	
Non-Current	\$ 275,000	\$ -

# NOTE 10 - PLEDGE RECEIVABLE

WHEDCO received pledges from various individuals and foundations. The total pledge receivable outstanding as of December 31, 2012 and 2011 were \$1,006,979 and \$411,100 respectively. Included in pledge receivables, is a pledge of \$487,700 payable over a 5 year period. A pledge from Deutsche Bank of \$100,000 is payable \$50,000 in 2013 and \$50,000 in 2014.

	2012	2011
Pledge receivables Non - current	\$ 1,006,979 537,700	\$ 411,100
Current portion	<u>\$ 469,279</u>	\$ 411,100

# NOTE 11 - TRANSACTIONS WITH AFFILIATES AND RELATED PARTIES

The Corporation operates its social programs at Urban Horizons' facility. Urban Horizons charges WHEDCO occupancy costs incurred. Also, the Corporation advances funds to Urban Horizons II and Louis Nine for various costs. As of December 31, 2012 and 2011, the total balance due from/(to) affiliates are as follows.

### NOTE 11 - TRANSACTIONS WITH AFFILIATES AND RELATED PARTIES (CONTINUED)

Due from affiliates		
	<u> 2012</u>	2011
Urban Horizons	\$ 287,725	\$ 6,939
Urban Horizons II	· · · · · · · · · · · · · · · · · · ·	12,481
Louis Nine	<u> 12,773</u>	12,773
Total	\$ 300,498	\$ 32,193
Due to affiliate	•	
Due to allillate	2012	2011
Urban Horizons II	\$ 45,686	<u>s -                                   </u>

# NOTE 12 - COMMITMENTS AND CONTINGENCIES

The Corporation entered into a thirty year lease for office space with Urban Horizons beginning December 21, 1995. A portion of this space is sublet under two leases. One of sublet lease expires in May 2015. The other sublet lease was terminated in February 2011 and the Corporation negotiated a settlement with the former tenant for \$61,750. The Corporation also entered into a thirty year lease for office space with Urban Horizons II beginning February 2009. The Corporation also leases office equipment under various leases that expire in various years. The total minimum rental payments required under these leases are as follows:

Year ended		
December 31,	Rent	<u>Sub rental income</u>
2013	268,722	176,832
2014	261,304	181,252
2015	269,245	76,297
2016	277,453	
2017	285,938	
Thereafter	4,984,561	

The Corporation will provide fund to Urban Horizons II necessary to pay any operating deficit up to \$575,000 in the form of a loan during three years after Breakeven Operations, as defined in the partnership agreement. The operating deficit loan shall bear no interest and shall be repaid solely as provided for in the partnership agreement. As of December 31, 2012 and 2011, there has been no funding required under this guaranty.

# NOTE 13 - CONCENTRATION OF CREDIT RISK

The Corporation maintains its cash and cash equivalents with various financial institutions. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 at each financial institution. At times, these balances may exceed the FDIC limits. At December 31, 2012 and 2011 cash exceeding the FDIC limits were \$2,564,025 and 2,982,674.

# NOTE 14 - PERMANENTLY RESTRICTED NET ASSETS

A summary of permanently restricted net assets is as follows:

Investment in Urban Horizons Investment in Louis Nine Loan to Urban Horizons II	2012 \$1,236,652 82,093 608,403	2011 \$1,243,100 82,133 608,403
Total	\$1,927,148	<u>\$1,933,636</u>

# NOTE 15 - SUBSEQUENT EVENTS

Management has evaluated subsequent events or transactions occurring through May 29, 2013, the date the financial statements were available to be issued and concluded that no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to financial statements.

SUPPLEMENTAL INFORMATION

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDING DECEMBER 31, 2012

Program Services

Support Services

	Total	Kitchen	Head Start	Family Support	Youth Services	Homebased Childcare	Housing Development	Melrose	Community Development	Research & Evaluation	Management General F	Fundraising
Č	40 707 046	£420.067	4049 443	\$455 427	\$1 204 105	\$3 996.501	\$130.489	\$297,380	\$98,578	\$56,897	\$652,047	\$193,291
Salanes	99, 121, 213	100,6210	77.00	71-100th	000000000000000000000000000000000000000	ACT 070 A	76 84	28 44D	13.472	10 192	141,738	10.164
Fringes	1,669,139	19,350	100,019	8/R/86	141,053	471'810'I	410'07	040.00	410,00	1 0	70.05	67.400
Professional services - General	659.820	2.142	185,660	13,240	24,628	89,118	14,517	163,356	22,213	(9/'/	100,0	07,70
Description of some Accounting	16.625	320	3.046	798	479	9,425	160	160	160	320	1,278	4/9
Plotessional services - Accounting	40.200	2			C		0	0	0	0	19,700	0
Professional services - Legal	19,700	7007	0 0		6 199	38 884	1.274	1.516	680	565	9,771	2,047
Insurance	07,033	/60°L	000	0,020,0	1, 1, 2, 2, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	149 598	1 344	15 478	10.271	326	41,140	3,714
Supplies	208,378	679'6	700'61	7,047	069	128 856	1 300	124	312	0	5,018	920
Postage	139,105	7 (	027'1	0000	600	4 0E9 406	, cc	3 956	6 634	501	10,142	968
Program Direct Costs	2,138,796	m .	98,172	5,033	20,230	004,006,1	220	1 483	2.155	1 235	57,877	4.734
Occupancy	480,346	41,442	139 160	33,058	404,1	000061	2,133	0 50	2017	904	2000	208
Telecommunication	103,872	1,023	2,700	7,834	4,987	63,165	1,394	040	Z0Z,1	0 0	51.6,01	7.0
Travel	51,079	49	219	891	1,460	34,701	73	4,069	096'1	o ;	cop',	† 10 C
Professional Development	171 012	C	6.836	1.292	17,064	2,956	2,661	7,008	2,095	74	111,001	20,025
Information Tochnology	17.106	· c	06	0	0	825	0	20	115	0	14,858	1,168
	247 647	70% NE	38 000	3 222	5.361	75,695	5,355	4,295	4,295	594	65,807	5,216
Equipment Actual and Nepall	4 441	c f	171	195	0		400	367	551	0	492	2,265
Mai neurig	4,703		:		1 995	195	0	4,000	0	0	603	
Olliet Expelises	19 707	o c		· C	0	0	0	0	0	0	13,701	0
Interest Expense	10,101	0 0			· C	0	0	0	0	0	157,596	0
Depreciation Experise	060,163	יכ	,				738	0	c	0	a	0
Bad Debts	364	0	0	D	Þ	0	100	Þ		•	i	
	814 354 788	\$238 925	\$1,508,644	\$630.418	\$1,477,359	\$7,823,682	\$189,123	\$529,728	\$164,753	\$78,907	\$1,399,352	\$313,897
	50 (100(1)	220,0024	0,000,000	1								

The accompanying notes are an integral part of these financial statements.

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDING DECEMBER 31, 2011

				Pro	Program Services	<b>(</b> 0			Support Services	ervices
	Total	Kitchen	Head Start F	Family Support	Youth Services	Homebased Childcare	Housing Development	Research & Evaluation	Management General F	Fundraising
	47 590 567	\$114 780	\$930 116	\$422,664	\$1,223,034	\$3,701,690	\$387,525	\$48,945	\$390,449	\$371,364
Salaries	1 467 716	18 808	72.674	86.015	147,500	947,264	39,801	16,416	698'68	49,369
Finiges	617,104,1	200	131 832	3 871	14,950	45,596	193,119	09	90,018	167,181
Professional services - Celleral	780,027	o c	14 427	1118	2.077	8,467	479	0	1,438	320
Professional services - Accounting	26,320	o C			0		0	0	26,640	0
Professional services - Legal	050,02	4 253	o c	6 892	4.386	38,225	1,880	627	10,687	2,506
Insurance	244 404	7.353	20 313	9 265	22,918	165,133	17,663	986	58,756	12,104
Supplies	164,410	50.	012,24	265	568	157,896	1,433	4	3,508	268
Postage	1 727 808	r C	93 238	8 235	58.544	1,553,817	1,684	380	11,101	608
Program Direct Custs	000,121,1	77F 8V	138 072	12,658	6.046	59,267	3,093	1,591	160,923	6,656
Occupantly Telegomorphicalism	430,000 68 619	P.839		7.964	5,442	30,157	2,031	220	16,264	2,710
Feecoliiii idiii catiori	46.017	8		712	612	35,390	1,169	303	5,800	125
Havet Drofessional Development	138 332	486	•	2.204	11,184	6,744	7,211	139	82,495	12,572
Information Technology	24 404	0		2,602	0	2,800	0	0	11,207	7,074
Fruitment Reptal and Repair	225,390	23.167	30	1,960	2,338	25,164	52,518	222	87,072	2,503
Marketing	4 420			257	0	49	1,433	0	1,175	1,289
Other Expenses	7 986	0	1,764	0	0	0	2,652	0	3,570	0
Interest Expense		0	0	0	0	0	0	0		0
Depreciation Expense	87 762	0	0	0	0	0	0	0	87,762	0
Bad Debts	6,649	0	0	6,649	0	0	0	0	0	0
								0,000	100 100	0101000
	\$13.079,806	\$215,064	\$1,454,135	\$573,331	\$1,499,599	\$6,777,659	\$713,691	\$70,243	\$1,138,734	465,750¢

The accompanying notes are an integral part of these financial statements.

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON
AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To The Board of Directors of Women's Housing and Economic Development Corporation

I have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Women's Housing and Economic Development Corporation (a nonprofit organization), which comprise the statement of financial position as of December 31, 2012 and 2011, and the related statements of activities, and cash flows for the years then ended, and the related notes to the financial statements, and have issued my report thereon dated May 29, 2013.

# Internal Control Over Financial Reporting

In planning and performing my audit of the financial statements, I considered Women's Housing and Economic Development Corporation's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing my opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Women's Housing and Economic Development Corporation's internal control. Accordingly, I do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

# INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS (Continued)

My consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during my audit I did not identify any deficiencies in internal control that I consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

# Compliance and Other Matters

As part of obtaining reasonable assurance about whether Women's Housing and Economic Development Corporation's financial statements are free from material misstatement, I performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of my audit, and accordingly, I do not express such an opinion. The results of my tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

# Purpose of this Report

The purpose of this report is solely to describe the scope of my testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

New York, New York May 29, 2013

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

The Board of Directors
Women's Housing and Economic
Development Corporation

# Report on Compliance for Each Major Federal Program

I have audited Women's Housing and Economic Development Corporation's compliance with the types of compliance requirements described in the OMB Circular A-133 Compliance Supplement that could have a direct and material effect on each of Women's Housing and Economic Development Corporation's major federal programs for the year ended December 31, 2012 and 2011. Women's Housing and Economic Development Corporation's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

# Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

### Auditor's Responsibility

My responsibility is to express an opinion on compliance for each of Women's Housing and Economic Development Corporation's major federal programs based on my audit of the types of compliance requirements referred to above. I conducted my audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that I plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal

# INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133 (Continued)

program occurred. An audit includes examining, on a test basis, evidence about Women's Housing and Economic Development Corporation's compliance with those requirements and performing such other procedures as I considered necessary in the circumstances.

I believe that my audit provides a reasonable basis for my opinion on compliance for each major federal program. However, my audit does not provide a legal determination of Women's Housing and Economic Development Corporation's compliance.

### Opinion on Each Major Federal Program

In my opinion, Women's Housing and Economic Development Corporation complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2012 and 2011.

### Report on Internal Control Over Compliance

Management of Women's Housing and Economic Development Corporation is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing my audit of compliance, I considered Women's Housing and Economic Development Corporation's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, I do not express an opinion on the effectiveness of Women's Housing and Economic Development Corporation's internal control compliance.

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133 (Continued)

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

My consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. I did not identify any deficiencies in internal control over compliance that I consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of my testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

New York, New York May 29, 2013

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2012

Section I: Summary of Auditor's Results

### Financial Statements

Type of auditor's report issued: Unqualified

Internal control over financial reporting:
 Material weaknesses identified? No
 Reportable conditions identified not considered to be a
 material weakness?
 None reported

Noncompliance material to the financial statements noted? No

### Federal Awards

Internal control over major programs:

Material weaknesses identified? No
Reportable conditions identified not considered to be a
material weakness?

None reported

Type of auditor's report issued on compliance for major programs: Unqualified

Any audit findings disclosed that are required to be reported in accordance with Circular A-133, Section .510(a)? No

Major programs:

93.575, LEGALLY-EXEMPT PROVIDERS (OCFS)

Dollar threshold used to distinguish between Type A and Type B programs: \$500,000

Auditee qualified as a low-risk auditee? Yes

Section II: Financial Statement Findings

There are no financial statement findings reported.

Section III: Federal Awards Findings

There are no federal award findings reported.

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION SCHEDULE OF FEDERAL AWARDS FOR THE YEAR ENDED DECEMBER 31, 2012

	ederal CFDA#	Pass-through Entity Identifying <u>Number</u>	<u>Expenditures</u>
Department of Health and Human Services: Pass-through Program from NYC Administration for Children's Services	93.600	_ ·	<u>\$1,071,160</u>
Department of Agriculture: Pass-through Program from NYS Department of Health Child and Adult Care Food Program	10.558	4152	<u>\$ 76,696</u>
Department of Agriculture: Pass-through Program from NYS Department of Health Child and Adult Care Food Program	10.558	4912	<u>\$<b>2</b>,042,768</u>
Department of Health and Human Services Pass-through program from NYS Office of Children and Family Services	1 93.575	<del>-</del>	<u>\$6,125,000</u>
Department of Housing and Urban Development Pass-through program from NYC Small Business service	es 14.218	<u>-</u>	<u>\$ 69,496</u>
Department of Agriculture: Pass-through program from NYC Department of mental Health and Hygiene	10.574	-	<u>\$ 102,686</u>
Department of Health and Human Services Pass-through program from from NYC Administration for Children's Services	93.575	-	<u>\$ 193,634</u>

# WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CORPORATION NOTES TO SCHEDULE OF FEDERAL AWARDS FOR THE YEAR ENDED DECEMBER 31, 2012

## Note 1 - Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Women's Housing and Economic Development Corporation under programs of the federal government for the year ended December 31, 2012. The information in this schedule is presented in accordance with the requirements of OMB circular A-133, Audits of States, Local Governments, and Non Profit Organizations. Because the Schedule presents only a selected portion of the operations of Women's Housing and Economic Development Corporation, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Women's Housing and Economic Development Corporation.