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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning 2004, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Women Donors Network. D Employer identification number: 05 0542397. E Telephone number: (650) 855-9600.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If Yes, enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: www.womendonors.org

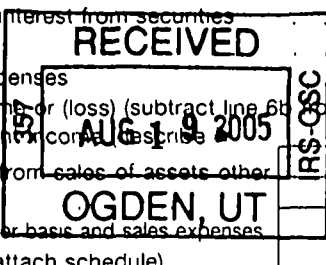
J Organization type (check only one): 501(c) (3)

K Check here if the organization's gross receipts are normally not more than \$25,000. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 888,263

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or loss; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss) (combine line 8c, columns (A) and (B)); 9 Special events and activities; 9a Gross revenue (not including \$ of contributions reported on line 1a); 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED SEP 18 2005

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 2,000 noncash \$ 0)	2,000	2,000		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	176,874	120,174	31,500	25,200
26	Other salaries and wages	90,432	52,338	34,932	3,162
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	17,716	11,454	4,378	1,884
29	Payroll taxes	19,014	12,294	4,698	2,022
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	22,950	0	22,950	0
32	Legal fees	0	0	0	0
33	Supplies	6,471	4,408	1,594	469
34	Telephone	8,417	5,022	3,018	377
35	Postage and shipping	4,516	3,076	1,113	327
36	Occupancy	23,893	16,275	5,887	1,731
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	34,664	24,816	7,641	2,207
39	Travel	35,853	27,506	6,624	1,723
40	Conferences, conventions, and meetings	1,155	480	0	675
41	Interest	81	0	81	0
42	Depreciation, depletion, etc. (attach schedule)	1,765	1,202	435	128
43	Other expenses not covered above (itemize): a See Statement 4	112,487	77,106	29,841	5,540
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	558,288	358,151	154,692	45,445

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Philanthropic Education	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a See Statement 5 (Grants and allocations \$ 2,000)	358,151
b (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	358,151

Part IV Balance Sheets (See page 25 of the instructions)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
Assets	45 Cash—non-interest-bearing			0	45	24,000	
	46 Savings and temporary cash investments			269,748	46	596,336	
	47a Accounts receivable	47a	4,792				
	b Less: allowance for doubtful accounts	47b	0	0	47c	4,792	
	48a Pledges receivable	48a	5,000				
	b Less: allowance for doubtful accounts	48b	0	0	48c	5,000	
	49 Grants receivable			0	49	0	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0	
	51a Other notes and loans receivable (attach schedule)	51a	0				
	b Less: allowance for doubtful accounts	51b	0	0	51c	0	
	52 Inventories for sale or use			0	52	0	
	53 Prepaid expenses and deferred charges			0	53	1,048	
	54 Investments—securities (attach schedule)			13,441	54	0	
	55a Investments—land, buildings, and equipment: basis	55a	0				
	b Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0	
56 Investments—other (attach schedule)			0	56	0		
57a Land, buildings, and equipment: basis	57a	6,137					
b Less: accumulated depreciation (attach schedule)	57b	2,336	3,543	57c	3,801		
58 Other assets (describe Security Deposit)			1,989	58	1,989		
59 Total assets (add lines 45 through 58) (must equal line 74)			288,721	59	636,966		
Liabilities	60 Accounts payable and accrued expenses			0	60	26,989	
	61 Grants payable			0	61	0	
	62 Deferred revenue			40,511	62	45,500	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0	
	64a Tax-exempt bond liabilities (attach schedule)			0	64a	0	
	b Mortgages and other notes payable (attach schedule)			0	64b	0	
	65 Other liabilities (describe)			0	65	0	
66 Total liabilities (add lines 60 through 65)			40,511	66	72,489		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67 Unrestricted			93,210	67	113,111	
	68 Temporarily restricted			155,000	68	451,366	
	69 Permanently restricted			0	69	0	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
	70 Capital stock, trust principal, or current funds				70		
	71 Paid-in or capital surplus, or land, building, and equipment fund				71		
	72 Retained earnings, endowment, accumulated income, or other funds				72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)			248,210	73	564,477		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			288,721	74	636,966		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements . . . ▶</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments . . . \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants . . . \$ _____</p> <p>(4) Other (specify): _____ _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990. . . \$ _____</p> <p>(2) Other (specify): _____ _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total revenue per line 12, Form 990 (line c plus line d). ▶</p>	<p>a Total expenses and losses per audited financial statements . . . ▶</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990. \$ _____</p> <p>(3) Losses reported on line 20, Form 990. . . \$ _____</p> <p>(4) Other (specify): _____ _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b ▶</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____</p> <p>(2) Other (specify): _____ _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total expenses per line 17, Form 990 (line c plus line d). ▶</p>
a N/A	a N/A
b	b
c	c
d	d
e N/A	e N/A

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Donna Hall 1804 Embarcadero Road, Palo Alto, CA 94303	Exec. Dir., 40 hrs/wk	126,000	1,383	608
Amanda Berger 1804 Embarcadero Road, Palo Alto, CA 94303	Program Dir., 28 hrs/wk	50,874	355	598
Board of Directors -- See Statement 4		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions <input type="checkbox"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <input type="checkbox"/>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input checked="" type="checkbox"/>	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members. <input type="checkbox"/>		
d	Section 162(e) lobbying and political expenditures. <input type="checkbox"/>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. <input type="checkbox"/>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e). <input type="checkbox"/>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. <input type="checkbox"/>		
b	Gross receipts, included on line 12, for public use of club facilities. <input type="checkbox"/>		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders. <input type="checkbox"/>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="checkbox"/>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> California		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <input type="checkbox"/>		4
91	The books are in care of <input type="checkbox"/> Women Donors Network Telephone no. <input type="checkbox"/> (650) 855-9600 Located at <input type="checkbox"/> 1804 Embarcadero Road, Palo Alto, CA ZIP + 4 <input type="checkbox"/> 94303		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/>		N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Conference Registration Fees					16,350
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					48,350
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,225	
96 Dividends and interest from securities			14	114	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		2,339	64,700
105 Total (add line 104, columns (B), (D), and (E))					67,039

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Registration fees received from prospective members in exchange for admission to an annual conference.
94	The portion of total membership dues that was exchanged for tangible benefits (the \$600 non tax-deductible registration fee for the annual conference). The remainder of each member's dues was devoted to overall support of the organization's exempt activities.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign Here:
 Signature of officer: *Donna Hall* Date: 8/15/05
 Donna Hall, Executive Director
 Type or print name and title

Paid Preparer's Use Only:
 Preparer's signature: *Angela L. Bottum* Date: 8-15-05
 Firm's name (or yours if self-employed) and ZIP + 4: Angela L. Bottum, 1441 Blake Street, Berkeley, CA 94702
 Preparer's SSN or PTIN (See Gen. Inst. W):
 Check if self-employed:
 EIN:
 Phone no: (510) 548-0889

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Women Donors Network

Employer identification number

05:0542397

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Greteman Group 1425 E. Douglas, Wichita, KS 67211	Printing, Graphic Design, Website Development, and Communications Consulting	56,455
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
e Transfer of any part of its income or assets?		✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		✓
b Do you have a section 403(b) annuity plan for your employees?		✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	✓	
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	513,817	0	0	0	513,817
16 Membership fees received	204,511	0	0	0	204,511
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	7,900	0	0	0	7,900
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	310	0	0	0	310
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	167	0	0	0	167
23 Total of lines 15 through 22	726,705	0	0	0	726,705
24 Line 23 minus line 17	718,805	0	0	0	718,805
25 Enter 1% of line 23	7,267	0	0	0	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	28a	14,376
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	28b	267,161
c Total support for section 509(a)(1) test: Enter line 24, column (e)	28c	718,805
d Add. Amounts from column (e) for lines: 18 <u>310</u> 19 <u>0</u> 22 <u>167</u> 26b <u>267,161</u>	28d	267,638
e Public support (line 26c minus line 26d total)	28e	451,167
f Public support percentage (line 28e (numerator) divided by line 26c (denominator))	28f	62.8 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year.

(2003) (2002) (2001) (2000)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2003) (2002) (2001) (2000)

c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	0
d Add: Line 27a total, <u>0</u> and line 27b total, <u>0</u>	27d	0
e Public support (line 27c total minus line 27d total)	27e	0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	0 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000	20% of the amount on line 40	}
	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	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Women Donors Network
 EIN 05-0542397
 Year Ended 12/31/04
 Statements Attached to 2004 Form 990

Statement 1 - Part I, Line 8c - Gain or Loss from Sale of Assets Other Than Inventory

Asset	Gross Amount from Sale	Cost or Other Basis & Sales Exp.	Net Realized Gain or (Loss)
Publicly Traded Securities	\$ 13,346	\$ 13,346	\$ -
TOTAL	<u>\$ 13,346</u>	<u>\$ 13,346</u>	<u>\$ -</u>

Statement 2 - Part II, Line 22 - Grants and Allocations

Grant Recipient	Amount of Contribution	Purpose
The Third Sector New England 89 South Street, Suite 700 Boston, MA 02111-2670	\$ 1,000	Support for "Making Money Make Change," a conference for young philanthroposts
Resource Generation 24 Thorndike Street Cambridge, MA 02141	\$ 1,000	Support for philanthropic publication, "Money Talks So Can We "
Total Grants	<u>\$ 2,000</u>	

Women Donors Network
 EIN 05-0542397
 Year Ended 12/31/04
 Statements Attached to 2004 Form 990

Statement 3 - Part II, Line 42 - Depreciation Expense, and Part IV, Line 57

Depreciation

Description & Date Acquired	Method/ Life	Cost or Basis	Prior Dep	Current Dep	Accum Depr
Printer - 08/03	SL / 3 yrs	\$ 667	\$ 93	\$ 222	\$ 315
Computer - 08/03	SL / 3 yrs	3,447	\$ 478	\$ 1,149	1,627
Laptop Computer - 06/04	SL / 3 yrs	2,023	-	\$ 393	393
	TOTAL	\$ 6,137	\$ 571	\$ 1,765	\$ 2,336

Statement 4 - Part II, Line 43 - Other Expenses

	Total	Program Services	Mgmt & General	Fundraising
Annual Conf & Other Event Catennng	14,352	13,902	-	450
Business Meals	4,098	2,421	1,272	405
Computer Tech Support	4,490	3,058	1,106	326
Consultants	44,419	27,595	14,793	2,031
Honoraria / Speaker Fees	6,500	6,500	-	-
Internet Access	1,235	842	304	89
Liability & D&O Insurance	2,340	1,020	1,212	108
Membership Dues	4,135	2,000	2,135	-
Miscellaneous Other Expenses	481	217	214	50
Payroll Expenses	1,734	-	1,734	-
Training & Education	2,944	2,005	725	214
Website & Email Hosting	3,260	2,221	803	236
Website Development	22,499	15,325	5,543	1,631
Total Other Expenses	\$ 112,487	\$ 77,106	\$ 29,841	\$ 5,540

• **Women Donors Network**

EIN 05-0542397

Year Ended. 12/31/04

Statements Attached to 2004 Form 990

Statement 5 - Part III - Statement of Program Service Accomplishments

WDN's program activities consisted of regional meetings/events, teleconferences, retreats, and its annual conference, which was held in Santa Fe, New Mexico during three days in November.

In addition, there were a number of activities and meetings for prospective members, such as a breakfast meeting on February 16 in Santa Fe, another one in Boston in March, and a third in Philadelphia

In February 2004, we had two regional meetings in San Francisco and one in Boulder, CO, as well as a Board retreat which was held in New York City

March saw a regional meeting in New York, a two-day meeting of the WDN Action Fund Advisory Group, also in New York, two Bay Area regional meetings, and a tele-forum meeting with outside speakers

In April, Executive Director Donna Hall presided as the Mistress of Ceremonies at the annual Women's Foundation for a Greater Memphis Tribute Luncheon. There was also a teleconference call for members during April

May saw a regional meeting in New York City as well as a teleconference meeting

In June another regional meeting was held in Denver

July offered a teleconference meeting.

In September there were two program calls for members about the Action Fund grantmaking process. There were also two Bay Area regional events, two teleconference meetings, and a regional meeting in New York

In October there was a regional event in San Francisco.

November was devoted to the conference in Santa Fe, and it was followed by a regional event in the Bay Area

In December there was a national event held in New York City, as well as a regional event in Denver

In summary, these meetings focused on a variety of educational topics: efforts aimed at increasing voter turnout and voter engagement, skill-building in strategic grantmaking, young women in the juvenile justice system, learning about globalization and what it means, an update on reproductive rights, discussions with San Francisco Mayor Gavin Newsom and dinner with entrepreneur George Soros, and meetings with program officers from foundations, such as Becky Lentz from the Ford Foundation, an expert in medial grantmaking

In addition, there was considerable time and attention spent on the new WDN Action Fund, a grantmaking program supported by a sub group of donors. Meetings were held to establish funding guidelines, to work with outside consultants, to identify organizations invited to submit proposals, and to evaluate and select a grant recipient

In 2004, we had two full-time employees, an Executive Director and a Director of Operations. We also had a part-time Program Coordinator, and a part-time Program Director

Total Program Service Expenses \$358,151

Women Donors Network

EIN 05-0542397

Year Ended 12/31/04

Statements Attached to 2004 Form 990 & 2004 Schedule A

Statement 6 - Part V, List of Officers, Directors, and Trustees

Name	Title and Average Hours per Week	Compensation	Contributions to Benefit Plans	Expense Account
<u>Board of Directors</u>		<u>\$</u>	<u>\$</u>	<u>\$</u>
Diane Hullet	Board Chair, 2 hrs/wk	0	0	0
Dorothy Abbott	Vice President, 1.5 hr/wk	0	0	0
Paulette Meyer	Secretary, 1.5 hr/wk	0	0	0
Catherine Raphael	Treasurer, 1.5 hr/wk	0	0	0
Barbara Dobkin	Board Member, 1.5 hr/wk	0	0	0
Tracy Hewat	Board Member, 1.5 hr/wk	0	0	0
Lynde Uihlein	Board Member, 1.5 hr/wk	0	0	0
Wendy Volkmann	Board Member, 1.5 hr/wk	0	0	0
Chns Wilson	Board Member, 1.5 hr/wk	0	0	0

The address for all Board Members is

1804 Embarcadero Road, Suite 200, Palo Alto, CA 94303

Statement 7 - Schedule A, Part III, line 2d - Compensation of Directors & Key Employees

Donna Hall, Executive Director, received compensation of \$126,000 for her services, as noted on Form 990, Part V. She also received reimbursement of \$608 for out-of-pocket office, travel, and business meal expenses.

Amanda Berger, Program Director, received compensation of \$50,874 for her services, as noted on Form 990, Part V. She also received reimbursement of \$598 for out-of-pocket telephone, internet, business meal, and travel expenses.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1708

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization Women Donors Network	Employer identification number 05 : 0542397
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 1804 Embarcadero Road, Suite 200	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Palo Alto, CA 94303	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **Women Donors Network, 1804 Embarcadero Road, #200, Palo Alto, CA**

Telephone No. ▶ (**650**) **855-9600** FAX No ▶ (**650**) **354-1603**

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **N/A** If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **August 15** , 20 **05**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20... or
 ▶ tax year beginning, 20... and ending, 20...

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

