

Return of Organization Exempt From Income Tax

2010

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 Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **W.E.A.V.E. INCORPORATED**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1900 K STREET
 City or town, state or country, and ZIP + 4
SACRAMENTO, CA 95811

D Employer identification number: **94-2493158**

E Telephone number: **(916) 448-2321**

F Name and address of principal officer: **BETH HASSETT**
1900 K STREET SACRAMENTO, CA 95811

G Gross receipts \$ **3,779,512.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.WEAVEINC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1978** **M** State of legal domicile: **CA**

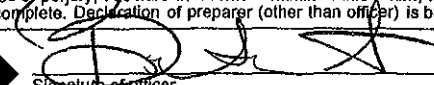
H(c) Group exemption number **▶**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BRING AN END TO DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN PARTNERSHIP WITH OUR COMMUNITY.			
	2 Check this box <input type="checkbox"/> 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)	3	19.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19.	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	127.	
	6 Total number of volunteers (estimate if necessary)	6	150.	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	2,823,675.	3,068,382.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	123,909.	107,013.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,411.	17,851.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,855.	59,286.	
		3,001,850.	3,252,532.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
		14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,964,171.	2,085,344.
		16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 600,344.		
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,117,213.	1,012,143.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,081,384.	3,097,487.	
19 Revenue less expenses. Subtract line 18 from line 12	-79,534.	155,045.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	6,294,383.	6,589,679.	
	22 Net assets or fund balances. Subtract line 21 from line 20	2,875,643.	2,933,104.	
	3,418,740.	3,656,575.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  **2-7-12**
 Signature of officer Date
Beth Hassett, Executive Director
 Type of print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Eric Jones, CPA** Preparer's signature:  Date: **2-1-12** Check if self-employed: PTIN: **P00191219**

Firm's name: **REZNICK GROUP, P.C.** Firm's EIN: **52-1088612**

Firm's address: **400 CAPITOL MALL, SUITE 900 SACRAMENTO, CA 95814-4424** Phone no.: **916-442-9100**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:

TO BRING AN END TO DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN PARTNERSHIP WITH OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,114,228. including grants of \$) (Revenue \$ 107,013.)

ATTACHMENT 1

4b (Code:) (Expenses \$ 877,797. including grants of \$) (Revenue \$)

ATTACHMENT 2

4c (Code:) (Expenses \$ 208,957. including grants of \$) (Revenue \$)

ATTACHMENT 3

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 159,593. including grants of \$) (Revenue \$)

4e Total program service expenses 2,360,575.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 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 employees? <i>If "Yes," complete Schedule J.</i>		X
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

Part VI 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 question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members/stockholders, and documentation of meetings.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BETH HASSET 1900 K STREET SACRAMENTO, CA 95811 916-448-2321

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

Check if Schedule O contains a response to any question in this Part VII.

Section A. 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ASHLEY L. WEST PRESIDENT	5.00	X		X			0.	0.	0.	
(2) GARRY MAISEL VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(3) ELLEN WARNER TREASURER	.80	X		X			0.	0.	0.	
(4) REBECCA J. RAWSON SECRETARY	2.00	X		X			0.	0.	0.	
(5) STAN ATKINSON DIRECTOR	.80	X					0.	0.	0.	
(6) PRIYA BATRA DIRECTOR	.80	X					0.	0.	0.	
(7) JAY COHEN DIRECTOR	.80	X					0.	0.	0.	
(8) THOMAS FORD DIRECTOR	.80	X					0.	0.	0.	
(9) MATTHEW G. JACOBS DIRECTOR	.80	X					0.	0.	0.	
(10) THOMAS A. JOHNSON DIRECTOR	.80	X					0.	0.	0.	
(11) CAROLYN F. MCINTYRE DIRECTOR	.80	X					0.	0.	0.	
(12) BRYAN MERICA DIRECTOR	.80	X					0.	0.	0.	
(13) CATHERINE MORI DIRECTOR	2.00	X					0.	0.	0.	
(14) BERMAN OBALDIA DIRECTOR	.80	X					0.	0.	0.	
(15) DELETTE OLBERG DIRECTOR	.80	X					0.	0.	0.	
(16) FRED PALMER DIRECTOR	.80	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) NORMA RIVERA DIRECTOR	.80	X					0.	0.	0.	
(18) SOPHIA GONZALES SCHERMAN DIRECTOR	.80	X					0.	0.	0.	
(19) DONNA L. UTLEY DIRECTOR	.80	X					0.	0.	0.	
(20) BETH HASSETT EXECUTIVE DIRECTOR	45.00				X		129,433.	0.	1,533.	
(21) RICK PRYOR CONTROLLER	45.00				X		59,893.	0.	0.	
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							189,326.	0.	1,533.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							189,326.	0	1,533.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	154,208.				
	b Membership dues	1b					
	c Fundraising events	1c	109,022.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,473,788.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,331,364.				
	g Noncash contributions included in lines 1a-1f: \$		431,750.				
	h Total. Add lines 1a-1f			3,068,382.			
Program Service Revenue			Business Code				
	2a SERVICE FEES		900099	107,013.	107,013.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			107,013.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			18,457.			18,457.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents		40,248.				
	b Less: rental expenses						
	c Rental income or (loss)		40,248.				
	d Net rental income or (loss)			40,248.			40,248.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		67,887.				
	b Less: cost or other basis and sales expenses		68,493.				
	c Gain or (loss)		-606.				
	d Net gain or (loss)			-606.			-606.
	8a Gross income from fundraising events (not including \$ 109,022. of contributions reported on line 1c). See Part IV, line 18	a	29,007.				
	b Less: direct expenses	b	22,903.				
	c Net income or (loss) from fundraising events			6,104.			6,104.
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a	443,676.					
b Less: cost of goods sold	b	435,584.					
c Net income or (loss) from sales of inventory			8,092.			8,092.	
Miscellaneous Revenue			Business Code				
11a OTHER REVENUE		900099	4,842.			4,842.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			4,842.				
12 Total revenue. See instructions			3,252,532.	107,013.		77,137.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	190,858.	150,497.	6,968.	33,393.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,594,567.	1,257,359.	58,215.	278,993.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,967.	5,494.	254.	1,219.
9 Other employee benefits	110,425.	87,073.	4,031.	19,321.
10 Payroll taxes	182,527.	143,927.	6,664.	31,936.
11 Fees for services (non-employees):				
a Management	54,263.	43,238.	6,296.	4,729.
b Legal	0.			
c Accounting	37,534.	29,908.	4,355.	3,271.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	4,561.		4,561.	
g Other	15,038.	11,982.	1,745.	1,311.
12 Advertising and promotion	0.			
13 Office expenses	145,000.	98,488.	8,337.	38,175.
14 Information technology	16,326.	4,528.	672.	11,126.
15 Royalties	0.			
16 Occupancy	365,777.	192,371.	16,293.	157,113.
17 Travel	16,878.	13,726.	464.	2,688.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	13,057.	11,668.	114.	1,275.
20 Interest	126,799.	118,174.	8,625.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	156,107.	148,379.	6,182.	1,546.
23 Insurance	37,508.	27,589.	1,612.	8,307.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CLIENT EMERGENCY EXPENSE	5,694.	5,694.		
b DUES & SUBSCRIPTIONS	5,324.	2,828.	263.	2,233.
c VOLUNTEER/EMPL APPRECIATION	4,859.	4,163.	520.	176.
d PUBLIC RELATIONS	3,848.	160.	6.	3,682.
e RECRUITMENT	1,894.	1,629.	265.	
f All other expenses	1,676.	1,700.	126.	-150.
25 Total functional expenses. Add lines 1 through 24f	3,097,487.	2,360,575.	136,568.	600,344.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	709,168.	1	680,239.
	2 Savings and temporary cash investments	205,762.	2	52,710.
	3 Pledges and grants receivable, net	436,708.	3	300,372.
	4 Accounts receivable, net	22,876.	4	20,385.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	68,129.	8	51,575.
	9 Prepaid expenses and deferred charges	13,142.	9	21,466.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,204,190.		
	b Less: accumulated depreciation	10b 1,562,879.	3,771,483.	10c 3,641,311.
	11 Investments - publicly traded securities	478,443.	11	1,217,335.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	588,672.	15	604,286.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,294,383.	16	6,589,679.	
Liabilities	17 Accounts payable and accrued expenses	158,334.	17	258,803.
	18 Grants payable		18	
	19 Deferred revenue	5,724.	19	11,119.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties ATCH. 5	2,711,585.	23	2,663,182.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,875,643.	26	2,933,104.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,843,984.	27	2,789,733.
	28 Temporarily restricted net assets	574,756.	28	866,842.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,418,740.	33	3,656,575.	
34 Total liabilities and net assets/fund balances	6,294,383.	34	6,589,679.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,252,532.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,097,487.
3	Revenue less expenses. Subtract line 2 from line 1	3	155,045.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,418,740.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	82,790.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,656,575.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **W. E. A. V. E. INCORPORATED** Employer identification number: **94-2493158**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,986,536.	3,871,196.	3,247,238.	2,823,675.	3,068,382.	16,997,027.
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	3,986,536.	3,871,196.	3,247,238.	2,823,675.	3,068,382.	16,997,027.
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.						16,997,027.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,986,536.	3,871,196.	3,247,238.	2,823,675.	3,068,382.	16,997,027.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61,843.	56,513.	20,609.	40,663.	58,705.	238,333.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10,034.	11,796.	7,142.	2,982.	4,842.	36,796.
11 Total support. Add lines 7 through 10						17,272,156.
12 Gross receipts from related activities, etc. (see instructions)					12	580,396.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.41 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.49 %
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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 fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 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						
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						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a 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						
c 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, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

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

2010

Name of the organization W. E. A. V. E. INCORPORATED	Employer identification number 94-2493158
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **W.E.A.V.E. INCORPORATED**Employer identification number
94-2493158**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY CALIFORNIA CAPITAL REGION 10389 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827	\$ 112,688.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SACRAMENTO CTY DEPT OF HUMAN ASSISTANCE 2433 MARCONI AVENUE SACRAMENTO, CA 95821	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CALIFORNIA EMERGENCY MANAGEMENT AGENCY 3650 SCHRIEVER AVENUE MATHER, CA 95655	\$ 708,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	YOCHA DEHE COMMUNITY FUND P.O. BOX 18 BROOKS, CA 95606	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CATHOLIC HEALTHCARE WEST 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SAC CTY DEPT OF HEALTH & HUMAN SERVICES 7001-A EAST PARKWAY, SUITE 1000 SACRAMENTO, CA 95823	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **W.E.A.V.E. INCORPORATED**

Employer identification number
94-2493158

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 1615 CAPITOL AVE, MS 8400 SACRAMENTO, CA 95899	\$ 86,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CITY OF ELK GROVE 8380 LAGUNA PALMS WAY, SUITE 200 ELK GROVE, CA 95758	\$ 67,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

W.E.A.V.E. INCORPORATED

Employer identification number

94-2493158

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate contributions, aggregate grants, aggregate value, and donor information questions.

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

Table for Conservation Easements with multiple rows for purpose(s), total number, acreage, and monitoring details. Includes checkboxes for various purposes and a table for 'Held at the End of the Tax Year'.

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

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

Table for Art and Historical Treasures with rows for reporting requirements, revenues, and assets.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

JSA 0E1268 1.000

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		158,000.		158,000.
b Buildings		4,826,876.	1,413,365.	3,413,511.
c Leasehold improvements				
d Equipment		219,314.	149,514.	69,800.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,641,311.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1) DEPOSITS	23,380.
(2) CHARITABLE REMAINDER TRT ASSET	580,906.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	604,286.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,252,532.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,097,487.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	155,045.
4	Net unrealized gains (losses) on investments	4	75,639.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	7,151.
9	Total adjustments (net). Add lines 4 through 8	9	82,790.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	237,835.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,353,664.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	75,639.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	30,054.
e	Add lines 2a through 2d	2e	105,693.
3	Subtract line 2e from line 1	3	3,247,971.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,561.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	4,561.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,252,532.

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

1	Total expenses and losses per audited financial statements	1	3,115,829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	22,903.
e	Add lines 2a through 2d	2e	22,903.
3	Subtract line 2e from line 1	3	3,092,926.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,561.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	4,561.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,097,487.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X:

W.E.A.V.E. IS PUBLICLY SUPPORTED AND EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION (IRC SUBSECTION 501(C)(3)). W.E.A.V.E ADOPTED THE ACCOUNTING PRINCIPLES RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (AS DESCRIBED UNDER ASC 740-10) AS OF JULY 1, 2009. WITH SOME EXCEPTIONS, W.E.A.V.E. IS NO LONGER SUBJECT TO U.S. FEDERAL AND CALIFORNIA INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2006.

FORM 990 SCHEDULE D, PART XI, LINE 8:

CHANGE IN VALUE OF CRT ASSETS

FORM 990 SCHEDULE D, PART XII, LINE 2D:

FUNDRAISING EVENT EXPENSES	22,903
CHANGE IN VALUE OF CRT ASSETS	7,151

TOTAL	30,054
	=====

Part XIV Supplemental Information (continued)

FORM 990 SCHEDULE D, PART XIII, LINE 2D:

FUNDRAISING EVENT EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**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.

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2010

**Open To Public
Inspection**

W. E. A. V. E. INCORPORATED

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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

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

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? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 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.

Part II 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	
		FEAST FOR WEAVE (event type)	WALK A MILE (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	61,422.	72,193.	4,414.	138,029.
	2	Less: Charitable contributions	39,750.	64,878.	4,394.	109,022.
	3	Gross income (line 1 minus line 2)	21,672.	7,315.	20.	29,007.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,599.	13,187.	117.	22,903.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					6,104.

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

		(a) Bingo		(b) Pull tabs/Instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (add col. (a) through col. (c))	
		Yes	No	Yes	No	Yes	No		
Revenue	1	Gross revenue							
Direct Expenses	2	Cash prizes							
	3	Noncash prizes							
	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes	No	Yes	No	Yes	No	
	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							

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b 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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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Inspection**

Name of the organization
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Part I Types of Property

	(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 amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		431,750.	SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
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				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

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**Open to Public
Inspection**

Name of the organization

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PREVENTION: WEAVE, INC. CONDUCTS A VARIETY OF PREVENTION EDUCATION ACTIVITIES DESIGNED TO BREAK THE CYCLE OF DOMESTIC VIOLENCE AND PREVENT SEXUAL ASSAULTS IN THE COMMUNITY. WEAVE STAFF MEMBERS AND TRAINED VOLUNTEERS COMPLETED 156 PRESENTATIONS REACHING 4,411 COMMUNITY MEMBERS BETWEEN JULY 1, 2010 AND JUNE 30, 2011. IN ADDITION, DURING THE SAME TIME PERIOD, WEAVE STAFF MEMBERS AND TRAINED VOLUNTEERS COMPLETED 24 TRAINING SESSIONS FOR 350 PROFESSIONALS. EDUCATORS ALSO PRESENT THE "IN TOUCH WITH TEENS" EDUCATIONAL CURRICULUM, A CURRICULUM FOR MIDDLE AND HIGH SCHOOL STUDENTS. "IN TOUCH WITH TEENS" TEACHES YOUTH ABOUT SEXUAL ASSAULT AND DATING VIOLENCE AND ALLOWS TEENS TO EXPLORE SOME OF THE MYTHS AND CULTURAL STEREOTYPES ASSOCIATED WITH RELATIONSHIP VIOLENCE. THESE SERVICES ARE PROVIDED AT VARIOUS SCHOOLS THROUGHOUT THE COUNTY OF SACRAMENTO, AS WELL AS THE WEAVE BUSINESS CENTER, YEAR ROUND. BETWEEN JULY 1, 2010 AND JUNE 30, 2011, 147 PRESENTATIONS WERE MADE TO 1,179 STUDENTS WHO PARTICPATED IN CLASSROOM PRESENTATIONS AND EDUCATIONAL GROUPS.

EMPLOYMENT DEVELOPMENT AND SUPPORT: WEAVE, INC. HELPS CLIENTS BECOME SELF-SUFFICIENT THROUGH A COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM THAT INCLUDES SKILLS ASSESSMENT, CASE MANAGEMENT, EDUCATION ASSISTANCE, EMPLOYMENT WORKSHOPS, JOB PLACEMENT SERVICES AND INTERVIEW SKILLS DEVELOPMENT. IN ADDITION, WEAVE'S SUITED FOR SUCCESS PROGRAM PROVIDES CLOTHING AND SUPPORT FOR WOMEN AND MEN REENTERING OR FIRST ENTERING THE

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WORKFORCE. MORE THAN 105 CLIENTS RECEIVED SERVICES THROUGH WEAVE'S EMPLOYMENT PROGRAMS THIS YEAR.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD FINANCE COMMITTEE, LED BY THE TREASURER OF THE BOARD OF DIRECTORS, IN CONCERT WITH THE STAFF LEADERSHIP TEAM COMPRISED OF THE EXECUTIVE DIRECTOR, THE DIRECTOR OF DEVELOPMENT AND COMMUNITY RELATIONS, THE DIRECTOR OF PROGRAMS, AND THE CONTROLLER WILL REVIEW IN DETAIL THE 990 DURING ITS MONTHLY COMMITTEE MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND KEY STAFF ARE REQUIRED TO DISCLOSE ANY INTERESTS AND SIGN A CONFLICT OF INTEREST POLICY DOCUMENT ANNUALLY. THE EXECUTIVE COMMITTEE OF THE BOARD COLLECTS THEM, REVIEWS THEM AND ENFORCES COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A & 15B:

THE EXECUTIVE DIRECTOR WAS HIRED IN 2006 AND HER COMPENSATION WAS DETERMINED BY THE SEARCH TEAM AT THAT TIME. IN 2009 A COMPENSATION COMMITTEE OF THE BOARD WAS CREATED TO REVIEW THE EXECUTIVE DIRECTOR'S SALARY. AN EXTERNAL REVIEW WAS COMPLETED BY THE COMMITTEE IN 2009. NO CHANGE WAS MADE TO THE EXECUTIVE DIRECTOR'S COMPENSATION. ALL SALARIES ARE REVIEWED ON AN ANNUAL BASIS AS A PARTICIPANT IN A STATEWIDE REVIEW BASED ON SIZE, TYPES OF SERVICES, AREA, ETC.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

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FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

NEITHER THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT NOR THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XI, LINE 5:

NET UNREALIZED GAINS ON INVESTMENTS	75,639
CHANGE IN VALUE OF CRT ASSETS	7,151

OTHER CHANGES IN NET ASSETS	82,790
	=====

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE FOUR ELECTED OFFICERS, PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER, A MEMBER AT LARGE WHO IS THE CHAIR OF THE BOARD DEVELOPMENT COMMITTEE, AND, AS AN EX-OFFICIO NON-VOTING MEMBER, THE EXECUTIVE DIRECTOR OF WEAVE.

THE EXECUTIVE COMMITTEE IS EMPOWERED TO HANDLE ALL BUSINESS ARISING BETWEEN REGULAR MEETINGS OF THE BOARD OF DIRECTORS AND MAKES A WRITTEN REPORT OF SUCH AT THE NEXT SCHEDULED MEETING OF THE BOARD OF DIRECTORS.

IN ADDITION, THE EXECUTIVE COMMITTEE SUPERVISES THE EXECUTIVE DIRECTOR

Name of the organization W.E.A.V.E. INCORPORATED	Employer identification number 94-2493158
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AND AT LEAST ANNUALLY REVIEWS HIS/HER PERFORMANCE AND REPORTS TO THE BOARD THEREUPON.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

DOMESTIC VIOLENCE: WEAVE, INC. IS A NATIONALLY RECOGNIZED NONPROFIT AGENCY ESTABLISHED IN 1978 TO PROVIDE SUPPORT SERVICES TO BATTERED WOMEN AND THEIR CHILDREN IN SACRAMENTO COUNTY. IN ORDER TO MEET THE COMPLEX SERVICE NEEDS OF A POPULATION THAT IS ETHNICALLY/LINGUISTICALLY DIVERSE, WEAVE OPERATES A 24-HR. SUPPORT & INFORMATION LINE ON WHICH ADVOCATES PROVIDED CRISIS INTERVENTION COUNSELING, ADVOCACY, AND INFORMATION AND REFERRALS. INTERPRETING SERVICES ARE AVAILABLE IN APPROXIMATELY 20 LANGUAGES. BETWEEN JULY 1, 2010 AND JUNE 30, 2011, PEER ADVOCATES ANSWERED 12,394 CALLS AND PERFORMED 740 IN PERSON TRIAGE SESSIONS. IN ADDITION, WEAVE OFFERS INDIVIDUAL AND GROUP COUNSELING SERVICES. 1,132 ADULTS AND CHILDREN RECEIVED DOMESTIC VIOLENCE COUNSELING SERVICES DURING THE YEAR. WEAVE'S LEGAL ADVOCACY PROGRAM PROVIDES CONSULTATIONS, DOMESTIC VIOLENCE RESTRAINING ORDER ASSISTANCE, COURT ACCOMPANIMENT, AND HELPS WITH CHILD CUSTODY AND SUPPORT ISSUES TO VICTIMS OF DOMESTIC VIOLENCE. BETWEEN JULY 1, 2010 AND JUNE 30, 2011, WEAVE'S LEGAL ADVOCACY PROGRAM PROVIDED SERVICES TO 563 WOMEN AND MEN. WEAVE'S DOMESTIC VIOLENCE RESPONSE TEAM,

Name of the organization W.E.A.V.E. INCORPORATED	Employer identification number 94-2493158
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ATTACHMENT 1 (CONT'D)

WORKING IN CONCERT WITH THE CITY OF ELK GROVE POLICE DEPARTMENT,
SERVED 258 CLIENTS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

SAFEHOUSE: FOR THREE DECADES WEAVE HAS PROVIDED A "SAFE HAVEN" FOR WOMEN AND CHILDREN VICTIMS OF DOMESTIC VIOLENCE, AND FOR SEXUAL ASSAULT SURVIVORS WHO ARE UNABLE TO RETURN HOME FOLLOWING AN ASSAULT. IN JULY 2009 WEAVE OPENED ITS BRAND NEW 12,000 SQUARE FOOT FACILITY THAT DOUBLED THE CAPACITY AND DRAMATICALLY INCREASED THE QUALITY AND ARRAY OF SERVICES AVAILABLE TO VICTIMS. THE MAXIMUM STAY WAS INCREASED TO 60 DAYS AT THAT TIME AND AS A RESULT THE AVERAGE LENGTH OF STAY MORE THAN DOUBLED WHICH INCREASES THE LIKELIHOOD THAT A CLIENT WILL EXIT TO SAFE HOUSING RATHER THAN RETURNING TO THE ABUSER. BETWEEN JULY 1, 2010 AND JUNE 30, 2011, THE AVERAGE LENGTH OF STAY INCREASED FROM 24.6 NIGHTS TO 26.7 NIGHTS AT THE SAFEHOUSE. EACH CLIENT WHO ENTERS THE SAFEHOUSE RECEIVES CASE MANAGEMENT, COUNSELING, EMERGENCY TRANSPORTATION, LEGAL ASSISTANCE, FOOD AND CLOTHING, HELP IN OBTAINING HOUSING, WORKFORCE DEVELOPMENT HELP AND ADVOCACY WITH OTHER AGENCIES FOR ADDITIONAL SERVICES. BETWEEN JULY 1, 2010 AND JUNE 30, 2011, WEAVE'S SAFEHOUSE PROGRAM PROVIDED EMERGENCY SHELTER TO 365 WOMEN AND CHILDREN AND 4 MEN AND THEIR CHILDREN AT OTHER FACILITIES.

Name of the organization

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W.E.A.V.E. INCORPORATED

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ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SEXUAL ASSAULT SERVICES: WEAVE, INC. HAS BEEN PROVIDING SERVICES TO SEXUAL ASSAULT SURVIVORS SINCE 1988. CRISIS INTERVENTION COUNSELING, ADVOCACY, AND INFORMATION AND REFERRALS ARE OFFERED THROUGH WEAVE'S 24-HR CRISIS LINE. WEAVE ALSO CONDUCTS INDIVIDUAL AND GROUP COUNSELING FOR ADULT AND TEEN SURVIVORS OF SEXUAL ASSAULT AND THEIR SIGNIFICANT OTHERS. BETWEEN JULY 1, 2010 AND JUNE 30, 2011, 198 SURVIVORS OF SEXUAL ASSAULT RECEIVED COUNSELING SERVICES. WEAVE'S SEXUAL ASSAULT RESPONSE TEAM (SART) OFFERS 24-HOUR EMERGENCY ACCOMPANIMENT TO SURVIVORS OF SEXUAL ASSAULT. ACCOMPANIMENT SERVICES INCLUDE MEETING THE VICTIM AT THE HOSPITAL, PROVIDING CRISIS INTERVENTION COUNSELING AND EMOTIONAL SUPPORT DURING EVIDENTIARY EXAMS AND LAW ENFORCEMENT INTERVIEWS. FOOD, CLOTHING, AS WELL AS INFORMATION AND REFERRALS FOR ADDITIONAL SERVICES, ARE ALSO PROVIDED. BETWEEN JULY 1, 2010 AND JUNE 30, 2011, THE SART PROGRAM PROVIDED EMERGENCY ACCOMPANIMENT SERVICES TO 202 VICTIMS.

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ATTACHMENT 4

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	443,676.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	

ATTACHMENT 5

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: WELLS FARGO LOAN
ORIGINAL AMOUNT: 1,725,000.
INTEREST RATE: 5.650000
MATURITY DATE: 05/01/2015
REPAYMENT TERMS: \$12,100 MONTHLY INSTALLMENTS WITH BALLOON PAYMENT
SECURITY PROVIDED: SECURED BY 1900 K STREET BUILDING

BEGINNING BALANCE DUE	1,711,585.
ENDING BALANCE DUE	<u>1,663,182.</u>

LENDER: EHAP LOAN
ORIGINAL AMOUNT: 1,000,000.
INTEREST RATE: 3.000000
MATURITY DATE: 07/23/2016
REPAYMENT TERMS: NO MONTHLY PAYMENTS, FORGIVEN AT MATURITY DATE
SECURITY PROVIDED: UNDISCLOSED SAFE HOUSE

BEGINNING BALANCE DUE	1,000,000.
ENDING BALANCE DUE	<u>1,000,000.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 2,711,585.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 2,663,182.