Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07/01, **2011, and ending** 06/30, **20** 12

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): 1900 K STREET | Room/suite

City or town, state or country, and ZIP + 4: SACRAMENTO, CA 95811

D Employer identification number 94-2493158

E Telephone number (916) 448-2321

G Gross receipts $ 3,555,585.

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

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.WEAVEINC.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

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

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 ASSUALT IN PARTNERSHIP WITH OUR COMMUNITY.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	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 2011 (Part V, line 2a)	5	120.
6	Total number of volunteers (estimate if necessary)	6	117.
7a	Total 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

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,068,382.	2,951,617.
	9	Program service revenue (Part VIII, line 2g)	107,013.	142,772.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,851.	30,148.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,286.	17,895.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,252,532.	3,142,432.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,085,344.	2,272,013.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 548,634.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,012,143.	996,055.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,097,487.	3,268,068.
	19	Revenue less expenses. Subtract line 18 from line 12	155,045.	-125,636.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,589,679.	6,646,375.
	21	Total liabilities (Part X, line 26)	2,933,104.	3,033,749.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,656,575.	3,612,626.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 12-19-12

▶ Beth Hassett, Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
BETH MULLEN, CPA				P00226357

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

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) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

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 ASSUALT 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** [X] **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** [X] **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 1,174,837. including grants of $ 0) (Revenue $ 142,772.)

ATTACHMENT 1

4b (Code:) (Expenses $ 924,201. including grants of $ 0) (Revenue $ 0)

ATTACHMENT 2

4c (Code:) (Expenses $ 263,750. including grants of $ 0) (Revenue $ 0)

ATTACHMENT 3

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

(Expenses $ 214,287. including grants of $ 0) (Revenue $ 0)

4e Total program service expenses ▶ 2,577,075.

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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? *If "Yes," complete Schedule R, Part VI*	37		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.	38	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. . . . . ☐

				Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	120			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 **Organizations that may receive deductible contributions under section 170(c).**					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 **Sponsoring organizations maintaining donor advised funds.**					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 **Section 501(c)(7) organizations.** Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 **Section 501(c)(12) organizations.** Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a Is the organization licensed to issue qualified health plans in more than one state?			13a		
Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) GARRY MAISEL PRESIDENT	4.00	X		X				0	0	0
(2) MATTHEW G. JACOBS VICE-PRESIDENT	.80	X		X				0	0	0
(3) PETER RAFFETTO TREASURER	.80	X		X				0	0	0
(4) NEIL FORESTER SECRETARY	2.00	X		X				0	0	0
(5) ASHLEY L. WEST PAST PRESIDENT	4.00	X		X				0	0	0
(6) SUE AKIYAMA DIRECTOR	.80	X						0	0	0
(7) STAN ATKINSON DIRECTOR	.80	X						0	0	0
(8) JAY COHEN DIRECTOR	.80	X						0	0	0
(9) THOMAS FORD DIRECTOR	.80	X						0	0	0
(10) BRIAN IVIE DIRECTOR	.80	X						0	0	0
(11) THOMAS A. JOHNSON DIRECTOR	.80	X						0	0	0
(12) CATHERINE KENDALL DIRECTOR	.80	X						0	0	0
(13) BRYAN MERICA DIRECTOR	.80	X						0	0	0
(14) TIM MORAN 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) BERMAN OBALDIA DIRECTOR	.80	X						0	0	0
(16) MICHELLE ODELL DIRECTOR	.80	X						0	0	0
(17) REBECCA J. RAWSON DIRECTOR	.80	X						0	0	0
(18) NORMA RIVERA DIRECTOR	.80	X						0	0	0
(19) DAVID TOWNSEND DIRECTOR	.80	X						0	0	0
(20) BETH HASSETT EXECUTIVE DIRECTOR	45.00			X				150,385.	0	0
(21) RICK PRYOR CONTROLLER	45.00			X				83,953.	0	0
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								234,338.	0	0
d Total (add lines 1b and 1c) ▶								234,338.	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(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	152,206.				
	b Membership dues	1b					
	c Fundraising events	1c	245,257.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,575,137.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	979,017.				
	g Noncash contributions included in lines 1a-1f: $ 361,745.						
	h **Total.** Add lines 1a-1f		▶	2,951,617.			
Program Service Revenue			Business Code				
	2a SERVICE FEES		900099	142,772.	142,772.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f		▶	142,772.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	31,332.			31,332.
	4 Income from investment of tax-exempt bond proceeds		▶	0			
	5 Royalties		▶	0			
		(i) Real	(ii) Personal				
	6a Gross rents	41,528.					
	b Less: rental expenses						
	c Rental income or (loss)	41,528.					
	d Net rental income or (loss)		▶	41,528.			41,528.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses	1,184.					
	c Gain or (loss)	-1,184.					
	d Net gain or (loss)		▶	-1,184.			-1,184.
	8a Gross income from fundraising events (not including $ 245,257. of contributions reported on line 1c). See Part IV, line 18	a	24,255.				
	b Less: direct expenses	b	57,018.				
	c Net income or (loss) from fundraising events		▶	-32,763.			-32,763.
	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	361,698.				
	b Less: cost of goods sold	b	354,951.				
	c Net income or (loss) from sales of inventory		▶	6,747.			6,747.
	Miscellaneous Revenue		Business Code				
	11a OTHER REVENUE		900099	2,383.			2,383.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d		▶	2,383.			
	12 **Total revenue.** See instructions		▶	3,142,432.	142,772.		48,043.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	234,338.	188,174.	8,389.	37,775.
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	1,685,986.	1,353,794.	60,436.	271,756.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	174,478.	140,101.	6,253.	28,124.
10 Payroll taxes	177,211.	142,296.	6,351.	28,564.
11 Fees for services (non-employees):				
a Management	37,334.	32,777.	4,003.	554.
b Legal	0			
c Accounting	27,683.	24,304.	2,969.	410.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	6,253.		6,253.	
g Other	8,659.	7,602.	928.	129.
12 Advertising and promotion	0			
13 Office expenses	150,510.	112,970.	7,229.	30,311.
14 Information technology	18,229.	5,636.	821.	11,772.
15 Royalties	0			
16 Occupancy	305,484.	222,052.	15,068.	68,364.
17 Travel	20,644.	16,308.	365.	3,971.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	10,756.	9,444.	169.	1,143.
20 Interest	124,212.	111,022.	13,190.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	160,140.	152,267.	6,327.	1,546.
23 Insurance	35,581.	26,421.	1,467.	7,693.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLIC RELATIONS	24,208.	1,799.		22,409.
b VOL./EMPL. APPRECIATION	7,440.	5,112.	715.	1,613.
c CLIENT EMERGENCY EXPENSE	7,000.	7,000.		
d MEMBERSHIP DUES & SUBSCRIPTI	5,523.	3,404.	242.	1,877.
e All other expenses	46,399.	14,592.	1,184.	30,623.
25 **Total functional expenses.** Add lines 1 through 24e	3,268,068.	2,577,075.	142,359.	548,634.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	680,239.	1	487,584.
	2	Savings and temporary cash investments	52,710.	2	4,650.
	3	Pledges and grants receivable, net	300,372.	3	320,104.
	4	Accounts receivable, net	20,385.	4	23,867.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	51,575.	8	51,575.
	9	Prepaid expenses and deferred charges	21,466.	9	24,865.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,440,043.			
	b	Less: accumulated depreciation 10b 1,712,395.	3,641,311.	10c	3,727,648.
	11	Investments - publicly traded securities	1,217,335.	11	1,315,215.
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	604,286.	15	690,867.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	6,589,679.	16	6,646,375.
Liabilities	17	Accounts payable and accrued expenses	258,803.	17	388,072.
	18	Grants payable	0	18	0
	19	Deferred revenue ATCH 4	11,119.	19	3,349.
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties ATCH 5	2,663,182.	23	2,642,328.
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	2,933,104.	26	3,033,749.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,789,733.	27	2,824,671.
	28	Temporarily restricted net assets	866,842.	28	787,955.
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	3,656,575.	33	3,612,626.
	34	Total liabilities and net assets/fund balances	6,589,679.	34	6,646,375.

Form **990** (2011)

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,142,432.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,268,068.
3	Revenue less expenses. Subtract line 2 from line 1	3	-125,636.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,656,575.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	81,687.
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	3,612,626.

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: [ ] Cash [X] Accrual [ ] 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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: [X] Separate basis [ ] Consolidated basis [ ] 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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

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 [X] 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?

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

h Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,871,196.	3,247,238.	2,823,675.	3,068,382.	2,951,617.	15,962,108.
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	3,871,196.	3,247,238.	2,823,675.	3,068,382.	2,951,617.	15,962,108.
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.						15,962,108.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,871,196.	3,247,238.	2,823,675.	3,068,382.	2,951,617.	15,962,108.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56,513.	20,609.	40,663.	58,705.	72,860.	249,350.
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.)	11,796.	7,142.	2,982.	4,842.	2,383.	29,145.
11 **Total support.** Add lines 7 through 10						16,240,603.

12 Gross receipts from related activities, etc. (see instructions) . . . **12** 966,349.

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** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . **14** 98.29 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . **15** 98.41 %

16a **33 1/3% support test - 2011.** 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 . . . ▶ ☒

b **33 1/3% support test - 2010.** 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 . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2011.** 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 . . . ▶ ☐

b **10%-facts-and-circumstances test - 2010.** 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 organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

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 . . . ▶ ☐

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

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	[X] 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

[X] 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, total 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 total 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 Part I, 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY CALIFORNIA CAPITAL REGION 10389 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827	$ 114,346.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	SACRAMENTO CTY DEPT OF HUMAN ASSSISTANCE 2433 MARCONI AVENUE SACRAMENTO, CA 95821	$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	CALIFORNIA EMERGENCY MANAGEMENT AGENCY 3650 SCHRIEVER AVENUE MATHER, CA 95655	$ 708,758.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	SAC CTY DEPT OF HEALTH & HUMAN SERVICES 7001-A EAST PARKWAY, SUITE 1000 SACRAMENTO, CA 95823	$ 90,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 1615 CAPITOL AVE, MS 8400 SACRAMENTO, CA 95899	$ 66,427.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SACRAMENTO EMPLOYMENT & TRAINING AGENCY 925 DEL PASO BLVD., SUITE 100 SACRAMENTO, CA 95815	$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	SACRAMENTO COUNTY CHILDREN'S COALITION 7001-A EAST PARKWAY, SUITE 700 SACRAMENTO, CA 95823	$ 151,129.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	EMERGENCY FOOD & SHELTER BOARD 909 12TH STREET, SUITE 200 SACRAMENTO, CA 95814	$ 67,650.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	DIGNITY HEALTH 185 BERRY STREET, SUITE 300 SAN FRANCISCO, CA 94107	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	MERCY FOUNDATION 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	$ 42,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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

Employer identification number 94-2493158

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

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

Employer identification number 94-2493158

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2011
Open to Public Inspection

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ________________

4 Number of states where property subject to conservation easement is located ▶ ________________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ________________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶$ ________________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $____________

(ii) Assets included in Form 990, Part X ▶ $____________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $____________

b Assets included in Form 990, Part X ▶ $

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 XIV and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the 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	5,000.				
c Net investment earnings, gains, and losses	379.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	53.				
g End of year balance	5,326.				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _________ %

b Permanent endowment ▶ 100.0000 %

c Temporarily restricted endowment ▶ _________ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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)	X	
(ii) related organizations	3a(ii)		X
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 property	(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		5,083,792.	1,571,634.	3,512,158.
c Leasehold improvements				
d Equipment		198,251.	140,761.	57,490.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,727,648.

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	42,292.
(2) CHARITABLE REMAINDER TRT ASSET	648,575.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	690,867.

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

1. (a) Description of liability	(b) Book value
(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	3,142,432.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,268,068.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-125,636.
4	Net unrealized gains (losses) on investments	4	25,987.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	55,700.
9	Total adjustments (net). Add lines 4 through 8	9	81,687.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-43,949.

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	3,286,822.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	25,987.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	124,687.		
e	Add lines **2a** through **2d**			2e	150,674.
3	Subtract line **2e** from line **1**			3	3,136,148.
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	6,284.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	6,284.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,142,432.

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

1	Total expenses and losses per audited financial statements			1	3,330,771.
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	68,987.		
e	Add lines **2a** through **2d**			2e	68,987.
3	Subtract line **2e** from line **1**			3	3,261,784.
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	6,284.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	6,284.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,268,068.

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:	67,669
PURCHASE DISCOUNTS LOST:	(31)
BAD DEBT EXPENSE:	(11,931)
MISCELLANEOUS EXPENSE:	(7)

TOTAL:	55,700
	=======

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

CHANGE IN VALUE OF CRT ASSETS:	67,669
FUNDRAISING EVENT INCOME:	57,018

TOTAL:	124,687
	=======

Part XIV Supplemental Information *(continued)*

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

FUNDRAISING EVENT EXPENSES:	57,018
PURCHASE DISCOUNTS LOST:	31
BAD DEBT EXPENSE:	11,931
MISCELLANEOUS EXPENSE:	7

TOTAL:	68,987
	======

FORM 990, SCHEDULE D, PART V, LINE 4:

TO SUPPORT WEAVE'S MISSION AND PURPOSE OF THE AGENCY.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2011
Open to Public Inspection

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

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? Yes	No	(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
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 FEAST FOR WEAVE (event type)	(b) Event #2 WALK A MILE (event type)	(c) Other Events 1. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	53,392.	206,857.	9,263.	269,512.
	2 Less: Charitable contributions	38,067.	197,927.	9,263.	245,257.
	3 Gross income (line 1 minus line 2)	15,325.	8,930.	0	24,255.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,396.	41,884.	738.	57,018.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(57,018.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-32,763.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 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: ____________

10a 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 ▶ ______________________________

15a 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 J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
1 BETH HASSETT	(i)	133,385.	17,000.	0	0	0	150,385.	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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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Name of the organization: W.E.A.V.E. INCORPORATED

Employer identification number: 94-2493158

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		361,745.	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
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 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?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

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.

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

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 179 PRESENTATIONS REACHING 5,490 COMMUNITY MEMBERS BETWEEN JULY 1, 2011 AND JUNE 30, 2012. IN ADDITION, DURING THE SAME TIME PERIOD, WEAVE STAFF MEMBERS AND TRAINED VOLUNTEERS COMPLETED 23 TRAINING SESSIONS FOR 656 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, 2011 AND JUNE 30, 2012, 121 PRESENTATIONS WERE MADE TO 1,328 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 INTEREVIEW SKILLS DEVELOPMENT. IN ADDITION, WEAVE'S SUITED FOR SUCCESS PROGRAM PROVIDES CLOTHING AND SUPPORT FOR WOMEN AND MEN REENTERING OR FIRST ENTERING THE WORKFORCE. MORE THAN 131 CLIENTS RECEIVED SERVICES THROUGH WEAVE'S EMPLOYMENT PROGRAMS THIS YEAR.

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

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 AND AT LEAST ANNUALLY REVIEWS HIS/HER PERFORMANCE AND REPORTS TO THE BOARD THEREUPON.

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

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

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 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	25,987
CHANGE IN VALUE OF CRT ASSETS	67,669
PURCHASE DISCOUNTS LOST	(31)
BAD DEBT EXPENSE	(11,931)
MISCELLANEOUS EXPENSE	(7)

TOTAL	81,687
	========

Name of the organization: W.E.A.V.E. INCORPORATED

Employer identification number: 94-2493158

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 LANUGUAGES. BETWEEN JULY 1, 2010 AND JUNE 30, 2011, PEER ADVOCATES ANSWERED 12,519 CALLS AND PERFORMED 711 IN PERSON TRIAGE SESSIONS. IN ADDITION, WEAVE OFFERS INDIVIDUAL AND GROUP COUNSELING SERVICES. 1,003 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, 2011 AND JUNE 30, 2012, WEAVE'S LEGAL ADVOCACY PROGRAM PROVIDED SERVICES TO 685 WOMEN AND MEN. WEAVE'S DOMESTIC VIOLENCE RESPONSE TEAM, WORKING IN CONCERT WITH THE CITY OF ELK GROVE POLICE DEPARTMENT, SERVED 83 CLIENTS.

ATTACHMENT 2

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

SAFEHOUSE: FOR THREE DECADES WEAVE HAS PROVIDED A "SAFE HAVEN" FOR

Name of the organization: W.E.A.V.E. INCORPORATED

Employer identification number: 94-2493158

ATTACHMENT 2 (CONT'D)

WOMEN AND CHILDREN VICTIMS OF DOMESTIC VIOLENCE, AND FOR SEXUAL ASSAULT SURVIVORS WHO ARE UNABLE TO RETURN HOME FOLLOWING AN ASSAULT. IN JULY 2010, 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 AND, AS A RESULT THE AVERAGE LENGTH OF STAY MORE THAN DOUBLED--FROM 11 DAYS TO 26.9--WHICH INCREASES THE LIKELIHOOD THAT A CLIENT WILL EXIT TO SAFE HOUSING RATHER THAN RETURNING TO THE ABUSER. EACH CLIENT WHO ENTERS THE SAFEHOUSE RECEIVES CASE MANAGEMENT, COUNSELING, EMERGENCY TRANSPORTATION, LEGAL ASSISTANCE, FOOD/CLOTHING, HELP IN OBTAINING HOUSING, WORKFORCE DEVELOPMENT HELP, AND ADVOCACY WITH OTHER AGENCIES FOR ADDITIONAL SERVICES. BETWEEN JULY 1, 2011 AND JUNE 30, 2012, WEAVE'S SAFEHOUSE PROGRAM PROVIDED EMERGENCY SHELTER TO 382 WOMEN AND CHILDREN AND 3 MEN AND THEIR CHILDREN AT OTHER FACILITIES.

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, 2011 AND

Name of the organization: W.E.A.V.E. INCORPORATED

Employer identification number: 94-2493158

ATTACHMENT 3 (CONT'D)

JUNE 30, 2012, 225 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, 2011 AND JUNE 30, 2012, THE SART PROGRAM PROVIDED EMERGENCY ACCOMPANIMENT SERVICES TO 203 VICTIMS.

ATTACHMENT 4

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION		ENDING BOOK VALUE
DEFERRED REVENUE		3,349.
	TOTALS	3,349.

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 BALLOWN PAYMENT
SECURITY PROVIDED: SECURED BY 1900 K STREET BUILDING

BEGINNING BALANCE DUE .... 1,663,182.
ENDING BALANCE DUE .... 1,612,193.

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

ATTACHMENT 5 (CONT'D)

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: SECURED BY UNDISCLOSED SAFEHOUSE

BEGINNING BALANCE DUE .... 1,000,000.
ENDING BALANCE DUE .... 1,000,000.

LENDER: EHAP
ORIGINAL AMOUNT: 30,135.
INTEREST RATE: 3.000000
REPAYMENT TERMS: NO MONTHLY PAYMENTS, FORGIVEN AT MATURITY DATE
SECURITY PROVIDED: COTTAGES

BEGINNING BALANCE DUE ....
ENDING BALANCE DUE .... 30,135.

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

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 2,642,328.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

State Charity Registration Number: 033494

W.E.A.V.E. INCORPORATED
Name of Organization

1900 K STREET
Address (Number and Street)

SACRAMENTO, CA 95811
City or Town, State and ZIP Code

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. 0837265

Federal Employer I.D. No. 94-2493158

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than $25,000	0	Between 100,001 and $250,000	$50	Between 1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2011 ending 06/30/2012) list:

Gross annual revenue $ 3,142,432. Total assets $ 6,646,375.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5.	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.		X
6.	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. ATCH 1	X	
7.	During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8.	Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9.	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (916)448-2321

Organization's e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer | Printed Name | Title | Date

RRF-1 (3-05)

FORM RRF-1, PART B - CONTRIBUTING GOVERNMENT AGENCIES

ATTACHMENT 1

GOVERNMENT AGENCY NAME	STREET ADDRESS	CITY, STATE AND ZIP CODE	CONTACT NAME	TELEPHONE
CALIFORNIA EMERGENCY MANAGEMENT AGENCY	3650 SCHRIEVER AVENUE	MATHER, CA 95655		916-845-8510
CALIFORNIA DEPT OF PUBLIC HEALTH	1615 CAPITOL AVE., MS 8400	SACRAMENTO, CA 95899		916-558-1784
SACRAMENTO CNTY DEPT OF HUMAN ASSISTANCE	2433 MARCONI AVENUE	SACRAMENTO, CA 95821		916-875-3601
SACRAMENTO COUNTY CHILDREN'S COALITION	7001-A EAST PARKWAY, SUITE 1000	SACRAMENTO, CA 95823		916-875-1415
SAC CNTY DEPT OF HEALTH & HUMAN SERVICES	7001-A EAST PARKWAY, SUITE 700	SACRAMENTO, CA 95823		916-875-6091
SACRAMENTO EMPLOYMENT & TRAINING AGENCY	925 DEL PASO BLVD, SUITE 100	SACRAMENTO, CA 95815		916-263-3800