# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or the	pprox 2022 calendar year, or tax year beginning $$ JUL $1$ , $2022$ $$ and ending	JUN	30, 2023			
	Check if opplicable	C Name of organization	DI	Employer identific	cation number		
	Addres						
	Name change	Doing business as		91-15598	48		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  Room/ 232 5TH AVENUE S.  201	suite <b>E</b>	Telephone number			
	termin ated		G	Gross receipts \$	2,261,692.		
	Ameno		H(a	ı) Is this a group re			
	Applic tion	F Name and address of principal officer: DEBOKAH FROCK I		for subordinates			
	pendir	SAME AS C ABOVE	H(b	Are all subordinates in	cluded? Yes No		
1 7	ax-exe	empt status: $\mathbf{X}$ 501(c)(3) $\mathbf{D}$ 501(c) ( ) (insert no.) $\mathbf{D}$ 4947(a)(1) or $\mathbf{D}$	527	If "No," attach a	list. See instructions		
	Vebsit		H(c	) Group exemption	n number		
	orm of	organization: X Corporation Trust Association Other L Summary	Year of for	mation: 1992 <b>N</b>	1 State of legal domicile: WA		
_	1	Briefly describe the organization's mission or most significant activities: TO HELP	WASH	INGTON WON	MEN FACING		
Governance		BARRIERS TO OPPORTUNITY SUCCEED IN COLLEGE A					
rna	2	Check this box if the organization discontinued its operations or disposed of r	nore than	25% of its net ass			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	15		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15		
es &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4		
ΞĒ		Total number of volunteers (estimate if necessary)			148		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year	Current Year		
ne	l	Contributions and grants (Part VIII, line 1h)		,129,291. 0.	1,107,570.		
Revenue	I .	Program service revenue (Part VIII, line 2g)		340,603.	346,429.		
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		510.	-22,925.		
	1		1	,470,404.	1,431,074.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		668,345.	442,369.		
	I	D 51 11 5 1 (D 11)( 1 (A) 1; 4)		0.	0.		
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		362,667.	433,257.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
beu	b	Total fundraising expenses (Part IX, column (D), line 25) 170,398.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		482,610.	409,463.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	,513,622.	1,285,089.		
	19	Revenue less expenses. Subtract line 18 from line 12		-43,218.	145,985.		
Net Assets or			Beginnii	ng of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)	5	,204,401.	5,233,943.		
t As	21	Total liabilities (Part X, line 26)		588,245.	169,839.		
캺	22	Net assets or fund balances. Subtract line 21 from line 20	4	,616,156.	5,064,104.		
	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules and st			knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has a	iny knowledge.			
٠.		Signature of officer		I Date			
Sig		DEBORAH FROCKT, EXECUTIVE DIRECTOR		Date			
Her	е	Type or print name and title					
			Date	Check	PTIN		
Paid	ı	Print/Type preparer's name  ZOE JOENS, CPA  ZOE JOENS, CPA  ZOE JOENS, CPA		01/24 self-employe			
	arer	Firm's name JACOBSON JARVIS & CO, PLLC	<del>    1   1  </del>		1-2011386		
	Only	Firm's address 200 1ST AVE W, SUITE 200		THIN 3 LIN 3			
	- ···· <b>,</b>	SEATTLE, WA 98119		Phone no. 20	6-628-8990		
Mav	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		
		. 1					

	1 990 (2022) WASHINGTON WOMEN IN NEED	91-1559848	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	WWIN PROVIDES SCHOLARSHIPS AND SUPPORTS TO HELP WASHING	FION WOMEN	
	FACING BARRIERS TO OPPORTUNITY SUCCEED IN COLLEGE AND (	CAREERS SO THE	Υ,
	THEIR FAMILIES AND OUR COMMUNITIES CAN THRIVE.		
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 service	s? <b>Yes</b>	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 are required to report the amount of grants and allocations to or	thers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 835,500 • including grants of \$ 442,369 • ) (R	evenue \$	
	WHEN EVERY WOMAN HAS A CLEAR PATH TO ACHIEVE HER FULL I	POTENTIAL,	
	COMMUNITIES THRIVE. TO THAT END, WWIN HAS GRANTED MORE	THAN \$21M TO	
	WASHINGTON STATE WOMEN SINCE 1992. TODAY, WWIN PROVIDES	S SCHOLARSHIPS	
	AND SUPPORTS TO HELP WOMEN FACING BARRIERS TO OPPORTUN	ITY SUCCEED IN	
	COLLEGE AND CAREERS, AWARDING \$513,348 TO MORE THAN 200	WOMEN THIS Y	EAR
	ALONE. WWIN PRIORITIZES SELF-DETERMINATION AND COMMUNIT	TY, SUPPORTING	
	EACH WOMAN'S CHOSEN PATH TO FULFILL HER GOALS AND FOST	ERING A NETWOR	K
	THAT HAS THE POWER TO LIFT EACH OTHER AND MAKE GENERAT	CONAL CHANGE.	

MOST NOTABLY, 98% PERCENT OF STAR SCHOLARS CONTINUE THEIR EDUCATION OR

COMPLETE THEIR DEGREES. FOR PROGRAM DETAILS, SEE SCHEDULE O.

С	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
d	Other progra	am services (Describe on Sche	dule O.)		

835,500.

Total program service expenses

**4b** (Code: \_\_\_\_\_\_ ) (Expenses \$ \_

Form 990 (2022) WASHINGTON WOMEN IN NEED
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_	Х	
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		Х
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		Х
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 Rev. Proc. 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,	<del>ا</del>		
•	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? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		
0	, ,	。		x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		<b> </b> ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in 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.			
а	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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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 and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		Х
b				<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<del>170</del>		<del></del>
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		X
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	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		37	
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) WASHINGTON WOMEN IN NEED Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<b> </b>
	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 on Schedule O for Part VI, lines 11b and 19?		\ <sub>3,7</sub>	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
I ai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
<b>.</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of refine WZa medada of line ra. Enter of infect applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2022) WASHINGTON WOMEN IN NEED

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		_	Yes	No				
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	4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	177				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>				
D	If "Yes," enter the name of the foreign country  Can instructions for filling years in the Fig. CEN Form 114. Beneat of Familian Bank and Figure 114. Beneat of Familian Bank and Figure 114.	-						
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-0		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		1	X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			1				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	. 50						
va	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	. <u> </u>		<u> </u>				
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	- 52						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	r? <b>7a</b>	Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Х					
	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							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
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'	? <b>7h</b>						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	. 8						
9	Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	_						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_						
11	Section 501(c)(12) organizations. Enter:							
_	Gross income from members or shareholders 11a	_						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
10-	amounts due or received from them.)  Section 4047(a)(1) non-exempt charitable tweets, le the exemptation filing Form 900 in liquid Form 10412	100						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	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							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	. 15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17						
	If "Yes," complete Form 6069.							

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
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, 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	_		7.7
	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			7,7
	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:	_	37	
a	The governing body?	8a	X	37
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			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the every institute have least shorters by such as an efficience.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on 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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LUANA MA - (425) 451-8838			
	232 5TH AVENUE S. 201 KIRKLAND WA 98033			

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

Check if Schedule O contains a response or note to any line 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.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)					isati	(D)	(E)	(F)		
Name and title	Average		not c	Pos heck	ition <sub>more</sub>	than o		Reportable	Reportable	Estimated		
	hours per week					s both		compensation from	compensation from related	amount of other		
	l (list any	tor						the	organizations	compensation		
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the		
	related	stee o	rustee			oensai		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	ıal tru	onal t		ploye	l mos		1099-NEC)		and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) DEBORAH FROCKT	40.00											
EXECUTIVE DIRECTOR				Х				122,775.	0.	13,597.		
(2) ELIZABETH SHOLANDER	5.00											
PRESIDENT		Х		Х				0.	0.	0.		
(3) BINDU SUTARIA	2.00											
VICE PRESIDENT		X		Х				0.	0.	0.		
(4) BRITNI BABINGTON	2.00											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(5) SHAWN MCCORD	3.00											
TREASURER		Х		Х				0.	0.	0.		
(6) JIAWEN SHI	1.00											
SECRETARY		X		Х				0.	0.	0.		
(7) AMY BARNES	1.00											
BOARD MEMBER		X						0.	0.	0.		
(8) AUDREY FORD	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(9) JENNA LANGE	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(10) JULIA ATALLA	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(11) KATHLEEN MILLER	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(12) NAMRATHA AGARWAL	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(13) NICKIE SMITH	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(14) SALLY REVELL	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(15) SHARI LEID	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(16) SHEA HAMILTON	1.00											
BOARD MEMBER		Х						0.	0.	0.		
-										000		

232007 12-13-22 Form **990** (2022)

Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	ΙΗίζ	gnes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C	-			(D)	(E)			(F)	
Name and title	Average hours per	Position (do not check more than one box, unless person is both an				than c		Reportable compensation	Reportable compensation			timate nount (	
	week					s both r/trust		from	from related	- 1		other	JI
	(list any	ector						the	organization			pensa	
	hours for related	e or dir	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
	organizations	truste	al trus		yee	mpen		1099-NEC)	1099-1120)		_	d relate	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	·			orga	anizatio	ons
	line)	lnd	lnst	Officer	Key	Hig	For						
						$\vdash$							
		•											
1b Subtotal								122,775.		0.	1	3,59	
c Total from continuation sheets to Part VII								122,775.		0.	1	3,59	0.
d Total (add lines 1b and 1c)									000 of reportable	_		3,33	7 / •
compensation from the organization	or minica to th	030	11310	u ab	OVC	, wii	010	derved more triair \$100,	ooo or reportable				1
										1		Yes	No
3 Did the organization list any <b>former</b> officer,	•	,	,	•	,	,	_		•		_		х
line 1a? If "Yes," complete Schedule J for su  For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150			-					•	-		4		Х
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	ers	on .					5		X
Section B. Independent Contractors							41-		100,000 - 1				
Complete this table for your five highest cor the organization. Report compensation for t	•	-								pensai	ion tro	om	
(A) Name and business	address	NC	ONE	7.				<b>(B)</b> Description of s	ervices	С	(C ompe	<b>)</b> nsatior	า
		11/	) I V I					2 000p	3.1.000				
							+						
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					0			<del>.</del>					

91-1559848

Form 990 (2022) WASHINGTON WOMEN IN NEED
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns			1a					
ran uni			Membership dues			1b					
Ω. E			Fundraising events			1c	278,185.				
ifts ar A			Related organizations			1d					
nig,			Government grants (contr			1e					
Sign			All other contributions, gifts,								
bet			similar amounts not included			1f	829,385.				
Ē		g	Noncash contributions included in			1g \$	55,958.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					1,107,570.			
							Business Code				
a l	2	а									
Ş		b									
Sel		С									
am		d									
Program Service Revenue		е									
P		f	All other program service	rever	nue						
	3		Investment income (includ								
								109,835.			109,835.
	4		Income from investment of								
	5		Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u></u>							
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
		assets other than inventory 7a 1,040,567.									
		b	Less: cost or other basis								
e			and sales expenses	7b	8	03,973.					
le le		С	Gain or (loss)	7с	2	36,594.					
Be		d	Net gain or (loss)			<u></u>		236,594.			236,594.
her Revenue	8	а	Gross income from fundraising	ng ev	ents (n	ot					
₹			including \$	278,	185.	of					
			contributions reported on	line	1c). Se	e					
			Part IV, line 18			8a	3,720.				
		b	Less: direct expenses			8b	26,645.				
		С	Net income or (loss) from	fund	raising	events_		-22,925.			-22,925.
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing act	ivities					
	10	а	Gross sales of inventory, I	ess r	eturns						
			and allowances			10a	9				
		b	Less: cost of goods sold			10k					
		С	Net income or (loss) from	sales	of inv	entory					
ွ							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
Sell sell		С									
Mis		d	All other revenue								
_		е	Total. Add lines 11a-11d								
	12		Total revenue See instruction	ne				1 431 074.	0.	0.	323 504.

#### 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). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 442,369. 442,369. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 150,000. 97,500. 22,500. 30,000. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 192,604. 134,656. 44,733. 13,215. 7 Pension plan accruals and contributions (include 22,784. 13,760. 6,497. 2,527. section 401(k) and 403(b) employer contributions) <u>6,393.</u> 23,868. 4,548. 34,809. Other employee benefits 9 33,060. 22,305. 6,565. 4,190. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,075. 1,075. Legal 50,347. 50,347. Accounting Lobbying Professional fundraising services. See Part IV, line 17 33,758. 33,758. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 171,871. 37,194. 50,661. 84,016. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,978. 28,241. 14,979. 8,284. Office expenses 13 85,476. 35,127. 30,533. 19,816. Information technology 14 15 Royalties 18,768. 11,043. 5,956. 1,769. 16 Occupancy 877. 167. 547. 163. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,773. 1,810. 4,866. 283. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 14,184. 9,760. 2,837. 1,587. Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) All other expenses 1,285,089. 835,500. 279,191. 170,398. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			11,805.	1	1,787.
	2	Savings and temporary cash investments			242,569.	2	192,580.
	3	Pledges and grants receivable, net			318,791.	3	387,759.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril	bed in section	4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				31,471.	9	52,605.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		22,565.			
	b	Less: accumulated depreciation		20,968.	3,342.	10c	1,597.
	11	Investments - publicly traded securities		4,559,103.	11	1,597. 4,572,735.	
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, lii		13			
	14	Intangible assets	37,320.	14	24,880.		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			5,204,401.	16	5,233,943.
	17	Accounts payable and accrued expenses		18,043.	17	50,712.	
	18	Grants payable	570,202.	18	119,127.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or for	ormer officer, o	director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial cont	ributor, or 35%			
abi		controlled entity or family member of any of t	hese persons			22	
j	23	Secured mortgages and notes payable to un	related third pa	arties		23	
	24	Unsecured notes and loans payable to unrela	ated third parti	es		24	
	25	Other liabilities (including federal income tax,	payables to re	elated third			
		parties, and other liabilities not included on li	nes 17-24). Co	mplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			588,245.	26	169,839.
		Organizations that follow FASB ASC 958, or	check here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			4,297,365.	27	4,664,132.
Ba	28	Net assets with donor restrictions			318,791.	28	399,972.
Pur P		Organizations that do not follow FASB ASC	C 958, check	here			
ŗ		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current fun				29	
se	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 (1 ( 1 = 1	31	
Se	32	Total net assets or fund balances		<u> </u>	4,616,156.	32	5,064,104.
	33	Total liabilities and net assets/fund balances			5,204,401.	33	5,233,943.

Form **990** (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	, 43	1,0	74.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 28	5,0	89.		
3	Revenue less expenses. Subtract line 2 from line 1	3		14	5,9	85.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	4,616,150				
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	5	,064	4,1	04.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
	•				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 on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	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 on Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		x		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h				

#### **SCHEDULE A**

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

**ZUZZ** 

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WASHINGTON WOMEN IN NEED

Employer identification number 91 – 1559848

D				UN IN NULL				1 1333040
	ırt I	Reason for Public (					ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C			·	, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	· ·				• •	nublic described in
•		section 170(b)(1)(A)(vi). (C	•	Titial part of its support if	om a gove	or minorital	arm or morn the general	
8		A community trust describe	•	(1)(A)(vi) (Complete Part	· II \			
9	H	An agricultural research org			•	nd in coni	unction with a land grant	collogo
9		-				_	-	-
		or university or a non-land-g	grant college or agric	ulture (see iristructions).	Lilitei tile i	name, city	, and state of the college	<del>,</del> OI
40		university:	Ily rossiyos (1) more	than 22 1/20/ of its supp	ort from o	ontribution	no momborobin foco on	d aroos rossints from
10		An organization that norma	•				•	•
		activities related to its exem		·	. ,		• •	•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	aπer June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	Н	An organization organized a	· ·	•	•			_
12		An organization organized a	· ·	•	-		•	•
		more publicly supported or	~					Check the box on
	_	lines 12a through 12d that				•	, ,	
а	ı <u>L</u>		· · · · · · · · · · · · · · · · · · ·			-		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
	_	organization. <b>You must c</b>	complete Part IV, Se	ections A and B.				
b	· L		anization supervised	or controlled in connect	ion with it	s supporte	d organization(s), by have	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	: L		grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ections A,	D, and E.	
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organia	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.	
e		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
_ 6	Pro	vide the following information	about the supporte	ed organization(s).				
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							1

Schedule A (Form 990) 2022 WASHINGTON WOMEN IN NEED 91-1559848 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1359861.	1380259.	1296360.	1129291.	1107570.	6273341.
2	Tax revenues levied for the organ-						
	ization'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	1359861.	1380259.	1296360.	1129291.	1107570.	6273341.
	The portion of total contributions						
J	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)						1497065.
_	**						4776276.
	Public support. Subtract line 5 from line 4.						4//02/0.
		(-) 0010	(h) 0010	/-\ 0000	(4) 0001	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018 1359861.	(b) 2019 1380259.	(c) 2020 1296360.	(d) 2021 1129291.	(e) 2022 1107570.	(f) Total 6273341.
	Amounts from line 4	1333001.	1300239.	1290300.	1149491.	110/5/0.	02/3341.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	06 267	06.606	107 040	05 750	100 005	405 004
	and income from similar sources	96,367.	86,696.	107,243.	95,753.	109,835.	495,894.
9	Net income from unrelated business						
	activities, whether or not the			005 110			005 110
	business is regularly carried on			297,112.			297,112.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			2,061.			2,061.
11	<b>Total support.</b> Add lines 7 through 10						7068408.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	7,520.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	67.57 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	64.18 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	•		
b	10% -facts-and-circumstances test	-		• • •		7a, and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•			
		1101 0110011 01	22.1 2.1 10 10, 106	-, ,	, 5.100K 1110 DOX 11	55556 406010115	

## Schedule A (Form 990) 2022 WASHINGTON WOMEN IN NEED Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	<b></b>		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	۵h		
	9b		
	9с		
	10a		
1 -	10b A (Forn	- 000	0000
uie	A IFOR	ロッカハ	2022

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	, 110		
	<u>,</u>		Yes	No
4	Did the severing body, members of the severing body, officers esting in their official conseits, or membership of one or		162	NO
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ic)	
	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	u		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Sche	edule A (Form 990) 2022 WASHINGTON WOMEN IN NE	ED		91-1559848 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi		ŭ
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 ( <i>explain ii</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Sche	dule A (Form 990) 2022 WASHINGTON WO	MEN IN NEED		91-1559848	Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)		
Sect	on D - Distributions			Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributab Amount for 2	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Part VI	Part I\ line 1; Section	/, Se Part on D,	ection A, I t IV, Sect	lines 1, ion D, li	2, 3b, 3c nes 2 and	, 4b, 4c, d 3; Part	5a, 6, 9a, IV, Sectio	, 9b, 9c, 1	1a, 11b 31c, 2a,	, and 110 2b, 3a, a	o; Part IV, and 3b; Pa	Section art V, line	B, lines 1 1; Part V	and 2; F , Section	rt III, line 1 Part IV, Seon B, line 16 nation.	ction C,
SCHED	ULE A	۸,	PART	II,	LIN	E 10,	EXPI	LANAT	ION	FOR (	OTHER	INC	ME:			
OTHER	INCC	ME	1													
2020	AMOUN	1T :	\$	2,0	61.											

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Employer identification number** 

WASHINGTON WOMEN IN NEED 91-1559848 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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.,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### WASHINGTON WOMEN IN NEED

91-1559848

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	Talling wash over unit fall 1 T	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### WASHINGTON WOMEN IN NEED

91-1559848

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
	NETSUITE SOFTWARE SUBSCRIPTION		
1			
		\$\$	01/25/23
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		<del></del>	
		\$	
(a)		(4)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
urti			
		\$	
(a)			
No.	(b)	(C)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
(a)		(c)	-
No. rom	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** WASHINGTON WOMEN IN NEED 91-1559848 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) 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

(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" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

WASHINGTON WOMEN IN NEED

**Employer identification number** 91-1559848

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d 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 a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incorred in manitoring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis iliai uesc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide	)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

	dule D (Form 990) 2022 WASHINGT TIII Organizations Maintaining Co	ON WOMEN I		acurae ar	Othor S		L55984		age 2
	•						-	nued)	
3	Using the organization's acquisition, accession	i, and other records	s, check any of the f	ollowing that	make sign	ificant use of i	ts		
	collection items (check all that apply):								
а	Public exhibition	d		hange progra					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	·	•	•	•		art XIII.		
5	During the year, did the organization solicit or		•	•					1
Dai	to be sold to raise funds rather than to be main						Yes		No
Pai	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "`	Yes" on Fo	orm 990, Part I	IV, line 9, or		
	reported an amount on Form 990, Part	•							
1a	Is the organization an agent, trustee, custodiar		•						1
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the foll	owing table:						
							Amoun	τ	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			1
	Did the organization include an amount on For					?	Yes		No
	If "Yes," explain the arrangement in Part XIII. C								
Pai									
	<del> </del>	(a) Current year	(b) Prior year	(c) Two years		) Three years ba			
1a	Beginning of year balance	1,234,431.	1,555,092.	1,296	,755.	1,227,62	0. 1	,157,	495.
b	Contributions								
С	Net investment earnings, gains, and losses	203,196.	-305,807.	267	,249.	77,81	4.	78,	371.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	9,253.	14,854.		,912.	8,67			246.
g	End of year balance	1,428,374.	1,234,431.	1,555	,092.	1,296,75	5. 1	,227,	620.
2	Provide the estimated percentage of the current	•	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	sion of the organizat	tion that are held ar	nd administere	ed for the		ı		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the o		vment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or ot	ther <b>(b)</b> Cost	or other	(c) Acc	umulated	<b>(d)</b> Boo	k value	9
		basis (investm	nent) basis	(other)	depre	eciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment	<b>I</b>	2	0,138.	1	.8,541.		1,59	97.
<u>e</u>	Other			2,427.		2,427.			0.

Schedule D (Form 990) 2022

1,597.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII   Investments - Other Securities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12.	Schedule D (Form 990) 2022 WASHINGTON W	OMEN IN NEED	91	15598 <b>4</b> 8 Pag
(a) Description of security or category occluding series of security (in Financial derivatives (				
1) Financial derivatives				
2) Closely held equity interests		(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
3) Other				
(G) (C) (D) (E) (F) (F) (F) (G) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	2) Closely held equity interests			
(B)   (C)	3) Other			
(C) (D) (E) (F) (F) (G) (H) (Dotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	` '			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	• •			
(E) (F) (G) (G) (H) (F) (G) (G) (H) (F) (F) (G) (G) (H) (F) (F) (F) (G) (G) (H) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	` '			
(F) (G) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	• •			
(G) (H) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)    Part VIII   Investments - Program Related.	•			
(b)	` _			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.	` '			
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)	` '			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (101 (100) (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (5) (6) (7) (8) (9) (9) (101 (101 (101 (101 (101 (101 (101 (10				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)		n Form 000 Dort IV line	11a Cas Form 000 Port V line 12	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)				d of year market value
(2) (3) (4) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (17) (8) (9) (9) (9) (18) (9) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10		(b) Book value	(c) Method of Valuation. Cost of end	u-oi-year market value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  (c) (a) (a) (b) Book value  (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
(4) (5) (6) (7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (9) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19				
(6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (10tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  I. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)	` '			
(7) (8) (9) (10tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)				
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)				
Section   Column	• •			
Total.   Col.   (b) must equal Form 990, Part X, col. (B) line 13.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value	7 /			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)				
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)		n Form 990 Part IV line	11d See Form 990 Part X line 15	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)			11d. GCC 1 G1111 330, 1 art X, iii C 13.	(h) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)		ocsonption -		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)	· · ·			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)	• •			
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4)				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4)				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)				
Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)		45)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)		<u>15.)</u>		<u> </u>
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)		n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(1) Federal income taxes (2) (3) (4)	. (a) Description of liability	111 OIII 330, 1 art 14, iii c	THE OF THE OCCUPANT SOO, THE EX, MILE 25	1
(2) (3) (4)	1, (,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			(S) BOOK VAIGE
(3) (4)				1
(4)				
	• /			
				1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(6) (7) (8) (9)

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number WASHINGTON WOMEN IN NEED 91-1559848 Part I Fundraising Activities. Complete if the organization answered "Yes" on 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. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

91-1559848 Page 2 WASHINGTON WOMEN IN NEED Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SIP FOR NONE (add col. (a) through STARS col. (c)) (event type) (event type) (total number) 281,905. 281,905. Gross receipts 278,185. 278,185. 2 Less: Contributions 3,720. 3,720. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 17,690. 17,690. 7 Food and beverages 6,750. 6,750. 8 Entertainment 2,205. 2,205. 9 Other direct expenses ..... 26,645 **10** Direct expense summary. Add lines 4 through 9 in column (d) -22,925. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo

Revenue Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2022 WASHINGTON WOMEN IN NEED 91-	1559	848	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No 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
	Indicate the percentage of gaming activity conducted in:		ı	
	a The organization's facility	13a		<u>%</u>
	b An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	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	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager companyation			
	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
k	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 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	(Form 990)	WASHINGTON	WOMEN	IN NEED	91-1559848	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

WASHINGTO	N WOMEN I	N NEED					91-1559848
Part I General Information on Grants a	and Assistance					•	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than s	-				anization answered "\	es" on Form 990, Part I	V, line 21, for any
Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	=	e line 1 table	<u></u>	<u> </u>	1	

Schedule I (Form 990) 2022 WASHINGTON WOME	N IN NEE	D			91-1559848	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
SCHOLARSHIPS	105	471,861.	0.			
RESILIENCY	35	33,887.	0.			
CAREER LAUNCH	12	7,600.	0.			
CAREER LAUNCH	12	7,000.	0.			
UNUSED PRIOR YEAR REALLOCATED GRANTS	0	-70,979.	0.			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ue 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
GRANTS ARE PAID DIRECTLY TO THE SE	RVICE PRO	VIDERS BY	THE ORGANI	ZATION.		

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

#### WASHINGTON WOMEN IN NEED

Employer identification number 91-1559848

D <sub>2</sub>	art I Questions Regarding Compensation			
	act   Queens regarding compensation		Voc	No.
4~	Chack the appropriate boy(se) if the organization provided any of the following to or far a person listed on Form 000		Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as maid, chauffeur, chef)			
h	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 directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	additions, and officers, more and a 2207 Exceeding process, regarding the feature of testine of the feature from			
3	Indicate which, if any, of the following the 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, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	·		X
С		`		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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	. 7		_X_
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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 on 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 aren't 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.

	(B) Breakdown of V	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
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)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

**Employer identification number** 

	WASHINGTON WO	OMEN I	N NEED			AT-122A	848	
Par	rt 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) nod of determin contribution ar	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	19,958.	FMV			
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 ( SOFTWARE )	X	1	36,000.	FMV			
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organiz	•						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t			-				
	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 p	•	•	•	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				,,
	contributions?					32a		X
	If "Yes," describe in Part II.		_					
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	tor which column (a) is chec	cked,			

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

Schedule M (Form 990) 2022

#### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

WASHINGTON WOMEN IN NEED

Employer identification number 91-1559848

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE STAR SCHOLAR PROGRAM INCLUDES SCHOLARSHIPS AND SUPPORTS FOR CURRENT
SCHOLARS AND ALUMNAE. WWIN STAR SCHOLARS ARE AWARDED UP TO \$5,000
ANNUALLY TOWARD THE TOTAL COST OF ATTENDANCE FOR A POSTSECONDARY
CERTIFICATION OR DEGREE, UP TO A FIRST BACHELOR'S DEGREE, AT AN
APPROVED COLLEGE OR UNIVERSITY IN WASHINGTON STATE. THE SCHOLARSHIP MAY
BE RENEWED TO A LIFETIME MAXIMUM OF \$20,000. WWIN SUPPORTED 200 STAR
SCHOLARS THIS YEAR WITH SCHOLARSHIP AWARDS TOTALING \$471,861 IN FY23.
STAR SCHOLARS ARE ELIGIBLE TO RECEIVE MORE COMPREHENSIVE SUPPORT
THROUGH THE PROGRAM'S RESILIENCY FUND THAT ASSISTS WITH ONE-TIME,
UNEXPECTED EXPENSES THAT COULD IMPACT A SCHOLAR'S ABILITY TO COMPLETE
HER EDUCATION OR PURSUE HER DESIRED CAREER PATH. CURRENT SCHOLARS MAY
APPLY FOR A RESILIENCY FUND GRANT AT ANY TIME, TO A LIFETIME MAXIMUM OF
\$2,000. WWIN AWARDED 46 RESILIENCY FUND GRANTS IN FY23, TOTALING
\$33,887.
CURRENT STAR SCHOLARS AND STAR SCHOLAR ALUMNAE MAY UTILIZE CAREER
COACHING GRANTS AND RECEIVE INDIVIDUALIZED SUPPORT TO ACHIEVE THEIR
CAREER GOALS BY WORKING ONE-ON-ONE WITH A CERTIFIED COACH OF THEIR
CHOOSING. WWIN AWARDED 14 CAREER COACHING GRANTS IN FY23, TOTALING
\$7,600.
CURRENT STAR SCHOLARS AND STAR SCHOLAR ALUMNAE ARE INVITED TO

PARTICIPATE IN WWIN CONNECT, AN ONLINE HUB THAT INCLUDES COMMUNITY

MEMBERS, AND IS A PLATFORM FOR MEMBERS TO OFFER AND RECEIVE EDUCATIONAL

Schedule O (Form 990) 2022 Page 2

Name of the organization WASHINGTON WOMEN IN NEED Employer identification number 91-1559848

AND CAREER SUPPORT AND BUILD NETWORKS THAT FOSTER CAREER ADVANCEMENT.

MORE THAN 200 INDIVIDUALS PARTICIPATED IN WWIN CONNECT'S INAUGURAL

YEAR.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.

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

THE FORM 990 IS FIRST REVIEWED AND RECOMMENDED FOR APPROVAL BY THE FINANCE

AND AUDIT COMMITTEES AND THEN APPROVED BY THE BOARD BEFORE FILING WITH THE

IRS.

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

EVERY BOARD MEMBER SIGNS THE POLICY EACH YEAR AND DISCLOSES ANY CONFLICTS.

SO WE ARE AWARE OF ANY POTENTIAL CONFLICT. AT EACH BOARD MEETING, SHOULD A

CONFLICT ARISE, THE MEMBER EXCUSES THEMSELVES FROM THE DISCUSSION OR VOTE.

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

AN EMPLOYEE SEARCH FIRM OBTAINS COMPARABLE DATA AND SALARY IS BASED ON

INDUSTRY STANDARDS. THE EXECUTIVE COMMITTEE THEN REVIEWS AND APPROVES ALL

COMPENSATION DECISIONS AT LEAST ON AN ANNUAL BASIS.

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

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  WASHINGTON WOMEN IN NEED	Employer identification number 91-1559848
OTHER CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	37,194.
MANAGEMENT AND GENERAL EXPENSES	50,661.
FUNDRAISING EXPENSES	84,016.
TOTAL EXPENSES	171,871.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	171,871.
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE AUDIT COMMITTEE PROCESS.	

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	EQUIPMENT	VARIOUS	SL	7.00		16	20,138.				20,138.	16,796.		1,745.	18,541.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						20,138.				20,138.	16,796.		1,745.	18,541.
	OTHER														
2	FURNITURE AND FEXTURES	VARIOUS	SL	5.00		16	2,427.				2,427.	2,427.		0.	2,427.
	* 990 PAGE 10 TOTAL OTHER						2,427.				2,427.	2,427.		0.	2,427.
	* GRAND TOTAL 990 PAGE 10 DEPR						22,565.				22,565.	19,223.		1,745.	20,968.