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

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable C Name of organization D Employer identification number X Address change
Name change WASHINGTON WOMEN IN NEED 91-1559848 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (425) 451-8838 17404 MERIDIAN EAST SUITE F PMB 193 1,574,615. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 98375 PUYALLUP, WA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DEBORAH FROCKT for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.WWIN.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1992 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP WASHINGTON WOMEN FACING **Activities & Governance** BARRIERS TO OPPORTUNITY SUCCEED IN COLLEGE AND CAREERS. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,107,570. 902,442. Contributions and grants (Part VIII, line 1h) 8 Ō. 0. Program service revenue (Part VIII, line 2g) 346,429. 307,895. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -22,925. -29,049.11 431,074. 181,288. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 442,369. 653,853. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 433,257. 568,250. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 409,463. 367,323. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,285,089. 1,589,426. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 145,985. -408,138. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 5,233,943. 5,029,731 Total assets (Part X, line 16) 169,839. 129,834 21 Total liabilities (Part X, line 26) 三年 064,104. 4,899,897 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DEBORAH FROCKT, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 02/05/25 self-employed P02389255 ZOE JOENS, Paid ZOE JOENS, CPA JACOBSON JARVIS & CO, PLLC Firm's name Firm's EIN 91-2011386 Preparer Firm's address 200 1ST AVE W, SUITE 200 Use Only Phone no. 206-628-8990 SEATTLE, WA 98119 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Га	Check if Schodule O contains a reaponed or note to any line in this Best III	X
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: WWIN PROVIDES SCHOLARSHIPS AND SUPPORTS TO HELP WASHINGTON WOMEN	
	FACING BARRIERS TO OPPORTUNITY SUCCEED IN COLLEGE AND CAREERS SO THEY	
	THEIR FAMILIES AND OUR COMMUNITIES CAN THRIVE.	
	THEIR FAMILIES AND OUR COMMONITIES CAN THRIVE.	
	Did the control of th	
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	⊽
		<u>~</u> No
_	If "Yes," describe these new services on Schedule O.	⊽
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u>∧</u> 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 others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,154,318. including grants of \$653,853.) (Revenue \$)
	STAR SCHOLARSHIP: WWIN STAR SCHOLARS ARE AWARDED UP TO \$5,000 EACH YEAR	AK
	TOWARDS THE TOTAL COST OF ATTENDANCE FOR THEIR UNDERGRADUATE DEGREE	
	PROGRAM AT AN APPROVED COLLEGE OR UNIVERSITY IN WASHINGTON STATE. THE	LK
	STAR SCHOLARSHIP MAY BE RENEWED UNTIL GRADUATION, UP TO A LIFETIME	
	MAXIMUM OF \$20,000 IN WWIN SCHOLARSHIP FUNDING. WWIN SUPPORTED 150 STA	AK
	SCHOLARS THIS YEAR AND SCHOLARSHIP AWARDS IN FY24 TOTALED \$661,084.	
	DEGIL TENOV BUND. MUE DEGIL TENOV BUND DROVIDEG GUDDENM GMAD GOUGLADG	
	RESILIENCY FUND: THE RESILIENCY FUND PROVIDES CURRENT STAR SCHOLARS	
	WITH MORE COMPREHENSIVE SUPPORT BY ASSISTING WITH ONE-TIME, UNEXPECTED	
	EXPENSES THAT COULD IMPACT THEIR ABILITY TO COMPLETE THEIR EDUCATION (<u>JR</u>
	PURSUE THEIR DESIRED CAREER PATH. FOR CONTINUED PROGRAM DETAILS, SEE	
	SCHEDULE O.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	
	/ (Liponico -) (Liponico -) (Notonico -)	<i>′</i>
		-
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,154,318.	

91-1559848

Form 990 (2023) 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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?			
	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			
	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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			l
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			-
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	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,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	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,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	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	04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	lacksquare

Form	1990 (2023) WASHINGTON WOMEN IN NEED 91-15	<u> 59848</u>	Р	age 4
Pai	rt 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			<u> </u>
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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	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			۱
	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%			۱
	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	I .		۱
	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		-	X
	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			,,
	"Yes," complete Schedule L, Part IV		77	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	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			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		_~
•	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	0.4		- V
05 -	Part V, line 1	0.5		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	I		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	I		_ v
07	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	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	30	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
_ ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Corrodule O contains a response of note to any line in this fall v	<u></u>	Yes	Nic
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	15	162	INO
ıa	Enter the number of Forms W.2C included on line 1e. Enter 0 if not applicable.	- 0		

	chock in contrast of containing a respective of files to any line in this case.					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			10	Х	

Form 990 (2023) WASHINGTON WOMEN IN NEED

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a 5	_	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		 ^
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	+	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		X
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	150		
ou	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	 		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		
-	to file Form 8282?	7c		X
d				
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?	7h		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
h	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	Enter the amount of reserves on hand 13c	-		
		148		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14k		
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		Х
	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.

to the real material differences in voting rights among members of the governing body, or if the governing body degated broad authority to an executive committee or similar committee, explain on Schedule 0. In the real authority to an executive committee or similar committee, explain on Schedule 0. In the real authority to an executive committee or similar committee, explain on Schedule 0. In the committee of the committee or similar committee, explain on Schedule 0. In the committee or similar committee. Schedule 0. In the committee of schedule 0 was a similar committee or succession of officers, directors, trustees, or key employees to a management company or other persons? In the committee or similar s		Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
to the real material differences in voting rights among members of the governing body, or if the governing body degated broad authority to an executive committee or similar committee, explain on Schedule 0. In the real authority to an executive committee or similar committee, explain on Schedule 0. In the real authority to an executive committee or similar committee, explain on Schedule 0. In the committee of the committee or similar committee, explain on Schedule 0. In the committee or similar committee. Schedule 0. In the committee of schedule 0 was a similar committee or succession of officers, directors, trustees, or key employees to a management company or other persons? In the committee or similar s	Sec	tion A. Governing Body and Management			
there are material differences in voting rights among members of the governing body, or if the governing body delegated to real authority to an executive committee or similar committee, explain on Schedule 0. 133 14 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees and a family relationship or a business relationship with any other officer, director, frustees, or key employees or a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or the protectionships? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization that which or the power of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization have nucleus of the programization in the process, if any, used the names and actives seempt purposes? 10a Did the organization have a written official fruite process on Schedule O the or				Yes	No
be Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duries outstanding or a business relationship with any other officers, directors, trustees, or key employees to a management company or other person? 3	1a	, , , , , , , , , , , , , , , , , , , ,			
b Enter the number of voting members included on line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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 Libit the organization have make any significant changes to its governing documents since the prior Form 980 was filed? 4 Did the organization have members a stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is malining address? If Yes's Provide the names and addresses on Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? 10b Describes on Schedule O the written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Describes on Schedule O the written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Describes on Schedule O how this was done 10c Describ					
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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. 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.

Check this box if neither the organization in (A)	(B)	orga	IIIZa		C)	ірсі	isati	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	ition more	than o		Reportable	Reportable	Estimated
	hours per week	box	, unle: cer ar	ss pei id a d	rson i irecto	s both	n an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		a)	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEBORAH FROCKT	40.00									
EXECUTIVE DIRECTOR				Х				151,275.	0.	16,593.
(2) BINDU SUTARIA	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) BRITNI BABINGTON	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) SHAWN MCCORD	3.00									
TREASURER		Х		Х				0.	0.	0.
(5) AUDREY FORD	2.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(6) ELIZABETH SHOLANDER	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(7) NAMRATHA AGARWAL	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) JENNIFER ANKER	1.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(9) JULIA ATALLA	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(10) AMY BARNES	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) SHEA HAMILTON	1.00									_
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) MANEESHA LALL	1.00	ļ								
BOARD MEMBER	1 00	Х	_			_		0.	0.	0.
(13) SALLY REVELL	1.00								•	•
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(14) KIRSTEN SMITH	1.00								•	•
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(15) KATIE SLUSS	1.00	٠,							_	•
BOARD MEMBER		Х						0.	0.	0.
		1								
										000

332007 12-21-23 Form **990** (2023)

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(A) Name and business address COMMUNITY ENGAGEMENT (C) Compensati	1											oensat	tion fro	om		
Name and business address Description of services Compensation COMMUNITY ENGAGEMENT COMMUNITY ENGAGEMENT			the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.					
GAIL LAPASIN COMMUNITY ENGAGEMENT			addross								onvices	_			'n	
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SIS CLOS CHEVALLE ROAD, CHELAN, WA 98816 CONSULTANT 108,0				T. 7 7A	٥	0 0	1 6		- 1		SAGEMENT					
	<u>31.</u>	CLOS CHEVALLE ROAD, C	HELAN,	WA	9	88	Тр		\dashv	CONSULTANT			10	8,0	00.	
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	2			טנ ווו	ıııteC	י נט			ıeu	above) who received mo	ne uidli					

91-1559848

Form 990 (2023)
Part VIII

		Check if Schedule O contains a respo	nse or note to any lin	e in this Part VIII			
		<u> </u>	•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
Т		TT					36000013 312 - 314
nts nts	1 a	Federated campaigns1a					
žra oui	b	Membership dues 1b					
β, Θ	С	Fundraising events1c	152,405.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
	е						
Sig		All other contributions, gifts, grants, and					
e Ei	•	similar amounts not included above	750,037.				
등		··· 	4-4				
d t	g		11,114.	000 440			
ğ ğ	h	Total. Add lines 1a-1f		902,442.			
			Business Code				
ø	2 a	. <u> </u>					
ξ	b						
Ser	С						
E S	d						
gra Re							
Program Service Revenue	e		_				
-	f	1 3					
	g						
	3	Investment income (including dividends, in	nterest, and				
		other similar amounts)		132,807.			132,807.
	4	Income from investment of tax-exempt bo	nd proceeds				
	5	Royalties					
		(i) Real					
	6 a	Gross rents 6a					
	_						
	b	· · · · · · · · · · · · · · · · · · ·					
	С						
	d	, , , , , , , , , , , , , , , , , , , ,					
	7 a	Gross amount from sales of (i) Securit	. , ,				
		assets other than inventory 7a 500,31	1.				
	b	Less: cost or other basis					
ē		and sales expenses	3.				
en	С	Gain or (loss) 7c 175,08	8.				
ě		Net gain or (loss)		175,088.			175,088.
ther Revenue		Gross income from fundraising events (not					
	0 a	including \$ 152,405. of					
0							
		contributions reported on line 1c). See	24 155				
		Part IV, line 18	8a 34,155.				
	b	Less: direct expenses	8b 68,034.				
	С	Net income or (loss) from fundraising ever	t <u>s</u>	-33,879.			-33,879.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a 4,900.				
	h	Less: direct expenses	9b 70.				
		Net income or (loss) from gaming activities		4,830.			4,830.
		Gross sales of inventory, less returns	<u>,</u>	2,0001			
	10 a						
		and allowances	10a				
	b	Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of inventor	γ				
,,			Business Code				
ous.	11 a	C					
ne Tue	b						
Miscellaneous Revenue	c						
Sc		All other revenue					
Ē			·				
		Total Add lines 11a-11d		1,181,288.	0.	^	278,846.
	12	Total revenue. See instructions		T, TOT, 400 •	ı U.	ı U.	4/0,040

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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 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 653,853. 653,853. 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, 153,750. 99,937. 30,750. 23,063. 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 307,072. 206,239. 45,693. 55,140. 7 Pension plan accruals and contributions (include 23,857. 16,554. 3,559. 3,744. section 401(k) and 403(b) employer contributions) 39,126. 29,126. 4,662. 5,338. Other employee benefits 9 44,445. 29,467. 7,383. 7,595. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,500. 1,500. Legal 47,482. 47,482. Accounting Lobbying Professional fundraising services. See Part IV, line 17 33,966. 33,966. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 77,742. 140,809. 47,494. 15,573. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 28,581. 7,895. 11,011. 9,675. 13 Office expenses 70,896. 36,341. 15,437. 19,118. Information technology 14 Royalties 15 6,176. 19,050. 11,096. 1,778. 16 Occupancy 849. 205. 342. 302. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 7,940. 4,925. 2,148. 867. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,807. 14,037. 9,659. 1,571. 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.) 2,213. 1,527. 332. 354. MAINTENANCE All other expenses 1,589,426. 1,154,318. 228,821. 206,287. 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 (2023)
Part X Balance Sheet

Pai	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,787.	1	2,685.
	2	Savings and temporary cash investments			192,580.	2	144,187.
	3	Pledges and grants receivable, net			387,759.	3	232,312.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial contr	ibutor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified persons	s (as defined			
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			52,605.	9	48,387.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	22,565.			
	b	Less: accumulated depreciation		22,565.	1,597.	10c	0.
	11	Investments - publicly traded securities			4,572,735.	11	4,589,720.
	12	Investments - other securities. See Part IV, lir	ne 11			12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			24,880.	14	12,440.
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			5,233,943.	16	5,029,731.
	17	Accounts payable and accrued expenses			50,712.	17	31,947.
	18	Grants payable		119,127.	18	63,051.	
	19	Deferred revenue				19	34,836.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su		ibutor, or 35%			
jab		controlled entity or family member of any of t	· ·			22	
_	23	Secured mortgages and notes payable to un	•			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	•	·			
		of Schedule D		·····	160 020	25	100 024
	26			X	169,839.	26	129,834.
ý		Organizations that follow FASB ASC 958, o	check here				
JCe	07	and complete lines 27, 28, 32, and 33.			4,664,132.	07	4,660,669.
alaı	27	Net assets without donor restrictions			399,972.	27	239,228.
d B	28	Net assets with donor restrictions			333,312.	28	239,220•
Ë		Organizations that do not follow FASB ASC	. 958, cneck r	nere			
٩	00	and complete lines 29 through 33.					
St	29	Capital stock or trust principal, or current fun			29		
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			5,064,104.	31	4,899,897.
ž	32	Total liabilities and not assets/fund balances			5,233,943.	32	5,029,731.
	33	Total liabilities and net assets/fund balances			J,4JJ,34J.	ა პ	J, U 4 3 , I 3 1 •

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,18					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,58					
3	Revenue less expenses. Subtract line 2 from line 1	3	-40	<u> 38.</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	24	3,9	31.			
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	4,89	9,8	97.			
Pa	t 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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	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		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	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	edule O.						
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?		3a		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							
			Form	990	(2023)			

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			INGTON WOM						1-1559848			
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions					
The	organ	ization is not a private found										
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i ii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental uni	t describe	ed in			
		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	general r	oublic described in			
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe		(1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org				ed in conju	unction with a la	and-grant	college			
		or university or a non-land-g										
		university:										
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carr	y out the	purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 50)9(a)(3). (Check the box on			
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 1	2g.				
а	ıL		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typ	oically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees	of the su	upporting			
		organization. You must o	- · · · · · · · · · · · · · · · · · · ·									
b	,		anization supervised	I or controlled in connect	ion with it	s supporte	ed organization(s), by hav	ving			
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	ported			
	_	organization(s). You mus	t complete Part IV,	Sections A and C.								
C	;		grated. A supportin	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	i		/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its supporte	ed organiz	zation(s)			
		that is not functionally int		• ,	•		•	ın attentiv	/eness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e	•	Check this box if the orga					Type I, Type II,	Type III				
		functionally integrated, or		nally integrated supportir	ng organiz	ation.						
		er the number of supported of										
		vide the following information (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of r	monetary	(vi) Amount of other			
	,	organization	(ii) Liiv	(described on lines 1-10	in your governi	ing document?	support (see ins	-	support (see instructions)			
				above (see instructions))	Yes	No			,			
							1					
Tota	al											
									•			

332021 12-21-23

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1380259.	1296360.	1129291.	1107570.	902,442.	5815922.
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	1380259.	1296360.	1129291.	1107570.	902,442.	5815922.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1114420.
6	Public support. Subtract line 5 from line 4.						4701502.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1380259.	1296360.	1129291.	1107570.	902,442.	5815922.
	Gross income from interest,	2300237				302,1120	30133111
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	86,696.	107,243.	95,753.	109,835.	132,807.	532,334.
9	Net income from unrelated business	00,050.	107,245.	23,733.	100,000.	132,007.	332,334.
9							
	activities, whether or not the		3,891.	510.			4,401.
10	business is regularly carried on Other income. Do not include gain		3,051.	310.			4,401.
10	· ·						
	or loss from the sale of capital		2,061.				2 061
	assets (Explain in Part VI.)		2,001.				2,061. 6354718.
	Total support. Add lines 7 through 10					40	0334710•
	Gross receipts from related activities, First 5 years. If the Form 990 is for the					12	
13		-		· · · · · · · · · · · · · · · · · · ·			
Sec	organization, check this box and stop etion C. Computation of Publi	c Support Per	centage	• • • • • • • • • • • • • • • • • • • •			·····
	Public support percentage for 2023 (I			volumn (f))		14	73.98 %
	Public support percentage from 2022					15	67.57 %
	33 1/3% support test - 2023. If the o						
ioa	stop here. The organization qualifies						7.7
h	33 1/3% support test - 2022. If the o		•		line 15 is 33 1/3%		
b	and stop here. The organization qual						
170	10% -facts-and-circumstances test				12 162 or 16b a		
174	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	•	_	
L	10% -facts-and-circumstances test	~		• • •		72 and line 15 is 1	
b							1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu		-	•			H
ΙŎ	Private foundation. If the organization	n dia not check a l	ox on line 13, 16a	a, 100, 17a, 0r 17b	, check this box ar	iu see instructions	

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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.)

		Vac	Na
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	Ŧ		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
ule	A (Forn	n 990)	2023

Pai	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
		6 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		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
		r		Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
2		ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3	•	icant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 to	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its:	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

instructions).

Sche	edule A (Form 990) 2023 WASHINGTON WOMEN IN NEED		91-1559848 Page 7
Pa	ort V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizations (continued)	
Sect	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organization	ns 3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide 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 the organization is responsive	e	
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Sect	tion E - Distribution Allocations (see instructions) (i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 WASHINGTON WOMEN IN NEED	91-1559848	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; Part III, line 12;	
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section	C, rt V
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	nal information.	it v,
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
SCHEDULE A, PART II, DINE IV, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2020 AMOUNT: \$ 2,061.		

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

WASHINGTON WOMEN IN NEED

OMB No. 1545-0047

2023

Name of the organization

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

Schedule of Contributors

Employer identification number

91-1559848

Organiz	ation type (check or	ie):
Filers of	f:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	10-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: O	nly a section 501(c)(7	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

WASHINGTON WOMEN IN NEED

91-1559848

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$34,496.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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 I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$ 20,057.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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	art 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_			
		\$\$	06/30/24
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	DONATED SECURITIES		
7			
		<u> </u>	06/20/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
urti			
	-	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
-			
		\$	Schedule B (Form 990) (2

Name of organization Employer identification number

	ON WOMEN IN NEED		91-1559848						
fror	lusively religious, charitable, etc., contributi n any one contributor. Complete columns (a)		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year.						
com	pleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) \$						
No.	e duplicate copies of Part III if additional	space is needed.							
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
rt I									
-									
- $ $ $-$									
		(e) Transfer of gift	t .						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
—									
-									
-									
No.									
m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
_ _									
l —									
	(e) Transfer of gift								
	(e) Transfer of giπ								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
l —									
No.		<u> </u>	1						
om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a		t Relationship of transferor to transferee						
	Transferee's name, address, a								
	Transferee's name, address, a								
	Transferee's name, address, a								
No.		nd ZIP + 4	Relationship of transferor to transferee						
No.	Transferee's name, address, a								
No.		nd ZIP + 4	Relationship of transferor to transferee						
No.		nd ZIP + 4	Relationship of transferor to transferee						
No.		nd ZIP + 4	Relationship of transferor to transferee						
No. m		(c) Use of gift	(d) Description of how gift is held						
Jo. m		nd ZIP + 4	(d) Description of how gift is held						

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

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds 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		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part 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 hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated 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				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Dono and an impact of the color		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	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 treat			gain, provide	 e
	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				\$

	rt III Organizations Maintaining Co	ON WOMEN I		asures or Othe		Vecete			age ∠
_	•						(contin	uea)	
3	Using the organization's acquisition, accessic	on, and other records	s, check any or the r	ollowing that make s	signilicant u	se or its			
_	collection items (check all that apply). Public exhibition	d	L can or evel	hange program					
a b	Scholarly research	e e	Other	lange program					
C	Preservation for future generations	e							
4	Provide a description of the organization's co	llections and evolain	how they further th	e organization's eve	mnt nurnos	o in Dart	YIII		
5	During the year, did the organization solicit or					e iiii ait	AIII.		
3	to be sold to raise funds rather than to be ma		•				Yes		No
Par	rt IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		on the organization	anowered res on	1 01111 000,	r are rv, m	110 0, 01		
	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a						_		
		•	· ·				Amount		
С	Beginning balance				1c				
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	rt V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	1,428,374.	1,234,431.	1,555,092.	1,29	96,755.	1,	227,	620.
b	Contributions								
С	Net investment earnings, gains, and losses	124,960.	203,196.	-305,807.	26	57,249.		77,	814.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	10,362.	9,253.	14,854.	4 5	8,912.			679.
g	End of year balance	1,542,972.	1,428,374.		1,5	55,092.	1,	296,	755.
2	Provide the estimated percentage of the curre) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment .0000 Term endowment .0000	%							
С		%							
0-	The percentages on lines 2a, 2b, and 2c should be a sh	•	Cara dia akama la alah am	al a description of four	L .				
за	Are there endowment funds not in the posses	ssion of the organizat	tion that are neid an	administered for t	ne		ſ	Yes	No
	organization by:						20(1)	163	X
	/m =						3a(i)		X
b	If "Yes" on line 3a(ii), are the related organizations	tions listed as require					3a(ii) 3b		- 21
4	Describe in Part XIII the intended uses of the						SD		
Par	rt VI Land, Buildings, and Equipme		vinent iunus.						
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part X	. line 10.				
	Description of property	(a) Cost or ot			Accumulate	Ч	(d) Bool	cvalu	
	bescription of property	basis (investm		' '	epreciation	۵	(u) Dooi	· vaiu	
	Land	'	,	. ,					
b	Buildings								
	Leasehold improvements								
d	Equipment		2	0,138.	20,13	88.			0.
e	Other			2,427.	2,42	27.			0.
	I. Add lines 1a through 1e. (Column (d) must ed		*						0.

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023 WASHINGTON WOMEN IN NEED 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. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year (including name of security)		
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year		
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year		
	r market v	alue
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
<u>(E)</u>		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
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	r market v	alue
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
<u>(7)</u>		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	\D	
(a) Description (k)) Book va	lue
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))		
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 va	lue
(1) Federal income taxes	•	
(2)		
(3)		
(4) (5)		
(5)		
<u>(6)</u>		
<u>(7)</u>		

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

(9)

		Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue	per Return	- rage
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	d services and use of facilities	2b		
С	Recove	ries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lin	es 2a through 2d		2e	
3		ct line 2e from line 1		3	
4	Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	•	Describe in Part XIII.)	4b		
С		es 4a and 4b		4c	
5 D 21	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Stateme	onte With Evpones	5	
Pai				s per neturn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T. T	
1				1	
2		ts included on line 1 but not on Form 990, Part IX, line 25:	ا مما		
a		d services and use of facilities	1 1		
b		par adjustments			
C	Other lo				
d	,	Describe in Part XIII.)	•	20	
е 3		es 2a through 2d			
4		ct line 2e from line 1			
а		nent expenses not included on Form 990, Part VIII, line 7b	4a		
b		Describe in Part XIII.)			
	•	es 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c	
5		xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pai	rt XIII	Supplemental Information			
Provi	ide the d	escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part	V, line 4; Part X, line 2	; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional information.		
		T T3TD 4			
PAF	₹T. Λ	LINE 4:			
ттт	י די	DD OF DIDECTORS IIVE DECLORATED NEW VCC	TEMO WINITOITM	DONOR	
THE	E BOA	ARD OF DIRECTORS HAS DESIGNATED NET ASS	SETS WITHOUT	DONOR	
סעם	מיים דר	TIONS AS AN ENDOWMENT OF WHICH THE INV	דפייאדאי פרייוו	משטו בי וופדי	F∩R
1111	<u> </u>	TIOND AD AN ENDOWMENT OF WITCH THE INV	DIMBNI KDIO	TIN ID ODDD	LOK
GEN	JERAL	OPERATIONS.			

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

2023

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 е Solicitation of non-government grants b Internet and email solicitations f 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.

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

		of furidialsing event contributions and gro				T greater triair \$6,000.
			(a) Event #1 ELEVATE EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
4)			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	186,560.			186,560.
	2	Less: Contributions	152,405.			152,405.
	3	Gross income (line 1 minus line 2)	34,155.			34,155.
	4	Cash prizes	12,489.			12,489.
	5	Noncash prizes				
penses		Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				55,545.
		Direct expense summary. Add lines 4 through				68,034.
Pa	11	Net income summary. Subtract line 10 from line.				-33,879.
Pa	ונו	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$13,000 OH FORM 990-E2, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						() ()
Ä	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	Ŭ		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	a	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Net garning income summary. Subtract line r	nomine i, column (a)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac No," explain:				Yes No
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	If "	Yes," explain:				

Sch	nedule G (Form 990) 2023 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:	1		
	a The organization's facility	13a		%
	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.			

332083 09-13-23 Schedule G (Form 990) 2023

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

SCHEDULE I (Form 990)

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.

Inswered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Ope

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

	WASHINGTO	N WOMEN II	N NEED					91-1559848
Part I General Info	ormation on Grants a	nd Assistance						
1 Does the organizat	ion maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectio	n
2 Describe in Part IV	the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
						anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that	t received more than \$	55,000. Part II can	be duplicated if additi	ional space is need	ed.			
1 (a) Name and addr or gover		(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
	of section 501(c)(3) are of other organizations	-		e line 1 table	<u> </u>	<u> </u>		

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(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	144	661,084.	0.					
RESILIENCY	36	29,368.	0.					
CAREER LAUNCH	12	6,000.	0.					
UNUSED PRIOR YEAR REALLOCATED GRANTS	0	-42,599.	0.					
Part IV Supplemental Information. Provide the information rec	vuired in Dort Llin	o 2: Dort III. oolumn	(b); and any other as	Iditional information				
PART I, LINE 2:	quireu iii Fait i, iiii	e 2, Fait III, Coluillii	(b), and any other ac	autional information.				
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

Part I Questions Regarding Compensation

Department of the Treasury

WASHINGTON WOMEN IN NEED

Employer identification number 91-1559848

			Yes	No
1a	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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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 ☐ Compensation survey or study			
	Form 990 of other organizations 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
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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		Х
	Any related organization?	5b		Х
	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		Х
b	Any related organization?	6b		Х
	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBORAH FROCKT	(i)	151,275.	0.	0.	6,075.	10,518.	167,868.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 WOMEN IN NEED						91-1559848			
Par	t 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	no	(d) Method of determ oncash contribution	_	ts		
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	30,189.	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		FMV					
26	Other (<u>AUCTION ITEMS</u>)	X	25	12,489.	FMV					
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organization	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			_			
						_	Yes	No		
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, tl	hat it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for					
	exempt purposes for the entire holding period?	?				30:	а	X		
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	tions?	31	X			
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash						
	contributions?					32:	а	X		
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,					
	describes to Deat II									

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
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:						
CURRENT SCHOLARS MAY APPLY FOR A RESILIENCY FUND GRANT AT ANY TIME, UP						
TO A LIFETIME MAXIMUM OF \$2,000. WWIN AWARDED 36 RESILIENCY FUND GRANTS IN FY24, TOTALING \$29,368						
OUR CAREER COACHING PROGRAMS SUPPORT OUR CURRENT STAR SCHOLARS AND						
ALUMNAE WITH INDIVIDUALIZED SUPPORT TO ACHIEVE THEIR CAREER GOALS BY						
WORKING ONE-ON-ONE WITH A CERTIFIED COACH OF THEIR CHOOSING. WE AWARDED						
12 CAREER COACHING GRANTS IN FY23 TOTALING \$6,000						
WWIN CONNECT: WWIN CONNECT IS OUR ONLINE HUB FOR ALUMNAE, CURRENT						
SCHOLARS, AND COMMUNITY MEMBERS TO OFFER AND RECEIVE EDUCATIONAL AND						
CAREER SUPPORT, AND TO BUILD NETWORKS THAT FOSTER CAREER ADVANCEMENT.						
OVER 200 INDIVIDUALS ARE PARTICIPATING IN THIS PROGRAM'S INAUGURAL YEAR.						
TEAK.						
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 FINANCE AND AUDIT COMMITTEE WILL REVIEW THEN IT GETS REVIEWED AND						
APPROVED BY THE BOARD.						

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

Schedule O (Form 990) 2023

Name of the organization

WASHINGTON WOMEN IN NEED	91-1559848
EVERY BOARD MEMBER SIGNS THE POLICY EACH YEAR AND DISCLOSE	S ANY CONFLICTS.
SO WE ARE AWARE OF ANY POTENTIAL CONFLICT. AT EACH BOARD M	EETING, SHOULD A
CONFLICT ARISE, THE MEMBER EXCUSES THEMSELVES FROM THE DIS	CUSSION 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 A	ND 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 XII, LINE 2C	
THERE WAS NO CHANGE IN THE AUDIT COMMITTEE PROCESS.	