# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 5187 | Return of Organization Exempt From Income Tax

Form **990** 

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

and ending



Inspection

Department of the Internal Revenue			Go to www.irs.
A For the 20	)22 calenda	ar year, or tax	year beginning

B c	Check if	C Name of organization		D Employer identified	cation number
	Addre	WASHINGTON WOMEN'S FOUNDATION			
	Name			91-17549	33
	Initial returr		Room/suite	E Telephone numbe	r
	Final returr		330	206-340-	
	termi ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,856,872.
	Amer returr	ded SEATTLE, WA 98144		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: MARIA ROLDI-WOLFE		for subordinates	? Yes X No
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	icluded? Yes No
11	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a	list. See instructions
J١	Nebsi	te: WAWOMENSFDN.ORG		H(c) Group exemptio	n number
KF	<sup>:</sup> orm o	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1995	A State of legal domicile: WA
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: WASH	INGTON	WOMEN'S FOU	JNDATION IS
Activities & Governance		A COLLECTIVE OF STRONG, INFORMED AND PURP			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Nel	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17
00 00	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6	
/itie	6	Total number of volunteers (estimate if necessary)		165	
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		1,340,291.	1,224,738.
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		219,576.	167,703.
ĉ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,980.	8,470.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,564,847.	1,400,911.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		582,500.	1,065,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		535,514.	560,773.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 47,02	12.		
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		141,898.	256,667.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,259,912.	1,882,440.
	19	Revenue less expenses. Subtract line 18 from line 12		304,935.	-481,529.
or			Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		7,439,248.	5,967,963.
Ass	21	Total liabilities (Part X, line 26)		176,707.	250,581.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		7,262,541.	5,717,382.
	art II	Signature Block	•	•	-
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	v knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date									
Here	MARIA KOLBY-WOLFE, PRESIDENT AND CEO										
	Type or print name and title										
	Print/Type preparer's name Preparer's signature	Date Check PTIN									
Paid	KATIE JOENS, CPA KATIE JOENS, CPA	10/03/23 self-employed P02389255									
Preparer	Firm's name JACOBSON JARVIS & CO, PLLC	Firm's EIN 91-2011386									
Use Only	Firm's address 200 1ST AVE W, SUITE 200										
	SEATTLE, WA 98119	Phone no. 206-628-8990									
May the I	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) WASHINGTON WOMEN'S FOUNDATION 91-1754933 F	age <b>2</b>
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: WASHINGTON WOMEN'S FOUNDATION IS A STRONG AND INCLUSIVE COLLECTIVE OF	
	INFORMED WOMEN WHO TOGETHER INFLUENCE COMMUNITY TRANSFORMATION THROUGH	
	INDIVIDUAL AND COLLECTIVE DISCOVERY, HIGH-IMPACT GRANT MAKING AND BY	
	LISTENING TO AND RESPECTING ALL VOICES IN OUR COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
Ū	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 \$ 553,000 • including grants of \$ 453,000 •) (Revenue \$	)
	COLLECTIVE GRANT MAKING: IN 2022 THE FOUNDATION GRANTED A TOTAL OF	
	\$453,000 IN COLLECTIVE GRANTS WHICH CONSISTED OF THREE MAJOR COLLECTIV	E
	GRANTS OF \$100,000 EACH, THREE FINALIST MERIT AWARDS OF \$25,000 EACH,	
	AS WELL AS AN ADDITIONAL \$5,000 IN LEADERSHIP AND SELF-CARE GRANTS TO	
	EACH OF THESE GRANTEES. IN ADDITION, GRANTS WERE MADE IN THE INCREMENT	S
	OF \$1500 AND \$3000 AS MERIT GRANTS TO APPLICANTS THAT DID NOT BECOME	
	FINALISTS BUT PARTICIPATED IN THE RESEARCH AND CONVERSATION STAGES OF	
	THE GRANT APPLICATION PROCESS. ALL GRANTS WERE TO REGIONAL NONPROFIT ORGANIZATIONS. EACH YEAR 60-70 MEMBERS INVEST MORE THAN 2,000 HOURS	
	ANNUALLY IN THE COLLECTIVE GRANT-MAKING PROCESS, PARTICIPATING IN A	
	REVIEW PROCEDURE WITH THE GRANTEES WHILE STUDYING THE JUSTICE AND	
	EQUITY ISSUES THAT THE GRANTEE ORGANIZATIONS ADDRESS. THE FULL	
4b	(Code:) (Expenses \$719,000. including grants of \$510,000. ) (Revenue \$	)
	IN 2022 \$510,000 IN REST AND REPAIR AWARDS WERE MADE IN RECOGNITION OF	,
	BLACK WOMEN LEADERS WORKING IN WASHINGTON STATE'S NONPROFIT SECTOR.	
	(Code:) (Expenses \$137,334. including grants of \$102,000. ) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$ (Revenue \$) (Revenue \$	)
	AS ADVOCACY AND WOMEN AND GIRLS WERE AWARDED IN 2022.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 170,000. including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 1,579,334.	(0000)
232002	Form 990 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	(2022)

Form 990 (		WASHINGTON		FOUNDATION
Part IV	Checklis	st of Required Schedule	es	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI 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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form	990	(2022)
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 Form 990 (2022)
 WASHINGTON
 WOMEN'S
 FOUNDATION

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

<ul> <li>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curr and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>.</li> <li>24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>.</li> <li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?</li> <li>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, an that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? <i>If "Yes," complete Schedule L, Part I</i></li> <li>26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an that the transaction with a disqualified person of any drow part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part I</i></li> <li>27 Did the organization applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i></li> <li>28 A family member of any of these persons? <i>If "Yes," complete Schedule L, Part IV</i></li> <li>29 Did the organizati</li></ul>				Yes	No			
<ul> <li>23 Did the organization answer "Yes" to Part VII. Section A, line 3. 4, or 5, about compensation of the organization sourm and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes</i>," <i>complete Schedule J</i></li> <li>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as 0</li> <li>25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>25. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>26. Did the organization and tank an erson occur other than a refunding escrow at any time during the year?</li> <li>26. Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>26. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization acque in an excess benefit transaction with a disqualified person during the year? <i>It 'Yes</i>,' <i>complete Schedule L, Part I</i></li> <li>27. Did the organization axer that it engaged in an excess benefit transaction with a disqualified person on a prior year, an that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. <i>If 'Yes</i>,' <i>complete Schedule L, Part I</i></li> <li>27. Did the organization axer that it engaged or any of these persons? <i>If 'Yes</i>,' <i>complete Schedule L, Part I</i></li> <li>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 35% controlled entity of family member of any of these person? <i>If 'Yes</i>,' <i>complete Schedule L, Part I</i></li> <li>27. Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).</li> <li>28. A current of former officer, director, trustee, key employee, creator or foun</li></ul>	2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
<ul> <li>23 Did the organization answer "Yes" to Part VII. Section A, line 3. 4, or 5, about compensation of the organization sourm and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes</i>," <i>complete Schedule J</i></li> <li>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as 0</li> <li>25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>25. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>26. Did the organization and tank an erson occur other than a refunding escrow at any time during the year?</li> <li>26. Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>26. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization acque in an excess benefit transaction with a disqualified person during the year? <i>It 'Yes</i>,' <i>complete Schedule L, Part I</i></li> <li>27. Did the organization axer that it engaged in an excess benefit transaction with a disqualified person on a prior year, an that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. <i>If 'Yes</i>,' <i>complete Schedule L, Part I</i></li> <li>27. Did the organization axer that it engaged or any of these persons? <i>If 'Yes</i>,' <i>complete Schedule L, Part I</i></li> <li>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 35% controlled entity of family member of any of these person? <i>If 'Yes</i>,' <i>complete Schedule L, Part I</i></li> <li>27. Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).</li> <li>28. A current of former officer, director, trustee, key employee, creator or foun</li></ul>		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х				
<ul> <li>Schedule J</li> <li>24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of 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</li> <li>b) Did the organization mixet any proceeds of tax exempt bonds beyond a temporary pariod exception?</li> <li>c) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>d) Did the organization act 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 900 or 900-E2? If "Yes," complete Schedule L, Part I</li> <li>D) 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II</li> <li>D) Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, treator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contentity (Including an employee threshod c, conditions, and exceptions):</li> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.</li> <li>c) A S5% controlled entity of one or more individuals and/or organization sectione 310.<!--</th--><td>3</td><td>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current</td><td></td><td></td><td></td></li></ul>	3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
<ul> <li>Schedule J</li> <li>24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of 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</li> <li>b) Did the organization mixet any proceeds of tax exempt bonds beyond a temporary pariod exception?</li> <li>c) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?</li> <li>d) Did the organization act 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 900 or 900-E2? If "Yes," complete Schedule L, Part I</li> <li>D) 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II</li> <li>D) Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, treator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contentity (Including an employee threshod c, conditions, and exceptions):</li> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.</li> <li>c) A S5% controlled entity of one or more individuals and/or organization sectione 310.<!--</th--><td></td><td>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete</td><td></td><td></td><td></td></li></ul>		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
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<ul> <li>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.</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeasi any tax-exempt bonds?</li> <li>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I</li> <li>Dis the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I</li> <li>27 Did the organization aparts of any of these persons? If "Yes," complete Schedule L, Part I</li> <li>27 Did the organization apart povide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.</li> <li>27 Did the organization 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):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.</li> <li>c A 35% controlled entity of new rine individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.</li> <li>c A 35% controlled entity of one or more individuals and/</li></ul>	4a							
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<ul> <li>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 employse, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i></li> <li>27 Did the organization provide a grant or other assistance to any or threse persons? <i>If "Yes," complete Schedule L, Part II</i></li> <li>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):</li> <li>a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>b A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule N, Part I</i></li> <li>31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part I</i></li> <li>32 Did the organization receive controlled entity disregarded as separate from the organization under Regulations sections 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></li> <li>33 Did the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part I</i>, <i>III, or IV, and Part V, line 1</i></li> <li>34 was the organization and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>b If "Yes," complete Schedule L, <i>Part V, line 2</i></li> <li>35 Did the organization fac</li></ul>			056		x			
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1a Enter the number reported in her 3 of Form 1006 Enter 0 if not explicible	1~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No			
1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b			-					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								

ne organization comply with backup with rules for reportable payments to vendors and reportable gai (gambling) winnings to prize winners?

1c

Form 990 (2022) WASHINGTON WOMEN'S FOUNDATION 91-1754933 Page								
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
		_	Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 6	-						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X				
a	If "Yes," enter the name of the foreign country							
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		x				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>				
Uu		6a		x				
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>				
5	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x				
	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							
	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
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 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	-						
	Enter the amount of reserves on hand			X				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		- v				
	excess parachute payment(s) during the year?	15		X				
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		x				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16						
47	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?	47						
	If "Yes." complete Form 6069.	17						

### WASHINGTON WOMEN'S FOUNDATION

Check if Schedule O contains a response or note to any line in this Part VI

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X

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.

Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 17								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 17								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		х					
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		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х					
6	Did the organization have members or stockholders?	6	Х						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
74	more members of the governing body?	7a	х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10							
U	non-one other the proving hoch 0								
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X					
		0.0	х						
a L	The governing body? Each committee with authority to act on behalf of the governing body?	8a 0h	X						
a		8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	DEBORAH HOUSEWORTH - 206-340-1710								
	2100 24TH AVE S, 330, SEATTLE, WA 98144								

### 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.

• 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 nor any related organization compensated any current officer, director, or trustee.

And and bind     Average hours per veek (ist ary nours for malated organization below line)     Construction the organization organization (W-2/1098-MISC/ 1099-MEC)     Tep Delaw below menetation from related organization (W-2/1098-MISC/ 1099-MEC)     Eaminand anoth of other organization (W-2/1098-MISC/ 1099-MEC)       (1) MARIA KOLEY-WOLFE PRESIDENT (2) DEBORAH HOUSEWORTH     40.00     X     1666,018.     0.     17,716.       (2) DEBORAH HOUSEWORTH     35.00     X     1666,018.     0.     17,716.       (3) MAR KUASAKA     4.00     X     X     0.     0.     0.       (4) JODI GREEN     4.00     X     X     0.     0.     0.       (5) SUB BENNETT     4.00     X     X     0.     0.     0.       (6) YONNE HALL     4.00     X     X     0.     0.     0.       (7) CHRISTINE ATKINS     2.000     X     X     0.     0.     0.       (10) GEREN UPLON HEIDE     2.000     X     0.     0.     0.     0.       (11) STEPRANTER     2.000     X     0.     0.     0.     0.       (11) STEPRANTER ELLIS SMITH     2.000     X     0.     0.     0.       (11) STEPRANTE FLIDEN     2.000     X     0.     0.     0.       (11) STEPRANTE FLIDEN     2.000     X	(A)	(B)	(C)		(D)	(E)	(F)					
hours per veek (list any point and an out of the mean ad alternation built mean ad alternation (mean ad alternation built mean ad alternation the mean ad alternation the mean ad alternation the mean additional the mean addition the mean additional the mean additional the mean additi	Name and title	Average	(do	Position		Reportable	Reportable	Estimated				
Week (bit ary organizations organizations below line)         Implement (bit ary builts in president and related organizations (W-2/1099-MISC)         Compensation (W-2/1099-MISC)         Compensation (W-2/1099-MISC)           (1) MARIA KOLEY-WOLFE PRESIDENT AND CEO         40.00         x         1666,018.         0.         17,716.           (2) DEBOKAH HOUSENGETH         35.00         x         1666,018.         0.         17,716.           (2) DEBOKAH HOUSENGETH         35.00         x         x         0.         0.         0.           (3) ANN KUKASAKA         4.00         x         x         0.         0.         0.         0.           (4) JODI GREEN         4.000         x         x         x         0.         0.         0.         0.           (5) SUB DENNETT         4.000         x         x         0.         0.         0.         0.           (6) YUONRE HALL         4.000         x         x         0.         0.         0.         0.           (3) JULE HICKMAN BURG         2.000         x         x         0.         0.         0.         0.           (11) GEENA         2.000         x         0.         0.         0.         0.         0.           (13) JULE HICKMAN BURG		hours per	box, unles		box, unless person is both			s both	n an	compensation	compensation	amount of
(1)         MARIA KOLBY WOLFE         40.00         X         166,018.         0.         17,716.           (2)         DEBORAH HOUSEWORTH         35.00         X         76,789.         0.         14,862.           (3)         ANN KUMASARA         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (5)         SUE BENETT         4.00         X         X         0.         0.         0.           (6)         YUONNE HALL         4.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (3)         JULE HICKMAN BURG         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td></td><td>cer ar I</td><td>nd a d I</td><td>irecto</td><td>r/trus</td><td>tee)</td><td></td><td></td><td></td></td<>				cer ar I	nd a d I	irecto	r/trus	tee)				
(1)         MARIA KOLBY WOLFE         40.00         X         166,018.         0.         17,716.           (2)         DEBORAH HOUSEWORTH         35.00         X         76,789.         0.         14,862.           (3)         ANN KUMASARA         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (5)         SUE BENETT         4.00         X         X         0.         0.         0.           (6)         YUONNE HALL         4.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (3)         JULE HICKMAN BURG         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>rector</td><td></td><td></td><td></td><td></td><td></td><td></td><td>J.</td><td></td></td<>			rector							J.		
(1)         MARIA KOLBY WOLFE         40.00         X         166,018.         0.         17,716.           (2)         DEBORAH HOUSEWORTH         35.00         X         76,789.         0.         14,862.           (3)         ANN KUMASARA         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (5)         SUE BENETT         4.00         X         X         0.         0.         0.           (6)         YUONNE HALL         4.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (3)         JULE HICKMAN BURG         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>or di</td><td>ee</td><td></td><td></td><td>ated</td><td></td><td>, , , , , , , , , , , , , , , , , , ,</td><td></td><td></td></td<>			or di	ee			ated		, , , , , , , , , , , , , , , , , , ,			
(1)         MARIA KOLBY WOLFE         40.00         X         166,018.         0.         17,716.           (2)         DEBORAH HOUSEWORTH         35.00         X         76,789.         0.         14,862.           (3)         ANN KUMASARA         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (5)         SUE BENETT         4.00         X         X         0.         0.         0.           (6)         YUONNE HALL         4.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (3)         JULE HICKMAN BURG         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>ustee</td><td>trust</td><td></td><td>ee</td><td>upens</td><td></td><td></td><td>1099-NEC)</td><td>0</td></td<>			ustee	trust		ee	upens			1099-NEC)	0	
(1)         MARIA KOLBY WOLFE         40.00         X         166,018.         0.         17,716.           (2)         DEBORAH HOUSEWORTH         35.00         X         76,789.         0.         14,862.           (3)         ANN KUMASARA         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (5)         SUE BENETT         4.00         X         X         0.         0.         0.           (6)         YUONNE HALL         4.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (3)         JULE HICKMAN BURG         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td>l v</td><td>lual tr</td><td>tional</td><td></td><td>nploy</td><td>st con yee</td><td>-</td><td>1033-1120)</td><td></td><td></td></td<>		l v	lual tr	tional		nploy	st con yee	-	1033-1120)			
(1)         MARIA KOLBY WOLFE         40.00         X         166,018.         0.         17,716.           (2)         DEBORAH HOUSEWORTH         35.00         X         76,789.         0.         14,862.           (3)         ANN KUMASARA         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (4)         JODI GREEN         4.00         X         X         0.         0.         0.           (5)         SUE BENETT         4.00         X         X         0.         0.         0.           (6)         YUONNE HALL         4.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (3)         JULE HICKMAN BURG         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td></td><td></td><td>ndivic</td><td>nstitu</td><td>Officer</td><td>(ey en</td><td>Highes</td><td>orme</td><td></td><td></td><td>organizations</td></td<>			ndivic	nstitu	Officer	(ey en	Highes	orme			organizations	
(2)         DEBORAH HOUSEWORTH         35.00         x         76,789.         0.         14,862.           (3)         AN KUMASAKA         4.00         x         x         0.         0.         0.           PRESIDENT         X         X         0.         0.         0.         0.           (4)         JODI GREEN         4.00         x         x         0.         0.         0.           (5)         SUE BENNETT         4.00         x         x         0.         0.         0.           (6)         YONNE HALL         4.00         x         x         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (6)         YUNNE HALL         4.00         X         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.	(1) MARIA KOLBY-WOLFE	40.00	_			-	<u> </u>	4				
CFO         X         76,789.         0.         14,862.           (3) ANN KUMASAKA         4.00         X         X         0.         0.         0.           RESIDENT         X         X         0.         0.         0.         0.           (4) JOLI GREEN         4.00         X         X         0.         0.         0.           (5) SUE BENNETT         4.00         X         X         0.         0.         0.           (6) YUONE HALL         4.00         X         X         0.         0.         0.           CFO         X         X         0.         0.         0.         0.         0.           C10 URISTINE ATKINS         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           OSCRETARY         2.000         X         0.	PRESIDENT AND CEO				Х				166,018.	0.	17,716.	
(3) ANN KUMASAKA       4.00       x       x       0.       0.         PRESIDENT       x       x       0.       0.       0.         VICE PRESIDENT       4.00       x       x       0.       0.       0.         VICE PRESIDENT       4.00       x       x       0.       0.       0.         SCRETARY       x       x       0.       0.       0.       0.         (6) YVONNE HALL       4.00       x       x       0.       0.       0.         TREASURER       2.00       x       0.       0.       0.       0.         (7) CHRISTNE ATKINS       2.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (9) CHRIS CHARBONNEAU       2.000       x       0.       0.       0.       0.       0.         DIRECTOR       x       0. <t< td=""><td>(2) DEBORAH HOUSEWORTH</td><td>35.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(2) DEBORAH HOUSEWORTH	35.00										
PRESIDENT         X         X         X         0.         0.         0.           (4) JODI GREEN         4.00         X         X         0.         0.         0.           VICE PRESIDENT         4.00         X         X         0.         0.         0.           SECERTARY         X         X         0.         0.         0.         0.           (6) YVONNE HALL         4.00         X         X         0.         0.         0.           (7) CHRISTINE ATKINS         2.00         X         0.         0.         0.         0.           (8) JULIE HICKMAN BURG         2.00         X         0.         0.         0.         0.           (9) CHRIS CHARBONNEAU         2.00         X         0.         0.         0.         0.           (10) CERA DUFLON-HEIDE         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           U10) CERA DUFLON-HEIDE         2.000         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	CFO				Х				76,789.	0.	14,862.	
(4) JODI GREEN       4.00       X       X       X       0.       0.       0.         (5) SUE BENNETT       4.00       X       X       X       0.       0.       0.         (5) SUE BENNETT       4.00       X       X       0.       0.       0.       0.         (6) YVONNE HALL       4.00       X       X       0.       0.       0.       0.         (7) CHRISTINE ATKINS       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (8) JULIE HICKMAN BURG       2.00       X       0.	(3) ANN KUMASAKA	4.00										
VICE PRESIDENT         X         X         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           OTHECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         CHRIS CHARDONNEAU         2.00         X         0.	PRESIDENT		Х		Х				0.	0.	0.	
(5) SUE BENNETT       4.00       X       X       X       0.       0.       0.         SECETARY       4.00       X       X       0.       0.       0.       0.         (6) YVONNE HALL       4.00       X       X       0.       0.       0.       0.         (7) CHRISTINE ATKINS       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (8) JULIE HICKMAN BURG       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.	(4) JODI GREEN	4.00										
SECRETARY         X         X         X         X         0.         0.         0.           (6) YUONNE HALL         4.00         X         X         0.         0.         0.         0.           (7) CHRISTINE ATKINS         2.00         X         X         0.         0.         0.           (7) CHRISTINE ATKINS         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) JULIE HICKMAN BURG         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) STEPHANTE ELLIS-SMITH         2.00         X         0.         0.         0.         0.         0.         0.	VICE PRESIDENT		Х		Х				0.	0.	0.	
(6)         YVONNE HALL         4.00         x	(5) SUE BENNETT	4.00										
TREASURER         X         X         X         0.         0.         0.           (7)         CHRISTINE ATKINS         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8)         JULIE HICKMAN BURG         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           OIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	SECRETARY		Х		Х				0.	0.	0.	
(7) CHRISTINE ATKINS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) JULIE HICKMAN BURG       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) CEDRA DUFLON-HEIDE       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) STEPHANIE ELLIS-SMITH       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.         (14) MELINDA HER	(6) YVONNE HALL	4.00										
DIRECTORX0.0.0.(8) JULIE HICKMAN BURG2.00X0.0.0.DIRECTORX0.0.0.0.(9) CHRIS CHARBONNEAU2.00X0.0.0.DIRECTORX0.0.0.0.(10) CEDRA DUFLON-HEIDE2.00X0.0.0.DIRECTORX0.0.0.0.(11) STEPHANIE ELLIS-SMITH2.00X0.0.0.DIRECTORX0.0.0.0.0.(12) MAURA FALLON2.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(13) BARBARA FIELDEN2.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(14) MELINDA HERRIN2.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(16) PATRICIA KIYONO2.00X0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.0.DIRECTORX0.0.0.0.0.	TREASURER		Х		Х				0.	0.	0.	
(8)JULIE HICKMAN BURG2.00X0.0.0.DIRECTORX0.0.0.0.0.(9)CHRIS CHARBONNEAU2.00X0.0.0.DIRECTORX0.0.0.0.0.(10)CEDRA DUFLON-HEIDE2.00X0.0.0.DIRECTORX0.0.0.0.0.(11)STEPHANIE ELLIS-SMITH2.000.0.0.0.DIRECTORX0.0.0.0.0.(12)MAURA FALLON2.000.0.0.0.DIRECTORX0.0.0.0.0.(13)BARBARA FIELDEN2.00X0.0.0.DIRECTORX0.0.0.0.0.(14)MELINDA HERRIN2.00X0.0.0.DIRECTORX0.0.0.0.0.(15)KAIS KAMINISHI2.00X0.0.0.DIRECTORX0.0.0.0.0.(16)PATRICIA KIYONO2.00X0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.	(7) CHRISTINE ATKINS	2.00										
DIRECTORX0.0.0.(9) CHRIS CHARBONNEAU2.00X0.0.0.DIRECTORX0.0.0.0.(10) CEDRA DUFLON-HEIDE2.00X0.0.0.DIRECTORX0.0.0.0.(11) STEPHANIE ELLIS-SMITH2.00X0.0.0.DIRECTORX0.0.0.0.0.(12) MAURA FALLON2.00X0.0.0.DIRECTORX0.0.0.0.0.(13) BARBARA FIELDEN2.00X0.0.0.DIRECTORX0.0.0.0.0.(14) MELINDA HERRIN2.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(15) KRIS KAMINISHI2.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(16) PATRICIA KIYONO2.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.	DIRECTOR		Х						0.	0.	0.	
(9)CHRIS CHARBONNEAU2.00X0.0.0.DIRECTORX0.0.0.0.0.(10)CEDRA DUFLON-HEIDE2.00X0.0.0.DIRECTORX0.0.0.0.0.(11)STEPHANIE ELLIS-SMITH2.00X0.0.0.DIRECTORX0.0.0.0.0.(12)MAURA FALLON2.00X0.0.0.DIRECTORX0.0.0.0.0.(13)BARBARA FIELDEN2.00X0.0.0.DIRECTORX0.0.0.0.0.(14)MELINDA HERRIN2.00X0.0.0.DIRECTORX0.0.0.0.0.(15)KRIS KAMINISHI2.00X0.0.0.DIRECTORX0.0.0.0.0.(16)PATRICIA KIYONO2.00X0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.	(8) JULIE HICKMAN BURG	2.00										
DIRECTOR         X         0         0. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	DIRECTOR		Х						0.	0.	0.	
(10) CEDRA DUFLON-HEIDE       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) STEPHANIE ELLIS-SMITH       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0. <td>(9) CHRIS CHARBONNEAU</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(9) CHRIS CHARBONNEAU	2.00										
DIRECTOR         X         0         0. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	DIRECTOR		Х						0.	0.	0.	
(11) STEPHANIE ELLIS-SMITH       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (12) MAURA FALLON       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) BARBARA FIELDEN       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (14) MELINDA HERRIN       2.00       X       0.	(10) CEDRA DUFLON-HEIDE	2.00										
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.	
(12) MAURA FALLON       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) BARBARA FIELDEN       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) MELINDA HERRIN       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) PATRICIA KIYONO       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.	(11) STEPHANIE ELLIS-SMITH	2.00										
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.	
(13) BARBARA FIELDEN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (14) MELINDA HERRIN       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) KRIS KAMINISHI       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.	(12) MAURA FALLON	2.00										
DIRECTOR       X       0.       0.       0.       0.         (14) MELINDA HERRIN       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) KRIS KAMINISHI       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) PATRICIA KIYONO       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.	DIRECTOR		Х						0.	0.	0.	
(14) MELINDA HERRIN2.00X0.0.0.DIRECTORX0.0.0.0.(15) KRIS KAMINISHI2.00X0.0.0.DIRECTORX0.0.0.0.(16) PATRICIA KIYONO2.00X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.	(13) BARBARA FIELDEN	2.00										
DIRECTORX0.0.0.(15) KRIS KAMINISHI2.00X0.0.0.DIRECTORX0.0.0.0.(16) PATRICIA KIYONO2.00X0.0.0.DIRECTORX0.0.0.0.(17) JANE SEARING2.00X0.0.0.DIRECTORX0.0.0.0.	DIRECTOR		Х						0.	0.	0.	
(15) KRIS KAMINISHI       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) PATRICIA KIYONO       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (17) JANE SEARING       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.	(14) MELINDA HERRIN	2.00										
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.	
(16) PATRICIA KIYONO       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (17) JANE SEARING       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.	(15) KRIS KAMINISHI	2.00										
DIRECTORX0.0.0.(17) JANE SEARING2.00X0.0.0.DIRECTORX0.0.0.0.	DIRECTOR		Х						0.	0.	0.	
(17) JANE SEARING         2.00         X         0.	(16) PATRICIA KIYONO	2.00										
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.	
	(17) JANE SEARING	2.00										
	DIRECTOR		Х						0.	0.	0.	

Form 990 (2022) WASHINGTO									91-175	4933	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,			hes	t Co		, , ,		
(A)	(B) Average	(C) (D) Position Bonatable				(E)		(F)			
Name and title	hours per		not c	heck	more t	than o		Reportable compensation	Reportable compensation		imated ount of
	week				irector			from	from related		other
	(list any	ector						the	organizations		ensation
	hours for related	Individual trustee or director	ee			ated		organization	(W-2/1099-MISC/		m the
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	I V	nization related
	below	idual t	In stit utio nal tru stee	5	Key employee	est col oyee	er				nizations
	line)	In div	Instit	Officer	Key e	Highest compensated employee	Former				
(18) JENNIFER SIK	2.00										
DIRECTOR		Х						0.	0	•	0.
(19) AMY ZIMERMAN	2.00										•
DIRECTOR		Х						0.	0	•	0.
										-	
										<u> </u>	
1b Subtotal								242,807.	0	. 32	,578.
c Total from continuation sheets to Part VI								0.		•	0.
d Total (add lines 1b and 1c)							•	242,807.	0	. 32	,578.
2 Total number of individuals (including but n							o re	ceived more than \$100	,000 of reportable		
compensation from the organization											1
										`	Yes No
<b>3</b> Did the organization list any <b>former</b> officer,					-		•				
line 1a? If "Yes," complete Schedule J for s										3	<u> </u>
4 For any individual listed on line 1a, is the su										4	x
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										. 4	21
rendered to the organization? If "Yes," com										5	x
Section B. Independent Contractors		201	<u> </u>		20/00						
1 Complete this table for your five highest co	mpensated ind	lepei	nder	nt co	ontra	ctor	s th	at received more than \$	100,000 of compen	sation fror	n
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith o	r wit	hin	the organization's tax y	ear.		
(A)				_				(B)		(C)	
Name and business	address	NC	ONE	9			_	Description of s	services	Compens	sation
							+				
							$\uparrow$				
							T				
2 Total number of independent contractors (in \$100,000 of compensation from the organized states)	0	ot lin	niteo	to to	those 0		ed	above) who received m	ore than		

				I WO	MEN'S FO	UNDATION		91-1754	933 Page <b>9</b>
Pa	rt VI	II Statement of Re	venue						
		Check if Schedule O	contains a res	ponse	or note to any lir				
							(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
						Total revenue	function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1 a	Federated campaigns		1					
ran Jun	b	Membership dues		<b>b</b>	724,378.				
, G	с	Fundraising events	10	;					
ar A	d			1					
s, G	е	Government grants (contr		•					
Si	f	All other contributions, gifts,	grants, and						
but		similar amounts not included			500,360.				
itri O	g	Noncash contributions included in		3 \$	22,837.				
Contributions, Gifts, Grants and Other Similar Amounts	h	- 			-	1,224,738.			
					Business Code				
e	2 a	I							
vic	b								
Ser	c								
n an	d	-							
Program Service Revenue	e	·							
Pro	f	All other program service	revenue						
	c								
	3	Investment income (includ							
	-					120,864.			120,864.
	4	Income from investment of							
	5	Royalties	-						
	Ŭ	noyunico	(i) R	eal	(ii) Personal				
	6 9	Gross rents	6a		(.,	-			
		Gross rents     Less: rental expenses	6b			-			
	c		6c			-			
		Net rental income or (loss)	· · · · ·						
		Gross amount from sales of	(i) Secu		(ii) Other				
	1 a	assets other than inventory	7a 502,8		()	-			
	h	Less: cost or other basis	78502,0			1			
Ø	L L		7ь455,	961					
venue	_	and sales expenses		230		-			
		Gain or (loss)				46,839.			46,839.
Other Re		I Net gain or (loss)				40,059.			40,059.
the	8 a	Gross income from fundraisi		.					
0		including \$							
		contributions reported on	-		6 405				
		Part IV, line 18				-			
		Less: direct expenses			0.	6,405.		-	6 405
		Net income or (loss) from	-			0,405.			6,405.
	9 a	Gross income from gamin	-						
		Part IV, line 19				4			
		Less: direct expenses							
		Net income or (loss) from		lies					
	10 a	Gross sales of inventory, I							
		and allowances				-			
		Less: cost of goods sold							
	c	Net income or (loss) from	sales of inver	tory					
sr			r		Business Code	2.065			2.065
eor	11 a	MISCELLANEOUS			900099	2,065.			2,065.
Miscellaneous Revenue	b								
Sev	C								
Mis	d	All other revenue				2.065			
		Total. Add lines 11a-11d				2,065.	0	0	176 173
	12	Total revenue. See instruction	ons			1,400,911.	0.	0.	176,173.

WASHINGTON WOMEN'S FOUNDATION 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).

	if Schedule O contains a respons				
	ts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other as	sistance to domestic organizations				
and domestic gove	rnments. See Part IV, line 21 🛛 🔜 🗌	713,800.	713,800.		
2 Grants and other	assistance to domestic				
individuals. See F	Part IV, line 22	351,200.	351,200.		
3 Grants and other	assistance to foreign				
organizations, for	eign governments, and foreign				
	Part IV, lines 15 and 16				
4 Benefits paid to d	or for members				
	current officers, directors,				
	employees	252,329.	121,436.	109,325.	21,568.
	ncluded above to disqualified				
	I under section 4958(f)(1)) and				
	in section 4958(c)(3)(B)	000 050	104 220	26.046	0 470
	d wages	202,853.	174,337.	26,046.	2,470.
	als and contributions (include	0 076	6 000	2 2 2 0	656
	403(b) employer contributions)	9,876.	6,892. 37,755.	2,328.	656.
	penefits	58,284. 37,431.	24,378.	<u>18,647.</u> 11,256.	1,882.
	·····	37,431.		11,200.	1,797.
11 Fees for services					
	······  -	34,213.		34,213.	
	······ -	J4, 41J.		J4, ZIJ.	
	ioing convices Cas Dart IV line 17				
	ising services. See Part IV, line 17	30,000.		30,000.	
	gement feesamount exceeds 10% of line 25,	50,000.		50,000	
	t, list line 11g expenses on Sch 0.)	27,868.	7,354.	3,531.	16,983.
	promotion	27,000.	7,5540	5,551.	10,505.
		20,364.	13,526.	6,461.	377.
	nology	12,376.	7,023.	5,057.	296.
			.,,0200		
		16,403.	11,218.	4,602.	583.
		3,939.	3,880.	4.	55.
	el or entertainment expenses	.,	.,		
	ate, or local public officials				
•	iventions, and meetings	15,672.	14,085.	1,352.	235.
	ates				
	bletion, and amortization	2,400.		2,400.	
23 Insurance	······ [	3,195.	2,213.	872.	110.
24 Other expenses. Ite above. (List miscell line 24e amount exp	mize expenses not covered aneous expenses on line 24e. If ceeds 10% of line 25, column (A), e expenses on Schedule 0.)				
a VENUE ANI	REFRESHMENTS	69,237.	69,237.		
b SPEAKER B	EES	21,000.	21,000.		
c					
d					
e All other expense	es				
25 Total functional ex	penses. Add lines 1 through 24e	1,882,440.	1,579,334.	256,094.	47,012.
26 Joint costs. Compl	ete this line only if the organization				
	(B) joint costs from a combined				
	gn and fundraising solicitation.				
Check here 🛛 🗙 in	following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022)

<u>Form 990 (</u>		WOMEN'S	FOUNDATION
Part X	Balance Sheet		

91-1754933 Page 11

		Check if Schedule O contains a response or not	e to any	line in this Part X			
			c to arry		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			557,842.	1	368,374.
	2	Savings and temporary cash investments			1,216,706.	2	1,379,208.
	3	Pledges and grants receivable, net			27,773.	3	3,155.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	-	· · · · · · · · · · · · · · · · · · ·			
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				10,014.	9	11,351.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	57,327.			
	b	Less: accumulated depreciation		57,327. 56,595.	3,132.	10c	732.
	11				5,623,781.	11	4,205,143.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			7,439,248.	16	5,967,963.
	17	Accounts payable and accrued expenses			23,374.	17	33,915.
	18	Grants payable	153,333.	18	216,666.		
	19	Deferred revenue		19			
	20	<b>—</b>				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
lide		controlled entity or family member of any of thes	se perso	ins		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, page	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			176,707.	26	250,581.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			2,598,396.	27	1,954,818.
Ba	28	Net assets with donor restrictions		L	4,664,145.	28	3,762,564.
pur		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ę		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	luipmen	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances		·····	7,262,541.	32	5,717,382.
	33	Total liabilities and net assets/fund balances			7,439,248.	33	5,967,963.

Form **990** (2022)

Form	990 (2022) WASHINGTON WOMEN'S FOUNDATION	91-1	754933	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,400	),9:	11.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,882	2,4	40.
3	Revenue less expenses. Subtract line 2 from line 1	3	-481	L,5:	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,262		
5	Net unrealized gains (losses) on investments	5	-1,063	3,6	30.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,717	7,3	82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			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	О.			
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<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:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<b> </b>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	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	<u></u>	3b		Ĺ

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

## **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.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the o	rganization
---------------	-------------

Nan	ne of	the organization							identification number
De				EN'S FOUNDAT					1-1754933
Ра	rt I	Reason for Public (	Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orgar	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n 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 (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	$\square$	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					e general r	oublic described in
•		section 170(b)(1)(A)(vi). (C	•		onna gora			o gonorar r	
8		A community trust describe		1)(A)(vi) (Complete Par	них				
9	H	An agricultural research org			-	od in coniu	nction with a	land grant	collogo
9			-			-		-	-
		or university or a non-land-c	grant college of agric	ulture (see instructions).		name, city	, and state of	the college	
40		university:		11					1
10		An organization that norma	•	••				•	•
		activities related to its exen							-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Co							
11	닏	An organization organized a	•	, .	•				
12		An organization organized a	•		•			•	• •
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section 5	6 <b>09(a)(3)</b> . (	Check the box on
	_	_lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatior	n(s), by hav	ring
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted
		organization(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally		-				ted organiz	ation(s)
		that is not functionally int	• •					Ũ	
		requirement (see instruct			•		-		
۵		Check this box if the orga	,	• •				I Type III	
Ŭ		functionally integrated, or						i, iype iii	
f	Ent	er the number of supported of							
י מ		vide the following information	-	d organization(c)					
<u> </u>		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	.,	(described on lines 1-10	in your governi Yes	ng document?	support (see in	-	support (see instructions)
		-		above (see instructions))	163				
Tota	al								

Part II

WASHINGTON WOMEN'S FOUNDATION

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	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1336988.	1164365.	1659672.	1340291.	1224738.	6726054.	
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	1336988.	1164365.	1659672.	1340291.	1224738.	6726054.	
	The portion of total contributions							
Ŭ	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,						275 070	
	column (f)						275,978.	
	Public support. Subtract line 5 from line 4.						6450076.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	1336988.	1164365.	1659672.	1340291.	1224738.	6726054.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources $\dots$	119,381.	143,412.	117,789.	133,896.	120,864.	635,342.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	5,615.	6,075.	9,387.	4,980.	2,065.	28,122.	
11	Total support. Add lines 7 through 10						7389518.	
12		etc. (see instructio	ins)			12	10,853.	
	First 5 years. If the Form 990 is for th	•	,			01(c)(3)	· · ·	
	organization, check this box and <b>stor</b>							
Sec	ction C. Computation of Publi							
	Public support percentage for 2022 (I			column (f))		14	87.29 %	
	Public support percentage from 2021					15	85.48 %	
100	I6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X							
h	<b>Stop here.</b> The organization qualifies as a publicly supported organization <b>LA</b> <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
, N								
17-	and stop here. The organization qualifies as a publicly supported organization							
178	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	-			-		-		
	meets the facts-and-circumstances te	-		• • • •	-	7		
b	10% -facts-and-circumstances test	-					IU% Or	
	more, and if the organization meets th							
	organization meets the facts-and-circu				• •			
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions		

Schedule A (Form 990) 2022

Schedule A	Form 990	) 2022
		, 2022

### WASHINGTON WOMEN'S FOUNDATION 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	<ul> <li>Unrelated business taxable income</li> </ul>						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-					
50	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2022 (I					45	0/
	Public support percentage for 2022 (i Public support percentage from 2021					15 16	<u> </u>
	ction D. Computation of Inves						%0
	Investment income percentage for 20			ne 13 column (f)		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the					· · · · ·	
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2021.</b> If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

### WASHINGTON WOMEN'S FOUNDATION

Yes

No

### 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

# Schedule A (Form 990) 2022 WASHINGTON WOMEN'S FOUNDATION

2

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11		
b	A family member of a person described on line 11a above? 11	,	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11	;	
Sec	ion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
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supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed
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Section D.	. All Type III Supporting Organizations	
		_

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a 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.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the 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.*

Yes No

	<b>n</b> ~

Schedule A	(Form 990)	2022	WAS	HINGTON	WOMEN	' S	FOUNE	DATI	ON	
Part V	Type III	Non-Fun	octionally	Integrated	I 509(a)(3)	Su	oporting	) Orga	anizatio	ns

#### 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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		
7	Check here if the current year is the organization's first as a non-functional			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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WASHINGTON WOMEN'S FOUNDATIO	WASHINGTON	WOMEN'S	FOUNDATION

Sche		MEN'S FOUNDATIO		9	1-1754933 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	1
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
,	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022				
6					

Schedule A (Form 990) 2022

	(Fauna 000) 0000		WOMEN' C	FOUNDATION		91-1754933	D
Part VI	(Form 990) 2022 <b>Supplemental Infor</b> Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, 5	explanations re 6, 9a, 9b, 9c, 11 Section E, lines <sup>-</sup>	quired by Part II, line 10 a, 11b, and 11c; Part IV 1c, 2a, 2b, 3a, and 3b; F	; Part II, line 17a or 1 , Section B, lines 1 a Part V, line 1; Part V,	7b; Part III, line 12; Ind 2; Part IV, Section Section B, line 1e; Pa	с,
			_				

#### 223451 11-15-22

### Schedule B

(Form 990)

O

Department of the Treasury Internal Revenue Service

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

91-1754933

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Check if your organization is	covered by the General Rule or a Special Rule.			

WASHINGTON WOMEN'S FOUNDATION

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

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

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

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

Schedule B (Form 990) (2022)



Schedule B (Form 990) (2022)
noncash contributions.)

\$

Noncash

(Complete Part II for

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>258,201.</u>	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
2		\$ <u>50,000.</u>	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.)
(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

### WASHINGTON WOMEN'S FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2022) Name of organization

Part I

Employer identification number

91-1754933

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

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

(b)

Description of noncash property given

## Schedule B (Form 990) (2022)

WASHINGTON WOMEN'S FOUNDATION

Name of organization

Part II

(a)

No.

from

Part I

Employer identification number

(d)

Date received

91-1754933

(c)

FMV (or estimate)

(See instructions.)

Schedule B (I	Form 990) (2022)			Page <b>4</b>			
Name of orga	anization			Employer identification number			
WAGHING	GTON WOMEN'S FOUNDATION	т		91-1754933			
Part III E		ons to organizations described	d in section 50	1(c)(7), (8), or (10) that total more than \$1,000 for the year			
c	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,0	100 or less for th	e year. (Enter this info. once.) \$			
(a) No.		·					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-							
-							
		(-) Turnefor					
		(e) Transfer	of gift				
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee			
-		-					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held			
-							
-							
-							
	(e) Transfer of gift						
	Transferee's name, address, ar	$d 7 \mathbf{P} + 4$	B	elationship of transferor to transferee			
-							
-		-					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I		(0) 000 01 gill					
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee			
-		-					
-							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	gift (d) Description of how gift is he				
-							
-							
		(e) Transfer	of gift				
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee			
Γ-	,,			· · · · · · · · · · · · · · · · · · ·			
-		-					
-		-					

(Form 9	<del>9</del> 90)
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232051 09-01-22

### **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.



Employer identification number

91-1754933

Department of the Treasury Internal Revenue Service

Name of the organization

### WASHINGTON WOMEN'S FOUNDATION

Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds 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	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	· · · ·	
De			
Pa			IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
•	Preservation of open space	····	
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	fied conservation contribution in the form of a	Held at the End of the Tax Year
-			
		naturo included in (a)	
	Number of conservation easements on a certified historic str		
u	Number of conservation easements included in (c) acquired a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
Ū	year	leased, extinguished, or terminated by the orga	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			<b>3</b>
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
			0
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Other	<sup>-</sup> Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheran	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	· · · · · ·	n, provide
	the following amounts required to be reported under FASB A	-	
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         c       Using the organization accession, and other records, check any of the following that make significant use of its collection items (check all that apply): <ul> <li>a</li> <li>Distribution</li> <li>d</li> <li>b</li> <li>Brain existion</li> <li>d</li> <li>clear or exchange program</li> <li>d</li> <li>Distribution</li> <li>d</li> <li>clear or exchange program</li> <li>d</li> <li>Distribution</li> <li>d</li> <li>clear or exchange program</li> <li>d</li> <li>clear or exchange program</li> <li>d</li> <li>Distribution</li> <li>d</li> <li>clear or exchange program</li> <li>d</li> <li>d<th>Sche</th><th></th><th>TON WOMEN'S</th><th></th><th></th><th></th><th>91-17</th><th></th><th></th><th>age <b>2</b></th></li></ul>	Sche		TON WOMEN'S				91-17			age <b>2</b>	
collection terms (check all that apply): <ul> <li></li></ul>	Par	t III   Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Sim	ilar Asset	s (contii	nued)		
a       Public exhibition       d       Consort or exchange program         b       Scholarly research       e       Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significa	nt use of its				
b       Scholary research       e       Other		collection items (check all that apply):									
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solid or receive donations of art, historical treasures, or other similar asets       to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodial arrangements. Comparization's collection?       Yes       No         7       Yes, "explain the arrangement in Part XIII and complete the following table:       Amount       To to to the organization and the organization's collection?       Yes       No         8       Bit hor organization include an amount on Form 990, Part X, line 21.       Inte 21.       Amount       To to the organization include an amount on Form 990, Part X, line 21.       Amount       Yes       No         9       If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Second Sec	а	Public exhibition	d	Loan or exc	hange program						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds and ther than to be maintained as part of the organization's collection?     Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21, for escrew or custodial account in the year     c Beginning balance     d Additions during the year     tel     defining balance     defin	b	Scholarly research	е	Other							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       No.         Part IV       Escrow and Oustodial Arrangements. Complete if the organization is collection?       No.         Part IV       Escrow and Oustodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X ine 21.       Yes       No.         18       the organization angement in Vart X ill and complete the following table:       Yes       No.         c       Beginning balance       1d       1d       1d         10       Complete the following table:       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d       1d       1d       1d         c       Dottributions during the year       1d       1d       1d       1d         2a       Dd the organization include an amount on Form 900. Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         f       Beginning of year balance       5 (63. 71, 5 , 264. 592. 4, 762. 995. 4, 132. 988. 4, 470. 590. 562. 396. 561. 299. 561. 201. 201. 27. 775. 32. 202. 298. 561. 562. 396. 561. 572. 396. 561. 572. 396. 561. 572. 396. 561. 572. 396. 5	С	Preservation for future generations									
to be solid to raise funds rather than to be maintained as part of the organization scollection?         Yes         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 890, Part X         Ves         No.           b         If 'Yes,' explain the arrangement in Part XIII and complete the following table:         Amount         Ves         No.           c         Beginning balance         1d	4							XIII.			
Part IV         Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.           Ia         Is the organization an agent, trustee, custodial ar other intermediary for contributions or other assets not included on Form 990, Part X (line 21.         Ves         No           b         If "Yes," explain the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit of	r receive donations of	f art, historical treas	sures, or other simila	r assets	3	_		_	
reported an amount on Form 990, Part X, line 21.           1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         Ves         No           b         Image: Custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         Amount           c         Beginning balance         Custodiations during the year         Image: Custodian or other assets not included on Form 990, Part X?         Image: Custodian or other assets not included diditions during the year         Image: Custodian or other assets not included an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Ves         No           Distributions during the year         Image: Custodian or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Ves         No           Distributions         Gury was back (d) 10.         Other expansible in 10.         Custodia for assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Lest Fubicions         App of 22         App of 22 <th cols<="" td=""><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>No</td></th>	<td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>No</td>	_									No
on Form 990, Part X7         Yes         No           b         If Yes, * explain the arrangement in Part XIII and complete the following table:         Amount           c         Beginning balance         1d           d         Additions during the year         1d           e         Distributions during the year         1d           2a         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           b         If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V         Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 10.           Part V         Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part X, line 10.         If 'Yes, '' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII           Part V         Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part X, line 10.         If 'Yes, '' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         If 'Yes, '' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         If 'Yes' on 20, 50, 77, 625, 522, 522, 522, 522, 522, 522, 522	Par			te if the organizatio	n answered "Yes" o	n Form	990, Part IV,	line 9, or			
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          Id          d       Additions during the year          Id          e       Distributions during the year          Id          a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account table introved on Part XIII           Ives, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII          Part V       Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 10.           Ives, "explain the arrangement in Part XIII. Check here if (b) Prov years back if (e) Three years back is the schemation of the explanation answered "Ves" on Form 990, Part X, line 10.          e       H"ves, "explain the arrangement in Part XIII. Check here if (b) Prov years back is the arrangement in Part XIII. Check here if (b) Prov years back is the schemation of the explanation answered "Ves" on Form 990, Part X, line 10.          e       Other expenditures for racilities         and programs           490, 500.           17, 113.           15, 507.           15, 299.          g       End of year balance           19, 5000        %           67. 9500        %          f       Administrative expenses	1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other assets not	include	ed				
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>a Beginning balance</li> <li>a Amount</li> <li>a C</li> <li>a Additions during the year</li> <li>b Erthbuichs during the year</li> <li>a Distributions during the year</li> <li>a Distributions during the year</li> <li>b Eff "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> <li>Part V</li> <li>Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Current year</li> <li>(b) Prior year</li> <li>(c) Trave years back</li> <li>(d) Ourrent year (b) Prior year</li> <li>(e) Contributions</li> <li>5, 623, 781.</li> <li>5, 264, 592.</li> <li>4, 752, 996.</li> <li>4, 132, 588.</li> <li>4, 470, 580.</li> <li>5, 623, 781.</li> <li>5, 264, 592.</li> <li>4, 777, 525.</li> <li>322, 692.</li> <li>d) Grave years back</li> <li>(d) Current year and balance (in the your years back (d) Three years back (e) Four years back (e) f</li></ul>								Yes		No	
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         f       Ending balance       1f       1d         2a       Distributions during the year       1f       1d         f       Ending balance       1f       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'ves' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         14       Beginning of year balance       (b) Sol 31, 781.       5, 264, 592.       4, 132, 584.       4, 470, 580.         15       Contributions       91, 580.       161, 280.       602, 018.       777, 625.       222, 698.         16       drants or scholarships       430, 000.       17, 113.       15, 507.       15, 299.       4, 132, 588.         2       Provide the estimated percentage of the current year db balance (line 1g, column (a)) held as:       asedi das yeas indownent	b										
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) For years back (e) Four years (e) Four years back (e) Four years back (e) Foury			·	0				Amoun	t		
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) For years back (e) Four years (e) Four years back (e) Four years back (e) Foury	с	Beginning balance				1	с				
e       Distributions during the year       1e         f       Ending balance       1f         2m       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2m       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2m       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior years       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       5, 623, 781.       5, 264, 592.       4, 762, 996.       4, 132, 588.       4, 470, 580.         1b       Orther expenditures for facilities       and programs       147, 896.       147, 896.         c       Other expenditures for facilities       30, 000.       17, 113.       15, 507.       15, 299.         g       End of year balance       4, 205, 143.       5, 623, 781.       5, 264, 592.       4, 762, 996.       4, 132, 588.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board de							d				
f       Ending balance							e				
b         If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.           Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           Ia         Beginning of year balance         (a) Current year         (b) Prior years         Dark XI.         (le) Four years back         (e) Four years back         (e) Four years back         (e) Four years back           Ia         Beginning of year balance         5, 623, 781.         5, 264, 592.         4, 762, 996.         4, 132, 588.         4, 470, 580.           Ia         Contributions         9, 450.         41, 151.         89, 072.         27, 375.         32, 602.           Ic         Contributions         9, 450.         141, 151.         89, 072.         27, 375.         32, 602.           Ic         Orthinstrative         State         490, 500.         181, 129.         173, 987.         155, 293.         147, 896.           Ic         Administrative expenses         30, 000.         17, 113.         15, 507.         15, 299.         4, 205, 143.         5, 623, 781.         5, 264, 592.         4, 762, 996.         4, 132, 588.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a baid designated or quasization         12.550	f	Ending balance				📘	f				
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         5, 623, 781.         5, 264, 592.         4, 762, 996.         4, 132, 588.         4, 470, 580.           b Contributions         9, 450.         44., 151.         89, 072.         27, 375.         32, 602.           c Net investment earnings, gains, and losses         -907, 588.         516, 280.         602, 018.         777, 625.         -222, 698.           a Grants or scholarships         490, 500.         181, 129.         173, 987.         159, 293.         147, 896.           e Other expenditures for facilities         30,000.         17, 113.         15, 507.         15, 299.         4, 132, 588.           g End of year balance         30,000.         17, 113.         5, 264, 592.         4, 762, 996.         4, 132, 588.           2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment 19.5000         %           b Permanent endowment funds not in the possession of the organization that are held and administered for the organizations         3a(i)         X	2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	istodial account liab	ility?	L	Yes		No	
(a) Current year         (b) Prior year         (c) Two years back         (e) Four years back         (e) Four years back         (e) Four years back           1a         Beginning of year balance         5, 263, 781.         5, 264, 592.         4, 762, 996.         4, 132, 588.         4, 470, 580.           b         Contributions         9, 450.         41, 1151.         89, 072.         27, 375.         322, 602.           c         Net investment earnings, gains, and losses         -907, 588.         516, 280.         602, 018.         777, 625.         -222, 698.           d         Grants or scholarships         490, 500.         181, 129.         173, 987.         159, 293.         147, 896.           e         Other expenditures for facilities and programs         30, 000.         17, 113.         15, 507.         15, 299.         4, 132, 588.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         Board designated or quasi-endowment         19.5000         %           b         Permanent endowment         67.95500         %          Yes         No           (i)         Unrelated organizations         12.5500         %          3a(0)         X           (ii)         Inelated organizations         S											
1a       Beginning of year balance       5, 623, 781.       5, 264, 592.       4, 762, 996.       4, 132, 588.       4, 470, 580.         b       Contributions       9, 450.       41, 151.       89, 072.       27, 375.       32, 602.         c       Net investment earnings, gains, and losses       -907, 588.       516, 280.       602, 018.       777, 625.       -222, 698.         d       Grants or scholarships       -907, 588.       516, 280.       602, 018.       777, 625.       -222, 698.         d       Grants or scholarships       -907, 588.       516, 280.       602, 018.       777, 625.       -222, 698.         d       Grants or scholarships       -907, 588.       516, 280.       602, 018.       777, 625.       -222, 698.         d       Administrative stor facilities       -907, 588.       516, 280.       602, 018.       777, 625.       -222, 698.         g       End of year balance       4, 205, 143.       5, 623, 781.       5, 264, 592.       4, 762, 996.       4, 132, 588.         2       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:       a Board designated or quasi-endowment       19, 500.       %         12, 5500       %       -       -       34(0 X)       3a(0) X       3a(0) X	Par	<b>t V</b> Endowment Funds. Complete i						I			
b Contributions       9,450.       41,151.       89,072.       27,375.       32,602.         c Net investment earnings, gains, and losses       -907,588.       516,280.       602,018.       777,625.       -222,698.         d Grants or scholarships       490,500.       181,129.       173,987.       159,293.       147,896.         e Other expenditures for facilities and programs       30,000.       17,113.       15,507.       15,299.         g End of year balance       4,205,143.       5,623,781.       5,264,592.       4,762,996.       4,132,588.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       80ard designated or quasi-endowment       19.5000       %         b Permanent endowment       12.5500       %       %       5,264,592.       4,762,996.       4,132,588.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       80ard designated or quasi-endowment       19.5000       %         b Permanent endowment       12.5500       %       %       3a(jj X       3a(jj X <td></td> <td></td> <td>., ,</td> <td>., ,</td> <td>.,,,,</td> <td></td> <td>-</td> <td></td> <td></td> <td></td>			., ,	., ,	.,,,,		-				
c       Net investment earnings, gains, and losses       -907, 588.       516, 280.       602, 018.       777, 625.       -222, 698.         d       Grants or scholarships       490, 500.       181, 129.       173, 987.       159, 293.       147, 896.         e       Other expenditures for facilities and programs       30, 000.       17, 113.       15, 507.       15, 299.       4, 132, 588.         g       End of year balance       4, 205, 143.       5, 623, 781.       5, 264, 592.       4, 762, 996.       4, 132, 588.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       19.5000       %         b       Permanent endowment       67.9500       %       *       *       *       *         i)       Unrelated or quasi-endowment       12.5500       %       *			, ,		, ,			4			
d Grants or scholarships       490,500.       181,129.       173,987.       159,293.       147,896.         e Other expenditures for facilities and programs       30,000.       17,113.       15,507.       15,299.       4,132,588.         f Administrative expenses       30,000.       17,113.       15,507.       15,299.       4,132,588.         2 Find of year balance       4,205,143.       5,623,781.       5,264,592.       4,762,996.       4,132,588.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       19.5000       %         c Term endowment       12.5500       %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations       3a(i)       X         (i) Unrelated organizations       3b       3b       3a(ii)       X         3b If "Yes" on line 3a(i), are the related organization's endowment funds.       3a(ii)       X       3a(iii)       X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       11a.See Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       10.         Description of property       (a) Cost or other basis (other)       (b) Cost or other basis (other)       (c) Acccu	b			,	,		•		,		
e       Other expenditures for facilities and programs       30,000       17,113       15,507       15,299         g       End of year balance       4,205,143       5,623,781       5,264,592       4,762,996       4,132,588         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       b       a       f	С		,	,	,		,				
and programs       30,000.       17,113.       15,507.       15,299.         g End of year balance       4,205,143.       5,623,781.       5,264,592.       4,762,996.       4,132,588.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       19.5000       %         b Permanent endowment       67.9500       %       *       *       *         c Term endowment       12.5500       %       *       *       *       *         a Ro ard designated or quasi-endowment       12.5500       %       *			490,500.	181,129.	173,987.		159,293.		147,	896.	
f       Administrative expenses       30,000.       17,113.       15,507.       15,299.         g       End of year balance       4,205,143.       5,623,781.       5,264,592.       4,762,996.       4,132,588.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       19.5000       %         b       Permanent endowment       67.9500       %       %       %         c       Term endowment       12.5500       %       %       %         d       Term endowment       12.5500       %       %       %       %         d       Description by:       (i) Unrelated organizations       %	е										
g End of year balance       4,205,143.       5,623,781.       5,264,592.       4,762,996.       4,132,588.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment 19.5000 %         b Permanent endowment 12.5500 %       67.9500 %         c Term endowment 12.5500 %       781.       5,264,592.       4,762,996.       4,132,588.         3a Are there endowment 12.5500 %       The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       3a(i) X       3a(i) X         (i) Unrelated organizations	_		20.000	19 110	15 507		15 200				
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment 19.5000 %         b       Permanent endowment 12.5500 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         (b) Cost or other       (c) Accumulated depreciation         (c) Accumulated depreciation       (d) Book value         basis (investment)       basis (other)         basis (other)       57, 327.         c       Cots of 57, 595.         732.	t						-	4	120	E 0 0	
a Board designated or quasi-endowment       19.5000       %         b Permanent endowment       67.9500       %         c Term endowment       12.5500       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)       X       3a(ii)       X         (ii) Related organizations       3a(ii)       X       3b       1         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.       Second the possis (investment)       (b) Cost or other       (c) Accumulated       (d) Book value         b Buildings	g		, ,	, ,			±,702,990.	4	,152,	500.	
b       Permanent endowment       67.9500       %         c       Term endowment       12.5500       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(iii) A</li> <li>(iii) A</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(e) Other</li> <li>(f) Start Start</li> <li>(f) Start Start</li></ul>	2		•		) neid as:						
c       Term endowment       12.5500 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization</li></ul>	a L	• • —		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(f) Cher</li> <li>(f) Sig (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)</li></ul>											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i) X         (ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b Buildings	C		-								
organization by:       Yes       No         (i) Unrelated organizations       3a(i) X       3a(i) X         (ii) Related organizations       3a(ii) X       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	30			ion that are held an	d administered for t	ho					
(i) Unrelated organizations       3a(i) X         (ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       1         c Leasehold improvements       1         d Equipment       57, 327.       56, 595.         e Other       57, 327.       56, 595.	Ja		ssion of the organizat						Yes	No	
(ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       1a       1a         b Buildings       1a       1a       1a         c Leasehold improvements       1a       1a       1a         d Equipment       57,327.       56,595.       732.		<b>c</b>						3a(i)			
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       (d) Book value         b       Buildings       (d) Book value         c       Leasehold improvements       (d) Equipment         d       Equipment       (d) Equipment         e       Other       57,327.       56,595.										x	
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b										
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4										
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par										
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10	).				
b Buildings		Description of property						( <b>d)</b> Boo	k valu	е	
b Buildings	1a	Land									
c Leasehold improvements											
d Equipment         57,327.         56,595.         732.           e Other         572.         562.         522.											
e Other											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5	7,327.	56,	595.				
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	, column (B), line 1	)c.)				7	32.	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 WASHINGTON WOMEN'S FOUNDAT	ION
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### 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 market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	

(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Ochman (h) must source From 2000 Date V, and (D) (inc. 05.)	

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D (Form 990) 2022 WASHINGTON WOMEN'S FOUNDAT	ION		91-	1754933 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	th Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	307,281.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,063,630.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	<u>-1,063,630.</u>
3	Subtract line 2e from line 1			3	1,370,911.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	•		30,000.		
b	Other (Describe in Part XIII.)	4b			
С				4c	30,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	- 1 - 14	· · · · · · · · · · · · · · · · · · ·	5	1,400,911.
Pa			ith Expenses per F	tetur	n.
1				1	1,852,440.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b					
с					
d					
е	Add lines <b>2a</b> through <b>2d</b>			2e	0.
3				3	1,852,440.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,000.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	30,000.
5	art XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements         A mounts included on line 1 but not on Form 990, Part VIII, line 12:         a Net unrealized gains (losses) on investments         b Donated services and use of facilities         c Recoveries of prior year grants         d Other (Describe in Part XIII.)         e Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a Investment expenses not included on Form 990, Part VIII, line 7b         b Other (Describe in Part XIII.)         c Add lines 4a and 4b         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         art XII         Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.)         art XII         Reconciliation of Expenses per Audited Financial Statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and losses per audited financi			5	1,882,440.
Pa	t XIII Supplemental Information.				

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

PART V, LINE 4:

THE COLLEEN S. WILLOUGHBY ENDOWMENT WAS ESTABLISHED TO SUPPORT THE
OPERATIONS OF THE WASHINGTON WOMEN'S FOUNDATION IN CARRYING OUT ITS
MISSION TO EDUCATE AND EXPAND THE POOL OF WOMEN IN PHILANTHROPY, TO BUILD
AND STRENGTHEN COMMUNITY THROUGH INDIVIDUAL AND POOLED INVESTMENTS, AND TO
DEMONSTRATE THE IMPACT THAT CAN RESULT FROM INFORMED, FOCUSED
GRANT-MAKING. THE INTENT IS TO ENSURE THE LONG-TERM VIABILITY AND
SUSTAINABILITY OF THE FOUNDATION.

232054 09-01-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.									
		Go to www.irs	.gov/Form990 for	the latest informa	ation.					
Name of the organization WASHINGTC	N WOMEN'S	FOUNDATION					Employer identification number 91-1754933			
Part I General Information on Grants a	and Assistance									
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?	oring the use of grant	funds in the United	l States.	-		X Yes No			
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
FIRELANDS 213 DECATUR ST PORT TOWNSEND, WA 99209	20-5987399	501(C)(3)	105,000.	0.			UNRESTRICTED			
FEDERAL WAY BIRTH CENTER 2740 SW 342ND ST FEDERAL WAY, WA 98023	86-3605356	501(C)(3)	50,000.	0.			UNRESTRICTED			
WA NA WARI 911 24TH AVE SEATTLE, WA 98122	91-1702331	501(C)(3)	30,000.	0.			UNRESTRICTED			
SALISH SCHOOL OF SPOKANE PO BOX 10271 SPOKANE, WA 99209	27-1126478	501(C)(3)	105,000.	0.			UNRESTRICTED			
COMMUNITY PASSAGEWAYS 7728 RAINIER AVE S SEATTLE, WA 98118	46-4242313	501(C)(3)	30,000.	0.			UNRESTRICTED			
NEW BEGINNINGS PO BOX 75125 SEATTLE, WA 98125	91-1005916	501(C)(3)	30,000.	0.			UNRESTRICTED			
2 Enter total number of section 501(c)(3) a	and government org	ganizations listed in th	e line 1 table							

3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2022

#### WASHINGTON WOMEN'S FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOOSE 180							
1416 SW 151ST ST							
BURIAN, WA 98166	46-4243133	501(C)(3)	105,000.	0.			UNRESTRICTED
PROJECT GIRL MENTORING							
4114 198TH ST SW SUITE 1							
LYNNWOOD, WA 98036	91-1930194	501(C)(3)	15,000.	0.			UNRESTRICTED
RVC SEATTLE							
1225 S WELLER ST STE 400	47 4257924	E01(0)(2)	15 000	0.			UNRESTRICTED
SEATTLE, WA 98144	47-4257834	501(C)(3)	15,000.	0.			ONRESTRICTED
ELIZABETH GREGORY HOME							
1604 NE 50TH ST							
SEATTLE, WA 98105	91-2139335	501(C)(3)	15,000.	0.			UNRESTRICTED
CARL MAXEY CENTER							
3114 E 5TH AVE							
SPOKANE, WA 99202	82-4396555	501(C)(3)	10,000.	0.			UNRESTRICTED
POWERFUL VOICES 1544 S SNOQUALMIE ST							
SEATTLE, WA 98108	91-1679907	501(C)(3)	7,500.	0.			UNRESTRICTED
	51 1075507	501(0)(3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
OPEN DOORS TO MULTICULTURAL							
FAMILIES - 24437 RUSSELL RD #110 -							
KENT, WA 98032	27-1206272	501(C)(3)	7,500.	0.			UNRESTRICTED
PARA LOS NINOS							
15220 6TH AVE SW							
BURIAN, WA 98166	95-3443276	501(C)(3)	7,500.	0.			UNRESTRICTED
NEW CONNECTIONS							
613 S 15TH ST							
TACOMA, WA 98405	11-3703613	501(C)(3)	7,500.	0.			UNRESTRICTED

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### Schedule I (Form 990) WASHINGTON WOMEN'S FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE ACTION NETWORK 815 1ST AVE #113 SEATTLE, WA 98104	27-0884032	501(C)(3)	7,500.	0.			UNRESTRICTED
TEAM CHILD 1225 S WELLER ST STE 420 SEATTLE, WA 98144	91-1930194	501(C)(3)	7,500.	0.			UNRESTRICTED

Schedule I (Form 990)

#### Schedule I (Form 990) 2022

WASHINGTON	WOMEN'S	FOUNDATION
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91-1754933

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NONPROFIT LEADERSHIP AND SERVICE AWARD	4	351,200.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					

ALL GRANTEES RECEIVE A LETTER OF UNDERSTANDING DETAILING THE TERMS OF THE

GRANT BEFORE INITIAL DISBURSEMENT. ACCEPTANCE OF THE DISBURSEMENT WILL BE

TAKEN AS AGREEMENT TO THIS LETTER OF UNDERSTANDING. GRANTEES WILL BE

INCORPORATED INTO THE GRANTEE ENGAGEMENT PROCESS FOR YEARLY CONVERSATIONS

WITH MEMBERS OF THE GRANTEE ENGAGEMENT TEAM TO EXPLORE WAYS THE FOUNDATION

CAN BETTER SUPPORT THE WORK OF THE NONPROFIT GRANTEE.

REMAINING GRANTS AND OTHER ASSISTANCE NOT LISTED (\$158,800) WERE NOT

GREATER THAN \$5,000 TO ANY ORGANIZATION.

SCHEDULE J		Compensa	ation Information	I	OMB No. 15	45-0047			
(For	rm 990)		s, Trustees, Key Employees, and Highest		202	))			
			ensated Employees swered "Yes" on Form 990, Part IV, line 23.		204				
Depar	ment of the Treasury	Atta	ch to Form 990.		Open to				
	I Revenue Service		or instructions and the latest information.		Inspection				
Nam	e of the organizatior			Employer id					
Pa		WASHINGTON WOMEN'S s Regarding Compensation	FOUNDATION	91-1	754933				
га		s Regarding Compensation							
10	Chack the appropri	to hav(aa) if the arganization provided any of	the following to or for a person listed on Form	000		Yes No			
		line 1a. Complete Part III to provide any relevant	<b>c</b>	990,					
	First-class or c		Housing allowance or residence for person	nalusa					
	Travel for com		Payments for business use of personal res						
		ation and gross-up payments	Health or social club dues or initiation fees						
		pending account	Personal services (such as maid, chauffeu						
b	If any of the boxes	on line 1a are checked, did the organization fo	blow a written policy regarding payment or						
-		rovision of all of the expenses described above			1b				
2	•	require substantiation prior to reimbursing o							
	0		arding the items checked on line 1a?		2				
	,								
3	Indicate which, if ar	y, of the following the organization used to e	stablish the compensation of the organization's						
	CEO/Executive Dire	ctor. Check all that apply. Do not check any l	poxes for methods used by a related organization	on to					
	establish compensa	tion of the CEO/Executive Director, but expla	in in Part III.						
	Compensation	committee	Written employment contract						
	Independent c	ompensation consultant	X Compensation survey or study						
	Form 990 of of	her organizations	X Approval by the board or compensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Sec	tion A, line 1a, with respect to the filing						
	organization or a re	ated organization:							
а	Receive a severanc	e payment or change-of-control payment?			. <b>4</b> a	<u> </u>			
b	Participate in or rec	eive payment from a supplemental nonqualifi	ed retirement plan?		<b>4</b> b	<u> </u>			
С	Participate in or rec	eive payment from an equity-based compens	ation arrangement?		<b>4c</b>	<u> </u>			
	If "Yes" to any of lin	es 4a-c, list the persons and provide the appl	icable amounts for each item in Part III.						
		)(3), 501(c)(4), and 501(c)(29) organizations							
5			he organization pay or accrue any compensatio	n					
	contingent on the re					37			
					. 5b	<u>X</u>			
		r 5b, describe in Part III.	· · · · · · · · · · · · · · · · · · ·						
			he organization pay or accrue any compensatio	n					
	contingent on the n	-			0-	v			
						<u> </u>			
					. <u>6b</u>				
		r 6b, describe in Part III.	he executed and a second se						
			he organization provide any nonfixed payments		-	x			
			ad aurouant to a contract that was subject to th		7				
			ed pursuant to a contract that was subject to th			x			
		ption described in Regulations section 53.499 d the organization also follow the rebuttable	58-4(a)(3)? If "Yes," describe in Part III		8				
•	IL YES ON INEX O	o the organization also follow the reputtable i	Dresumption procedure described in						
9			·····		9				

Page 2

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

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

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

		(B) Breakdown of 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)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARIA KOLBY-WOLFE	(i)	166,018.	0.	0.	4,816.	12,900.	183,734.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (F	orm 990	) 2022
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### 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 J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

### 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.



WASHINGTON WOMEN'S FOUNDATION

mployer identification n 91-1754933

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEIR RESOURCES TO MAKE HIGH-IMPACT GRANTS TO WASHINGTON STATE

NON-PROFIT ORGANIZATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEMBERSHIP VOTES TO SELECT THE FINAL GRANT RECIPIENTS.

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

FOUNDATION MEMBERS PARTICIPATE IN A BROAD SPECTRUM OF LEARNING

OPPORTUNITIES, SUCH AS LEADERSHIP FORUMS, PHILANTHROPY SKILL-BUILDING

WORKSHOPS, ISSUES DISCUSSIONS, AND "HANDS-ON" GRANT MAKING THROUGH

COMMITTEE WORK. THE FOUNDATION HAS OVER 165 ACTIVE COMMITTEE MEMBERS

AND 2,500 VOLUNTEER HOURS ARE INVESTED EACH YEAR IN OUR PROGRAMS.

EXPENSES \$ 170,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

ANY WOMAN MAY BE A MEMBER OF WAWF SUBJECT TO A \$2,500 DONATION PER YEAR.

THE MEMBERS MAY VOTE FOR THE BOARD OF DIRECTORS. THERE ARE NO STOCKHOLDERS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT DIRECTORS OF THE ORGANIZATION AT THE ANNUAL MEETING BY

MAJORITY VOTE. DIRECTORS MUST BE MEMBERS OF THE ORGANIZATION.

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

THE COMPLETED 990 IS PROVIDED TO THE FINANCE COMMITTEE SUFFICIENTLY IN

 ADVANCE OF THE FILING DEADLINE TO ENABLE A DETAILED REVIEW. THEN, THE BOARD

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 232211

DEADLINE. ONCE THESE REVIEWS ARE COMPLETE, THE PRESIDENT APPROVES THE FORM BEING FILED WITH THE IRS.

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

ANNUALLY, EACH COVERED PERSON (OFFICERS AND MEMBERS OF THE BOARD AND MEMBERS OF ANY COMMITTEE OF WAWF WITH BOARD DELEGATED POWERS) IS ASKED TO SIGN AND SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE DISCLOSING ANY POTENTIAL CONFLICTS TO THE PRESIDENT AND CEO OF THE FOUNDATION. THEN, AS APPROPRIATE, DIRECTORS ARE ASKED IF THERE ARE ANY CHANGES TO THEIR CONFLICT OF INTERESTS THAT WOULD AFFECT THE BUSINESS OF THE FOUNDATION. ANY CHANGES ARE DOCUMENTED IN MEETING MINUTES. ANY COVERED INDIVIDUAL WITH A CONFLICT OF INTEREST IS REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND DECISION MAKING RELATED TO THE MATTER IN WHICH THEY HAVE A CONFLICT.

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

REGIONAL NONPROFIT SALARY SURVEYS PUBLISHED BY ARCHBRIGHT ARE CONSULTED WHEN SETTING ALL STAFF SALARIES. THE CEO DETERMINES STAFF SALARIES OTHER THAN HER OWN. THE BOARD DETERMINES THE CEO'S SALARY. THE ANNUAL SALARY BUDGET IS APPROVED BY THE BOARD AS AN ELEMENT OF THE ANNUAL BUDGET THEY VOTE UPON. THE BOARD'S BUDGET APPROVAL IS RECORDED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 18:

FORMS 990 ARE AVAILABLE ON THE WAWF WEBSITE AND THE FORM 1023 IS AVAILABLE ON REQUEST. Name of the organization

### WAWF AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE, OTHER

### GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART XII, LINE 2C:

### THE FINANCE AND INVESTMENT COMMITTEE OVERSEES THE AUDIT AND AUDITOR

### SELECTION FOR WAWF.

232212 10-28-22

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 000 5365 10

ORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	SOFTWARE AND WEBSITE	VARIOUS	SL	3.00		16	57,327.				57,327.	54,195.		2,400.	56,595.
	* TOTAL 990 PAGE 10 DEPR						57,327.				57,327.	54,195.		2,400.	56,595.

228111 04-01-22

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone