efil	e Pu	<u>iblic Visu</u>	al Render	ObjectId:	2023331793493	805033 - Sub	mission:	2023-11	L-13	T	IN: 91-1176122
	0	20	Re	eturn of C	Organization	Exempt	From Ir	icome	Tax	(	OMB No. 1545-0047
Form	93	<b>J</b> U	Under sectio	n 501(c), 527, o	or 4947(a)(1) of the social security numbe	• Internal Rever	nue Code (e:	ccept priv	ate foundat	ions)	2022
		f the Treasury nue Service			<u>s.gov/Form990</u> for			•			Open to Public Inspection
A F	or th	e 2022 ca	lendar year,	or tax year be	ginning 01-01-202	2, and endin	g 12-31-20	22			
⊖ Ad	dress	applicable: change nange	C Name of organ DOMESTIC AB	nization USE WOMEN'S NE	TWORK				<b>D Employ</b> 91-1176		ïcation number
O Ini	tial re	eturn	Doing busines	s as							
		rn/terminated	N		· · · · · · · · · · · · · · · · · · ·		<b>D</b> ( 1) .		E Telephon	e number	
		d return ion pending	PO BOX 1449	treet (or P.O. box i	if mail is not delivered to	street address)	Room/suite		(253) 8	93-1600	
			City or town, KENT, WA 98		country, and ZIP or foreig	gn postal code			<b>G</b> Gross red	reints \$ 2	465 611
			F Name and	address of princ	cipal officer:		н	a) Is this	a group ret		,103,011
			ZINKA GALUS PO BOX 1449 KENT, WA 98					subor	dinates? I subordinat		☐Yes ☑No
I Ta:	-exe	mpt status:	501(c)(3)		(insert no.) 49	947(a)(1) or	527	includ	ed?		
<u>v</u>	ebsi	te: 🕨 WW	W.DAWNONLI		(insert no.) U 49	947(a)(1) or 🕓			exemption		instructions.
<u> </u>					Association 🗍 Other 🕨		LY	ear of forma	tion: 1980	M State	of legal domicile:
▲ Forr	n of c	organization:		i U irust U A	Association U Other					WA	-
emance				ON FOR SURVIV TAKE ACTION.	JTH KING COUNTY, W /ORS TO MAKE INFOR				E AND BY EN	IGAGING	G COMMUNITIES TO
es & Governance		Check this Number o	ARENESS AND s box ▶ □ f voting memb	TAKE ACTION.		RMED CHOICES	ABOUT THE		AND BY EN	IGAGING	COMMUNITIES TO
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Explenses Revenue Activities &	234 567 8910 11112 1314 1516 16 1718	RAISE AW/ Check this Number o Number o Total num Total num Total num Total num Total unre Net unrela Contributi Program s Investmer Other reve Grants an Benefits p Salaries, o Profession Total fundra Other exp Total expe Revenue I	ARENESS AND s box f voting memb f independent ber of individu ber of volunte lated business ated busine	TAKE ACTION. Pers of the gover voting members als employed in ers (estimate if revenue from F caxable income f axable income f (Part VIII, line t VIII, column (A), line t VIII, column (A), line t VIII, column (A), line t t VIII, column (I) embers (Part IX, column (I) fees (Part IX, column (I) column (A), line t (	All Antiperiods and a set of the	RMED CHOICES         ine 1a)         idy (Part VI, line         (Part V, line 2a)         .         .         line 12         t I, line 11         . <td>ABOUT THE 1b) 1b)               </td> <td>IR FUTURE</td> <td>• • • • • • • • • • • • • • • • • • •</td> <td>3           4           5           6           7a           7b           7b           750</td> <td>1: 1: 1: 2: 2: 7: ( Current Year 2,334,07 7,51 -50,38 2,291,20 98,92 1,513,99 1,513,99 557,18 2,170,09 121,11</td>	ABOUT THE 1b) 1b)               	IR FUTURE	• • • • • • • • • • • • • • • • • • •	3           4           5           6           7a           7b           7b           750	1: 1: 1: 2: 2: 7: ( Current Year 2,334,07 7,51 -50,38 2,291,20 98,92 1,513,99 1,513,99 557,18 2,170,09 121,11
Revenue Activities &	234 567a 91011 1213 1415 16a 1718 1920	RAISE AW/ Check this Number o Number o Total num Total num Total num Total num Total num Total num Total num Net unrela Net unrela Program s Investmen Other reve Grants an Benefits p Salaries, o Profession Total fundra Other exp Total expe Revenue l	ARENESS AND s box > f voting memb f independent ber of individu ber of volunte lated business ated business (Part VIII, aterses. Add line atess expenses. ats (Part X, line	TAKE ACTION. Pers of the gover voting members als employed in ers (estimate if revenue from F caxable income f axable income f (Part VIII, line t VIII, column (A), line t VIII, column (A), line t VIII, column (A), line t VIII, column (I), line t Column, (A), line fees (Part IX, column (I), column (A), line s 13–17 (must of Subtract line 18 16)	YORS TO MAKE INFOR         rning body (Part VI, li         s of the governing bo         a calendar year 2021 (red)         necessary)         Part VIII, column (C), l         from Form 990-T, Par         1h)       .         2g)       .         (h)       .         2g)       .         (h)       .         2g)       .         (h)       . </td <td>RMED CHOICES         ine 1a)         idy (Part VI, line         (Part V, line 2a)         ine 12         ine 12         t I, line 11         ine 12         ine 13         ine 14         ine 15         ine 16         ine 17         ine 18         ine 19         column (A), line         ine (A), line 25)         ine (A), line 25)</td> <td>ABOUT THE 1b) 1b)               </td> <td>IR FUTURE</td> <td>• • • • • • • • • • • • • • • • • • •</td> <td>3           4           5           6           7a           7b           7b           758           60           758           60           70           666           0           666           0           666           6338           647           1977</td> <td>1: 1: 1: 2: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7</td>	RMED CHOICES         ine 1a)         idy (Part VI, line         (Part V, line 2a)         ine 12         ine 12         t I, line 11         ine 12         ine 13         ine 14         ine 15         ine 16         ine 17         ine 18         ine 19         column (A), line         ine (A), line 25)         ine (A), line 25)	ABOUT THE 1b) 1b)               	IR FUTURE	• • • • • • • • • • • • • • • • • • •	3           4           5           6           7a           7b           7b           758           60           758           60           70           666           0           666           0           666           6338           647           1977	1: 1: 1: 2: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

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

	Circle And	inature of officer				2023-11-10				
Sign		nature of officer				Date				
Here	211	NKA GALUSIC DIRECTOR, FINANCE & OPE of or print name and title	RATIONS							
	<b>V</b> Tyl	Print/Type preparer's name	Preparer's signatur	~	Date	_	PTIN			
Paid	1	Printy type preparer's name	Preparer s signatur	e	2023-11-10	Check if self-employed	P11N P007378	384		
	barer	Firm's name 🕨 CLARK NUBER PS				Firm's EIN > 9	91-119401	6		
-	Only	Firm's address 🕨 10900 NE 4TH ST ST	F 1400			Phone no. (425	5) 454-491	9		
		BELLEVUE, WA 9800				11101101101 (423	)			
Maxia				turretiene)				No.		
		uss this return with the preparer sho Reduction Act Notice, see the se		,		•••••				<b>0</b> (2021)
					Cat. F	10. 112021				0 (2021)
			Р	age 2						
-										_
	990 (2021)		• • • • • • • • !! • !• • • • •	•-						Page <b>2</b>
Par		atement of Program Service	-							$\square$
1		eck if Schedule O contains a respons cribe the organization's mission:	se or note to any line	e in this Part III .			• •	• •	• •	
DOME	, STIC ABUS	E WOMEN'S NETWORK (DAWN) SUF	PORTS, EMPOWERS	AND SHELTERS SU	RVIVORS OF	DOMESTIC A	BUSE IN	SOUT	H KING	COUNTY
AND H	IELPS TO K	EEP US ALL SAFE BY EDUCATING O	UR COMMUNITY TO	RESPOND TO AND F	PREVENT VIO	LENCE.				
2	Did the or	ganization undertake any significant	program services d	ring the year which	were not lis	ted on				
-		orm 990 or 990-EZ?						Ωy	'es 🗸	No
	If "Yes," de	escribe these new services on Sched	lule O.					-		
3	Did the or	ganization cease conducting, or mak	e significant change	s in how it conducts	s, any progra	m				
	services?						-		Yes	🗹 No
	If "Yes," de	escribe these changes on Schedule (	Э.							
4		he organization's program service ac 1(c)(3) and 501(c)(4) organizations								
		Le, if any, for each program service		ort the amount of g	rants and all		iers, the	total	expense	s,
	(5.)									
4a	(Code:	) (Expenses \$ NFIDENTIAL DOMESTIC VIOLENCE EMERG	· · · · · · · · · · · · · · · · · · ·	ing grants of \$		; ) (Revenue \$			)	
	DAWN 5 CO	IDENTIAL DOMESTIC VIOLENCE EMERC		DED 0,000 DEDNIGHTS	TO 150 CLIEN	15.				
4b	(Code:	) (Expenses \$	50,584 includ	ing grants of \$		) (Revenue \$			)	
		EVENTION ADVOCATE PROGRAM IS DESIG								
		KE SCHOOLS, FAITH INSTITUTIONS, SPOR EALTHY RELATIONSHIPS. DAWN PROVIDE			CREATE AND IN	IPLEMENT MATE	RIAL RELA	IED IC	HELPING	3 YOUTH
_										
4c	(Code:	) (Expenses \$	891,352 includ	ing grants of \$		) (Revenue \$			)	
		MMUNITY ADVOCACY PROGRAM INCLUDE RISIS LINE. WE PROVIDED 9,548 CASE MA								
	HOURS WIT	H LEGAL ADVOCACY, HELD 6 SUPPORT GF	ROUPS, ANSWERED 4,7	31 CRISIS CALLS. ADD	ITIONALLY, DA	WN CONDUCTED	) 18 24-H	our do	DMESTIC	
	THERAPIST	DVOCACY TRAININGS. DAWN OFFERS SH UNDERSTANDS THE DYNAMICS OF ABUSE								
	SERVICES T	HEY NEED.								
4d	Other prov	gram services (Describe in Schedule	0)							
τu	(Expenses		ing grants of \$		) (Revenue s	\$		)		
4e	Total pro	gram service expenses 🕨	1,613,591							
								F	orm <b>99</b>	<b>0</b> (2021)
			P	age 3						
Form	990 (2021)									Page <b>3</b>
Parl	IV Ch	ecklist of Required Schedule	S							. uge e
									Yes	No
1		anization described in section 501(c)		other than a private	foundation)?	? If "Yes," com	plete	1	Yes	
2	Schedule A					×۲.	ŀ	2	Voc	<u> </u>
2 3		anization required to complete Schea ganization engage in direct or indire					lidates	2	Yes	No
5		office? If "Vee " complete Cohedule (					induces	2		110

4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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? <i>If "Yes," complete Schedule D</i> , Part I S.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i> <sup>1</sup>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🧐	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 3	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 🔞	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🔞	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm <b>99</b>	<b>0</b> (2021)

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Form 990 (2021)

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

Yes No 22 Yes Yes

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's 23

# Page **4**

	current and former officers, directors, trustees, key employees, and nignest compensated employees ( 17 "res," complete Schedule J	23	105	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
274	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Ne
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28D		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🧐	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ldots$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			$\square$
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   2		163	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		F	orm <b>99</b>	<b>0</b> (2021)
	Page 5			
Form	990 (2021)			Page <b>5</b>

Part V	Statemen	ts kega	raing Othe	er IKS FIII	ngs and	ax com	pliance (c	continu	ed)		
Tax S	the number of Statements, file return							2a	28		

3a       Det the organization have unrelated business gross meame of \$1,000 or meet during the year?       3a       No         4b       Mary time during the actional year, sith the organization time an interest in, or a signature or other submity own a financial account; year, the sith account, securities account, or other financial account; year, the sith account, securities account, or other financial account; year, the sith account, securities account, or other financial account; year, the sith account, securities account, or other financial account; year, the sith account, securities account, or other financial account; year, the sith account security of the sith accounts (result).       Image: Sith account security of the sith accounts (result).       Image: Sith account security of the sith account security of the sith account security of the sith accounts (result).       Image: Sith account security of the sith account seccount secount security of the sith account security of	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
b       11 "Yes," task it litted a form 990-16 tor this year, 217 Wor's to ms 20, provide an exploration to Schedule 0.       33       33       44       10         a flar any time within the schedule schedul	32		32		No
4a Are yt time dung the calendar year, dit be organization have an interest in, or a signature or other submity ower, a financial account?       4a       1b         b 1" "%s, "enter the name of the foreign country: be-submit a bank count, securits of thim requirements for FinCN Form 114, Report of Foreign Bank and Financial Account?       5a       1b         b 20 dary taxable party notify the organization thave an ital party to a prohibited tax sheler transaction at any time during the tax year?       5a       1b         b 20 dary taxable party notify the organization thave an ital party to a prohibited tax sheler transaction?       5a       1b         c 20 bas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solication and aperty to a prohibited tax sheler transaction?       5a       1b         c 20 bas the organization include with every solication an express statement that such contributions or gifts were not the deductible.       6b       2c       7c         c 20 bit the organization notify the donor of the value of the goods or services provide?       7c       7c       1b         d 11 "%s," indicate the number of forms 8228 filed during the vare ?       7d       7c       1b         f 10 the organization maker any taxible during the vare?       7d       1b       7d       1b         f 11 "%s," indicate the number of forms 8228 filed during the vare?       7d       1b       7d       1b       7d       1b </th <th></th> <th></th> <th></th> <th></th> <th>NO</th>					NO
b I "Yes," enter the name of the foreign country: b       Image: country: country: b       Image: country: cou		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			No
Sa       No         5a       No         5b       No         5b       No         5c       In the same status of the organization in the two or is a party to a probibited tax shelter transaction?       Sb       No         5c       Did any taxable party notify the erganization inform 8885-72	b	If "Yes," enter the name of the foreign country:			
b       Did any taxable party notify the organization file from 888-77       56       No         c       ff "%s," to line 5a or 5b, did the organization file from 888-77       56       No         5       Does the organization natural gross receives that are normally greater than \$100,000, and did the organization file organization incide with very solicitation an expense statement that such contributions or gifts were not tax (eductible?       6a       No         0       Did the organization nature gross receive incide with very solicitation and party sa contribution and party for goods and service provided to the payor?       7a       Yes.         0       Did the organization notify the donor of the value of the goods or services provided?       7d       Yes.         10       The organization exceive a payment in excess of \$75 made party as a contribution and party for goods and services provided?       7d       Yes.         11       Thes," indicate the number of forms \$282 filed during the year       7d       Yes.       7d       No         12       Did the organization, during the year, pay permitums, directly or indirectly, to pay permitums on a personal benefit contract?       7f       No         13       Sponsoring organizations maintaining donor advised funds.       10d intraction file form 8899 as required to maintaining donor advised funds.       9a       9b       9b       9c       9c       9c       9c       9c       9c       9c	5a		5a		No
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-7?       Image: Comparization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any ware not tax deductible as charable contributions and partly for goods and services       Image: Comparization receive approach to exceed the average statement that such contributions or gifts were for tax deductible?       Image: Comparization receive approach to exceed 575 made partly as a contribution and partly for goods and services       7a       Yes         c       Did the organization notify the donor of the value of the goods or services provide?       7b       Yes         c       Did the organization notify the donor of the value of the goods or services provide?       7b       Yes         c       Did the organization neceive apyment in exceed states       7d       Yes       Yes         c       Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7c       No         d       If "Yes," indicate the number of Forms 2823 filed during the year       Zd       Zd       Zd         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c       No         f       If wes," indicate the number of Forms 2823 filed during the year?       Zd       Zd       Zd         g       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       Zd       No<					-
Ge Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit are verificultible activitutions?       6a       No         b If "Nes," did the organization include with every solicitation an express statement that such contributions or gifts were not ax deductible contributions under section 170(c).       7a       Yes         c) Organizations that may receive deductible contributions under section 170(c).       7a       Yes         d) If "Nes," did the organization notify the donor of the value of the goods or services provided?       7b       Yes         d) If "Nes," indicate the number of Forms 2822 filed during the year       Zd       Zd       No         d) If "Nes," indicate the number of Forms 2822 filed during the year, are required?       Yes       No       Yes         f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Ye       No         f) Did the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       9a       9a         g) Did the sponsoring organizations. Enter:       10a       10a       10a       10a         g) Sponsoring organization maker at statel distribution ander section 49667       9a       9b       10a         g) Section 501(c)(2) organizations. Enter:					-
b       If "Yes," indicate the number of Forms 2822 filed during the year       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       Yes         9       If "Yes," indicate the number of Forms 2822 filed during the year       7d       Yes         0       If "Yes," indicate the number of Forms 2822 filed during the year       7d       Yes         0       Did the organization self, we have a payment in diverse dispace of tangible personal property for which it was required to file       7c       No         1       If "Yes," indicate the number of Forms 2822 filed during the year       Zd       No         1       If wes," indicate the number of Forms 2822 filed during the year       Zd       No         1       If wes," indicate the number of Forms 2822 filed during the year, any premiums on a personal benefit contract?       7c       No         1       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       No         1       If the organization measive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096 C?       No         3       Sponsoring organization make axtess busings at any time during the year?       9a       9a         3       Did the sponsoring organization make axtestable didtributions under section 49667 <td< th=""><th></th><th>Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization</th><th></th><th></th><th>No</th></td<>		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			No
7       Organizations that may receive deductible contributions under section 170(c).       a       b       7       ves         a       Did the organization receive a payment in excess of 35 made partly as a contribution and partly for goods and services provided to the payor?       7       ves         b       If "Yes," indicate the number of Forms 8282 filed during the year	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	6b		
a Did the organization receive a payment in excess of 475 made partly as a contribution and partly for goods and services provided?       7a       Yes         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       Yes         c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       No         d If "ves," indicate the number of Forms 8282 filed during the year       7d       Yes       7d       No         e Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       No         f Did the organization neceive a contribution of qualified intellectual property, did the organization file a Form 1098-02       7g       7d       No         f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-02       7g           g Sponsoring organizations maintaining door advised funds.       Did the sponsoning organization make any taxable distributions under section 49667       9a                                     <	7				
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file from 82827.       7       No         d       If "kes," indicate the number of Forms 8282 filed during the year .       74       74       76       No         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       76       No         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required - contraction of cars, bots, airplanes, or other vehicles, did the organization file a Form 199-C?       78       No         8       Sponsoring organizations maintaining door advised funds.       Did a donor advised funds.       8       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         10       Did the sponsoring organizations make any taxable distributions under section 4966?       9a       9a       9a         11       10a       <	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a	Yes	
Form 3282?       7c       No         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       No         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       No         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       No         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       9a       9a         g Did the sponsoring organization make and distributions under section 4966?       9a       9a       9a         g Sonsoring organization make and distribution to a donor, donor adviser, or related person?       9b       9a       9a <t< th=""><th>b</th><th>If "Yes," did the organization notify the donor of the value of the goods or services provided?</th><th>7b</th><th>Yes</th><th></th></t<>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       No         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       No         9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7g       No         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9e         10 at the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9e         10 at the sponsoring organization make a distribution surfue do near sources. (Do not net amounts due or paid to other sources. Spanisation sclueded on Part VIII, line 12, for public use of club facilities       10a       <	с				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       No         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       No         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       No         f Did the organization 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       9a       9b       9a       9b       9b       9b       9a       9b       9b       9b       9b       9b       9b       9a       9b			7c		No
7       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7       No         9       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7       No         9       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7       No         8       Sponsoring organization make activation of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining door 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 door advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(2) organizations. Enter:       10a       10b         11       Initiation fees and capital contributions included on Part VIII, line 12, or public use of club facilities       11a       11a         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Did the organization filecarsed to issue qualified health plans in more than	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
required?       7g         required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         a       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Iob       10a       10a         13       Section 501(c)(12) organizations. Enter:       10a       10b         14       Iob       11a       11a       12a         15       Section 501(c)(12) organizations. Enter:       11a       11a       12a         16       Gross income from members or shareholders       11a       11a       11a         18       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         17       Iab       Iab       Iab       Iab         18       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       Iab         18       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       Iab <th>f</th> <th>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <math>\cdot</math> .</th> <th>7f</th> <th></th> <th>No</th>	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\cdot$ .	7f		No
1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(2) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       11a         11       Section 501(c)(12) organizations. Enter:       11a         12       Gross income from members or osci. CD on the et amounts due or paid to other sources. (Do not net amounts due or paid to other sources. (Do not net amounts due or paid to other sources. (Do not net amounts due or accrued during the year.       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         14       13a       13a         13       Section 501(c)(29) qualified health plans in more than one state?       13a         14       Image: Section 501(c)(29) qualified health plans in more than one state?       13a         14       <	g		7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(7) organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         12a       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a         13a       Iss the organization is inclensed to issue qualified health plans       13b         13a       Iso organization receive and psice in information the organization must report on Schedule O.       14a         14a       No       No         b       If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization subject to the section 4960 tax on payment(s) of more than s1,000,000 in remuneration or excess parachute payment(s) during the year?       1	h		7h		
a Did the sponsoring organization make any taxable distributions under section 4966?	8		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a       11a         b       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       Note. See the instructions for additional information the organization must report on Schedule 0.       13a       14a       No         b       If "Yes," has it filed a Form 720 to report these payments?/f "No," provide an explanation in Schedule 0			9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b		9b		
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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Did the organization licensed to issue qualified health plans in more than one state?       13a       14a         14       Did the organization is required to maintain by the states in which the organization is sequified health plans       13b       14a       No         15       Is the organization receive any payments for indoor tanning services during the tax year?       14a       No         16       If "Yes," east in filed a Form 720 to report these payments?!f" No," provide an explanation in Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or e					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11b         11a       11b       11b       11b       11c         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       12a       13a         6       Enter the amount of reserves the organization is required to maintain by the states in which the organization slicensed to issue qualified health plans       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       No         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14b       14b         15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         15       Is the organization	а				
a Gross income from members or shareholders       11a       11a       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14a Did the organization licensed to issue qualified health plans in more than one state?       13b       13a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       No         14 Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14b       14b         15 Is the organization an educational inform 4720, Schedule N.       16       No         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities are imported form.       17	b				
b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       No         b       If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule 0       14b       14b         b       If "Yes," see the instructions and file Form 4720, Schedule N.       15       No         15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         16       No       If "Yes," complete Form 4720, Schedule N.       17       17					
against amounts due or received from them.)       11b       11b       12a         against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization sequired to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         c       Enter the amount of reserves on hand       13c       14a       No         b       If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       No         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         15       Section 501(c)(					
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       13         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?	b				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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Note. See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
which the organization is licensed to issue qualified health plans       13b       13b       13c         c Enter the amount of reserves on hand       13c       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       No         b If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       No         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17       17	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       No         b If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       No         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17       17	b				
b       If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       No         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17       17		100			
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       No         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17       17			14a		No
parachute payment(s) during the year?       15       No         If "Yes," see the instructions and file Form 4720, Schedule N.       16       No         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17       17			14b		
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17       17         If "Yes," complete Form 6069.       If "Yes," complete Form 6069.       If "Section 501 (C)(21) organizations (C)	15	parachute payment(s) during the year?	15		No
that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
	17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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Pa	t VI <b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, and for lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions Check if Schedule 0 contains a response or note to any line in this Part VI		sponse to	)
Se	ction 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 <b>1a</b>	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employee?	r <b>2</b>		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervi of officers, directors or trustees, or key employees to a management company or other person?	sion 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	ore <b>7a</b>		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:	by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Coo	le.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes?	, 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th form?	e 11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	, 12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe or Schedule O how this was done	120	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	t		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem	on ot		<u> </u>
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			

17 List the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 18

WA

□ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial 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:

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, ι in of	) t ch unle: ficer rust	ss pers r and a	ore	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JENNIFER DAVIS BOARD MEMBER	1.00	х				d		0	0	0
(2) BRENDAN BRECHT BOARD MEMBER	0.50	x						0	0	0
(3) TERRI HAYES BOARD MEMBER	0.30	х						0	0	0
(4) ANDY MCCURDY BOARD PRESIDENT	1.00	х		x				0	0	0
(5) ROBYN SINGH BOARD MEMBER	1.00	х						0	0	0
(6) MATT MORRIS BOARD VICE PRESIDENT	1.00	х		x				0	0	0
(7) JENN GLADISH BOARD SECRETARY	1.00	х		x				0	0	0
(8) WHITNEY BRYANT BOARD MEMBER	1.00	х						0	0	0
(9) CASSANDRA BECK BOARD TREASURER	1.00	х		x				0	0	0
(10) DAWN BEATTY BOARD MEMBER	0.50	х						0	0	0
(11) MICHELE DENNY BOARD MEMBER	0.50	х						0	0	0

(12) ANGELA DANNENBRING		l	x		l	153,462	0	7,885
EXECUTIVE DIRECTOR			~			133,402	0	7,005
(13) ZINKA GALUSIC DIRECTOR, FINANCE & OPS	40.00		x			134,908	0	8,988
								Form <b>990</b> (2021)

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Part VII Section A. Officers, Direc	tors, Trustee	s, Key	Emp	loye	ees,	and	High	nest Compensate	d Employees (co.	ntinued)
(A) Name and title	(B) Average hours per week (list any hours	than o is b	one b	ox, ι an of	t che unles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations
						•			·	· · · · · · · · · · · · · · · · · · ·
c Total from continuation sheets to F d Total (add lines 1b and 1c)	Part VII, Section			:				288,370	0	16,873

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

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

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
	(A) Name and business address		Desc	(B) cription of services	(C) Compensation			
				•				
	al number of independent contractors (including but not limits $p_{res}$	ited to those listed abo	ove) who received m	ore than \$100,000	of			
					Form <b>990</b> (2021)			
		— Page 9 ———						
Form 9	90 (2021)				Page <b>9</b>			
Part	VIII Statement of Revenue							
	Check if Schedule O contains a response or note to	any line in this Part VII			🗆			
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			

ants,	derated campaigns		1a				
Contributions, gifts, grants,	mbership dues .		1b				
, B	ndraising events .		1c				
ons	141,758						
ibuti	lated organizations		1d				
Contr	vernment grants (contr 1,558,777	ibutions)	1e				
f/	All other contributions, gif		, ]				
	and similar amounts not ir above	ncluded	1f				
	633,536						
9   	Noncash contributions incl ines 1a - 1f:\$	uded in	1g				
	180,594						
h 1	Total. Add lines 1a-1f			■ 2,334,072	1		
<u> </u>				Business Code			
2	la						
en							
Program Service Revenue	)						
8							
vice	2						
Ser	 t						
E	·						
gr	) a						
ă							
	f All other program s	service r	evenue.				
	<b>g Total.</b> Add lines 2	a-2f	🕨			 	
	3 Investment income similar amounts) .			terest, and other	7,412		7,412
	4 Income from investr	ment of	tax-exempt bo	nd proceeds 🕨 🕨			
	5 Royalties	<u> </u>		· · ►			
	l	. –	(i) Real	(ii) Personal	4		
	6a Gross rents	6a			]		
l	b Less: rental expenses	6b			]		

1		<b>—</b>	+		+			Ì	Ì
С	Rental income or (loss)	6c							
	<b>d</b> Net rental income	or (	loss).		• • • •				
			(i) Securi	ties	(ii) Other				
7	a Gross amount from sales of assets other than inventory	7a		50,421					
ь	Less: cost or other basis and sales expenses	7b		50,314					
с	Gain or (loss)	7c		107	,				
	<b>d</b> Net gain or (loss)	•			· · · •	107			107
evenue	a Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expense	d on l •	141,758 of ine 1c).	8a 8b	73,707 124,089				
ler	<b>c</b> Net income or (los	s) fr	om fundraisir	ng eve	nts 🕨	-50,382			-50,382
	<ul> <li>Gross income from a See Part IV, line 19</li> <li>b Less: direct expension</li> <li>c Net income or (loss)</li> </ul>	ses	· · ·	9a 9b ctivitie	25				
	aGross sales of inve returns and allowa	nces		10a					
	<b>b</b> Less: cost of goods			10b					
_	c Net income or (los	-		nvento	-				
ī	Miscellanec 1a	JUS R	evenue		Business Code				
	b								
	c 								
	d All other revenue	•		Π.					
	e Total. Add lines 13	1a-1	1d						
1	2 Total revenue. Se	ee in	structions .	•	<b>.</b>	2,291,208	0	0	-42,863
									Form <b>990</b> (2021)

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# Form 990 (2021)

Part IX Statement of Functional	Expenses				
Section 501(c)(3) and 501(c)(4	<ol><li>organizations must or</li></ol>	complete all columns.	. All other organizatio	ons must complete co	lumn (A).
Check if Schedule O contains a	response or note to ar	ny line in this Part IX			🗆
Do not include amounts reported on lin 7b, 8b, 9b, and 10b of Part VIII.	es 6b,	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domesti domestic governments. See Part IV, line	5				
<b>2</b> Grants and other assistance to domesti Part IV, line 22		98,923	98,923		
3 Grants and other assistance to foreign governments, and foreign individuals. S and 16.	See Part IV, lines 15				
4 Benefits paid to or for members					
5 Compensation of current officers, direct key employees		351,713	50,769	254,474	46,470
6 Compensation not included above, to d	isqualified persons (as				

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aetined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	905,473	865,470		40,003
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	158,162	127,204	19,993	10,965
<b>10</b> Payroll taxes	98,646	70,073	21,974	6,599
11 Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	5,000	5,000		
<b>c</b> Accounting	25,341	2,608	20,125	2,608
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,102	47,466	15,143	493
12 Advertising and promotion	2,789	2,657		132
<b>13</b> Office expenses	54,714	35,819	4,960	13,935
14 Information technology	4,430	3,114	1,121	195
15 Royalties				
<b>16</b> Occupancy	143,400	112,274	23,075	8,051
17 Travel	2,935	1,232		1,703
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,311	118	763	430
20 Interest	39,461	34,722		4,739
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,440	28,118	41,322	
23 Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED FOOD	85,021	85,021		
b PROGRAM SUPPLIES	24,466	17,882	1,065	5,519
c SUBSCRIPTIONS	15,248	7,820	2,012	5,416
d				
e All other expenses	20,522	17,301	2,379	842
25 Total functional expenses. Add lines 1 through 24e	2,170,097	1,613,591	408,406	148,100
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

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Form 990 (2021)

Part	Х	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX .			🗆
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	831,173	1	893,096
	2	Savings and temporary cash investments	0	2	30,666
	3	Pledges and grants receivable, net	249,332	3	327,618
	4	Accounts receivable, net	2,607	4	0
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under			

		section $4958(f)(1)$ ), and persons described in s	ection 4958	(c)(3)(B)		6			
s	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use			8				
<b>I</b> SS	9	Prepaid expenses and deferred charges		. –		9			
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,791,175					
	b	Less: accumulated depreciation	10b	1,417,499	1,443,116	10c	1,373,676		
	11	Investments—publicly traded securities .			213,769	11	159,973		
	12	$\label{eq:linearized_state} Investments - other \ securities. \ See \ Part \ IV, \ line$	11			12			
	13	Investments-program-related. See Part IV, line	. 11			13			
	14	Intangible assets		🗌		14			
	15	Other assets. See Part IV, line 11		🗌	7,500	15	0		
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)		2,747,497	16	2,785,029		
	17	Accounts payable and accrued expenses	ccounts payable and accrued expenses						
	18	Grants payable			18				
	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities		20					
S	21	Escrow or custodial account liability. Complete F	Part IV of Sc	hedule D		21			
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons		22					
	23	Secured mortgages and notes payable to unrela	ted third pa	arties	916,620	23	884,544		
	24	Unsecured notes and loans payable to unrelated	l third parti	es		24			
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	elated third parties,		25				
	26	Total liabilities. Add lines 17 through 25 .			1,035,491	26	982,561		
nces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck here	Image: A standard and and a standard and a standard and and and and and and an					
ala	27	Net assets without donor restrictions	• •		1,704,506	27	1,802,468		
B	28	Net assets with donor restrictions		[	7,500	28	0		
r Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.		k here ► 🗌 and					
s or	29	Capital stock or trust principal, or current funds		· ·		29			
Assets	30	Paid-in or capital surplus, or land, building or ec				30			
Ass	31	Retained earnings, endowment, accumulated in	her funds		31				
Net /	32	Total net assets or fund balances	• •	· · · · ·	1,712,006	32	1,802,468		
Z	33	Total liabilities and net assets/fund balances .			2,747,497	33	2,785,029		

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Form 990 (2021)				Page <b>12</b>
Part XI Reconcilliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
1 Total revenue (must equal Part VIII, column (A), line 12)	1		2,	,291,208
2 Total expenses (must equal Part IX, column (A), line 25)	2		2	,170,097
<b>3</b> Revenue less expenses. Subtract line 2 from line 1	3			121,111
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	,712,006
5 Net unrealized gains (losses) on investments	5			-30,649
<b>6</b> Donated services and use of facilities	6			
<b>7</b> Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain in Schedule O)	9			0
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1	,802,468
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No

1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		
		F	orm <b>99</b>	<b>0</b> (2021)

Form 990 (2021)

**Additional Data** 

**Return to Form** 

# Software ID: Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

efil	efile Public Visual Render		Render	ObjectId: 2	ctId: 202333179349305033 - Submission: 2023-11-13				TIN: 91-1176122		
		ULE A		Public (	Charity Statu	s and Pu	blic Suppo	ort	OMB No. 1545-0047		
(Forr	n 990)		Con		rganization is a sect	ion 501(c)(3)	organization or		2022		
		ne Treasury			4947(a)(1) nonexe Attach to Form						
Internal	Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for ii	nstructions an	d the latest info	ormation.	Open to Public Inspection		
		ne organiza BUSE WOMEN'S						Employer ident	ification number		
DOME	STIC AL	SUSE WOMEN	SNETWORK					91-1176122			
	rt I				us (All organization t it is: (For lines 1 thro			See instructions.			
1					sociation of churches	5 ,	, ,	(A)(i).			
2					1)(A)(ii). (Attach Sch			(,,,(,),			
3					vice organization desci	-		iii).			
4		•	•	·	ed in conjunction with			•	. Enter the hospital's		
		name, city,			, , , , , , , , , , , , , , , , , , ,	· ··F ·· ···					
5	$\Box$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section									
6				mplete Part II.)	governmental unit de	scribed in <b>secti</b>	170(h)(1)(A	)(v)			
7		,	,	5	5				neral public described in		
		section 17	'0(b)(1)(A)	(vi). (Complete	Part II.)		-	ine of from the ge			
8					n 170(b)(1)(A)(vi).						
9					escribed in <b>170(b)(1)</b> ee instructions. Enter				college or university or a y:		
10		An organization that normally receives: (1) more than $33_{1/3}$ % of its support from contributions, membership fees, and gross receipts									
		from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June									
11	$\square$	<ol> <li>30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> </ol>									
12		-	-	•					the purposes of one or		
	$\cup$	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	$\Box$	Type I. As	supporting or	ganization oper	ated, supervised, or co	ontrolled by its	supported organiz	ation(s), typically	by giving the supported		
		organizatio	n(s) the pow	er to regularly a tions A and B.	appoint or elect a majo	ority of the dired	ctors or trustees o	of the supporting o	rganization. <b>You must</b>		
b		Type II. A	supporting o	rganization sup	ervised or controlled in						
				porting organiza V, Sections A a	ation vested in the san and C.	ne persons that	control or manag	je the supported o	rganization(s). <b>You</b>		
с					supporting organization ons). You must com				grated with, its		
d		Type III n	on-function	ally integrate	d. A supporting organi	zation operated	l in connection wit	th its supported or	ganization(s) that is not		
		functionally instructions	v integrated. s). <b>You must</b>	The organizatio t <b>complete Pa</b>	n generally must satis <b>t IV, Sections A and</b>	fy a distribution I <b>D, and Part V</b>	requirement and	an attentiveness	requirement (see		
е					ved a written determin integrated supporting		IRS that it is a Ty	ре I, Туре II, Туре	III functionally		
f	Enter										
g					pported organization	s).					
	<b>(i)</b> N	lame of supp organization		(ii) EIN	(iii) Type of organization		ganization listed ning document?	(v) Amount of monetary suppo			
			-		(described on lines 1- 10 above (see	,		(see instruction			
					instructions))						
						Yes	No				
Tota		vorte De de	tion Act N		abu ations for			0-l 1	He A (Eerrer 000) 2022		
		or 990-EZ.	tion Act Not	lice, see the II	nstructions for	Cat. No. 1128	55F	Sched	ıle A (Form 990) 2022		
					Pag	ge 2					
Cob-		(Earm 000)	2022						_ <b>_</b>		
	rt II	(Form 990)		for Organia	ations Described	in Sections	170(6)(1)(4)	(iv) and 170/h	Page 2		
r d		(Comple	ete only if y	ou checked th	ne box on line 5, 7,	or 8 of Part I	or if the organi	zation failed to	qualify under Part III.		
60	ction	If the o		failed to qual	ify under the tests I	isted below, p	lease complete	Part III.)			
	Ction		Support	I	1	I	I	I	1		

	fiscal year beginning in) 🕨	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	2,100,065	2,473,112	2,548,427	2,789,783	2,334,071	12,245,458
	include any "unusual grant.")	_//	_,,	_/ /	_/	_/ !/-! =	
	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	2,100,065	2,473,112	2,548,427	2,789,783	2,334,071	12,245,458
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
	 <b>Public support.</b> Subtract line 5 from line 4.						12,245,458
	ection B. Total Support	1					
	endar year fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	2,100,065	2,473,112	2,548,427	2,789,783	2,334,071	12,245,458
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	12,663	5,713	3,853	4,989	7,412	34,630
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital	1,505	324	1,137	6,285		9,251
11	assets (Explain in Part VI.) Total support. Add lines 7 through						
	10						12,289,339
12	Gross receipts from related activities,					12	11,967
13	First 5 years. If the Form 990 is for t						ization, check
	this box and <b>stop here</b>				<u></u>	•••▶∪	
_	ection C. Computation of Publi Public support percentage for 2022 (li			column (f))		14	99.640 %
	Public support percentage for 2020 Sc					14	99.640 %
	<b>33</b> 1/3% support test-2022. If the						
104	and <b>stop here.</b> The organization qual	-					_
b	<b>33</b> 1/3% support test-2021. If th	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{ m 1}$	3% or more, chec	k this
	box and stop here. The organization						
17a	10%-facts-and-circumstances tes and if the organization meets the "fac	<b>t—2022.</b> If the or ts-and-circumstant	ganization did not ces" test, check th	check a box on lir his box and <b>stop h</b>	ne 13, 16a, or 16b <b>Jere.</b> Explain in Pa	), and line 14 is 10 ort VI how the org	1% or more, anization
	meets the "facts-and-circumstances"						
b	<b>10%-facts-and-circumstances te</b> more, and if the organization meets	<b>st—2021.</b> If the o	rganization did no	t check a box on l	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
18	meets the "facts-and-circumstances" <b>Private foundation.</b> If the organization	' test. The organiza ion did not check a	ation qualifies as a a box on line 13, 1	publicly supporte 6a, 16b, 17a, or 1	d organization .7b, check this box		► 🗆
-	instructions						► 🗆
						Schedule A (	Form 990) 2022
			Door 2				
			Page 3				
c '							_
	edule A (Form 990) 2022				(-)(2)		Page <b>3</b>
F	Part III Support Schedule f	or Organizatio	ns Described i	n Section 509	(a)(2)		

	(Complete only if you of the organization fails to	checked the b	oox on line 10 o	f Part I or if the	organization fa		nder Part II. If
Section A	A. Public Support					/	
Calendar ye (or fiscal ye	ar ear beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
membe	rants, contributions, and rship fees received. (Do not any "unusual grants.").						
2 Gross re merchai perform any acti	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
not an u	eceipts from activities that are unrelated trade or business ection 513						
4 Tax reve	enues levied for the						

	organization's benefit and either paid						1		
5	to or expended on its behalf The value of services or facilities								
3	furnished by a governmental unit to								
~	the organization without charge								
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and								
	3 received from disgualified persons								
b	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b.								
8	<b>Public support.</b> (Subtract line 7c								
	from line 6.)								
	ction B. Total Support ndar year		r			-			
	iscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	2 (	<b>f)</b> Total	
<b>9</b>	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources.		-	-	_				
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
~	1975. Add lines 10a and 10b.			-					
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) <b>First 5 years.</b> If the Form 990 is for the form 100 is for 100	ho organization's	first second thi	rd fourth or fift	h tax year as a se	raction 501(c)	(2) organi	ration ch	nock
14	this box and <b>stop here</b>	-			-				
Se	ction C. Computation of Public	Support Perce	entage						
Se 15	ction C. Computation of Public Public support percentage for 2022 (lir	Support Perce ne 8, column (f) d	ivided by line 13	, column (f)) .		15			
	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S	ne 8, column (f) d	livided by line 13			15 16			
15 16	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest	ne 8, column (f) d Schedule A, Part I ment Income	livided by line 13 II, line 15 <b>Percentage</b>	· · · · · · · · ·		16			
15 16	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 22 (line 10c, colu	livided by line 13 II, line 15 <b>Percentage</b> mn (f) divided b	y line 13, column		16			
15 16 Se 17 18	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 22 (line 10c, colu 021 Schedule A,	livided by line 13 II, line 15 <b>Percentage</b> mn (f) divided b Part III, line 17	y line 13, columr	n (f))	16 17 18			
15 16 Se 17 18	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 22 (line 10c, colu 021 Schedule A, organization did r	livided by line 13 II, line 15 <b>Percentage</b> mn (f) divided b Part III, line 17 not check the bo	y line 13, columr	n (f))	16 17 18 han 33 1/3%,		_	
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15 16 Se 17 18 19a b 20 Scheo Par 1	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section ction A. All Supporting Organization If "No," describe in Part VI how the sa describe the designation. If historic an Did the organization have any support	ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did r I stop here. The e organization did and stop here. The on did not check a s a box on line 12 o ctions A and C. If as A and D, and co ations organizations listed upported organizat d continuing relat ed organization th	ivided by line 13 II, line 15 <b>Percentage</b> mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization qua not check a box The organization qua not check a box The organization qua not check a box Page 4 of Part I. If you con you checked boy omplete Part V.) ed by name in the trions are design ionship, explain. nat does not hav	y line 13, column x on line 14, and lifies as a public on line 14 or lin qualifies as a pu 19a, or 19b, che hecked box 12a, x 12c, of Part I, he organization's ated. If designat	of Part I, complete complete Sections governing docum end by class or pur ination of status u	16 17 18 han 33 1/3%, nization 5 is more than organization . see instruction Schedu te Sections A s A, D, and E. hents? pose, under section		P you chec ecked bo	2022 age 4 ked x
15 16 Se 17 18 19a b 20 Scheo Par 1	Public support percentage for 2022 (lir Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization if historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F	s a box on line 12 o ctions A and D, and C. If s A and D, and co ations by a continuing relat continuing rel	ivided by line 13 II, line 15 <b>Percentage</b> mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization qua not check a box The organization qua not check a box The organization qua page 4 of Part I. If you co you checked bo pomplete Part V.) ed by name in the trions are design conship, explain. hat does not hav rganization deter	y line 13, column x on line 14, and lifies as a public on line 14 or lin qualifies as a pu 19a, or 19b, cho hecked box 12a, x 12c, of Part I, he organization's ated. If designat	of Part I, complete complete Sections governing docum ed by class or pur ination of status u	16 17 18 han 33 1/3%, nization 5 is more that organization . tee instruction Schedu te Sections A s A, D, and E. hents? rpose, under section ration was		P you chec ecked bo	2022 age 4 ked x

- **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?

3b

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 <b>Part VI.</b>	ŀ

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
     10b

Schedule A (Form 990) 2022

1

2

Yes

No

3c

4a

4b

4c

5a

5b

5с

6

7

8

9a

9b

9c

10a

Page
------

Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b A family member of a person described on 11a above? b A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c С VI Section B. Type I Supporting Organizations Yes No Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly 1 appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No, describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or

	applied to such powers during the tax year.	┝
2	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	
	organization.	

remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,

#### Section C. Type II Supporting Organizations

1

the second se	
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of	

# 1

Yes

1

2

3

No

# Section D. All Type III Supporting Organizations

- 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?
- 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).*
- 3 By reason of the relationship described in 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.

# Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a 🕥 The organization satisfied the Activities Test. Complete line 2 below.
- **b**  $\square$  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

# 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 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 involvement.

Page 6

#### 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.

3b Schedule A (Form 990) 2022

Page 6

3a

#### Schedule A (Form 990) 2022

1

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section 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		
	Section 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):	1		
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		
6	<b>Discount</b> claimed for blockage or other factors	1		

Ū			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
5	Income tax imposed in prior year	5	
4	Enter greater of line 2 or line 3	4	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
2	Enter 85% of line 1	2	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
	Section C - Distributable Amount		Current Year
8	Minimum Asset Amount (add line 7 to line 6)	8	
7	Recoveries of prior-year distributions	7	
6	Multiply line 5 by 0.035	6	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
3	Subtract line 2 from line 1d	3	
2	Acquisition indebtedness applicable to non-exempt use assets	2	
	(explain in detail in <b>Part VI</b> ):		

#### Schedule A (Form 990) 2022

Page **7** 

\_\_\_\_\_ Page 7 —

# Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions	Current Year			
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
<ul> <li>Amounts paid to perform activity that directly furthers excess of income from activity</li> </ul>	· · ·	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in <b>Part VI</b> )		5	
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions	nich the organization is respons	sive ( <i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017 <b>b</b> From 2018				
<b>b</b> From 2018				
<b>d</b> From 2020.				
<b>e</b> From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				
L Applied to 2022 distributable amount	1		I	

<b>D</b> Applied to 2022 distributable amou	πτ			I
c Remainder. Subtract lines 4a and 4	b from line 4.			
5 Remaining underdistributions for ye 2022, if any. Subtract lines 3g and If the amount is greater than zero, See instructions.	4a from line 2.			
6 Remaining underdistributions for 20 lines 3h and 4b from line 1. If the than zero, explain in Part VI. See	amount is greater			
<b>7 Excess distributions carryover to</b> 3j and 4c.	<b>o 2023.</b> Add lines			
8 Breakdown of line 7:				
a Excess from 2018				
<b>b</b> Excess from 2019				
<b>c</b> Excess from 2020				
<b>d</b> Excess from 2021				
e Excess from 2022				
Schedule A (Form 990) 2022	Pag	e 8		Page <b>8</b>
Section A, lines 1, 2, 3b, 3 Part IV, Section D, lines 2	ion. Provide the explanations requir 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 and 3; Part IV, Section E, lines 1c, 2 8; and Part V, Section E, lines 2, 5, a	lb, and 11c; Part IV, Section 2a, 2b, 3a and 3b; Part V, lin	n B, lines 1 and 2; ine 1; Part V, Secti	; Part IV, Section C, line 1; ion B, line 1e; Part V
	Facts And Circu	Imstances Test		
Return Reference		Explanation		
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS - 2018 AMOUNT: REIMBURSEMENTS - 2021 AMOUNT		324. 2020 AMOUN	NT: \$ 1,137. TRAINING FEES

Schedule A (Form 990) 2022

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

efile Public Visual Render ObjectId: 202333179349305033 - Submission: 2023-11-13					
Schedule B Schedule of Contributors			OMB No. 1545-0047		
(Form 990) Department of the Treasury Internal Revenue Service	Form 990) Attach to Form 990, 990-EZ, or 990-PF.				
Name of the organization DOMESTIC ABUSE WOM		Employer id	entification number		
		91-1176122			
Organization type (ch	eck one):				
Filers of:	Section:				
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	lation			
	527 political organization				
Form 990-PF	□ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	$\Box$ 501(c)(3) taxable private foundation				

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

## **General Rule**

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

# **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.

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

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
Contributors			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED			Payroll
		\$ RESTRICTED	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
		\$_	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.)
			Schodulo B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 3

Schedule B (Form 990) (2022)					
Name of or DOMESTIC	number				
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		

_		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) MV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I		(c) MV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I		(c) MV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I		(c) MV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I		(c) MV (or estimate) (See instructions)	(d) Date received
-		\$	
		I	Schedule B (Form 990) (2022)
	Page 4		
Schedule E	3 (Form 990) (2022)		Page 4
Name of or		Employer iden	tification number
		91-1176122	

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Part III

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relatio	nship of transferor to transferee
(a) No from	(h) Burnaaa af aift	(a) Upp of gift	(d) Description of how rift is hold

Part I	(b) Purpose of gift		(c) use of gift	(a) Description of now gift is neid
.  -				
	Transferee's name, address, and ZIF	(€ ⊃ 4	e) Transfer of gift Relationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
.  -	Transferee's name, address, and ZIF		e) Transfer of gift	p of transferor to transferee

# Schedule B (Form 990) (2022)

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efile Public Visual Render			ObjectId: 2023331	.79349305033 - Submission: 20	)23-11-1	.3	TIN: 91-1176122			
SC	HEDULE D		Supplamar	ntal Financial Statemen	te		OMB No. 1545-0047			
Depar	m 990) tment of the Treasury		► Complete if the or Part IV, line 6, 7, 8, 9, 3	Complete if the organization answered "Yes," on Form 990, IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.						
-	Internal Revenue Service Form990 for instructions and the latest information.						Inspection			
Name of the organization         Employer           DOMESTIC ABUSE WOMEN'S NETWORK         Employer						bioyer ident	ification number			
						1176122				
Pa				sed Funds or Other Similar Fund s" on Form 990, Part IV, line 6.	as or Acc	counts.				
	F			(a) Donor advised funds		(b) Funds a	nd other accounts			
1	Total number at	end of year .								
2			ns to (during year)							
3	Aggregate value	-								
4		-	•••••							
5	organization's p	roperty, subjed	ct to the organization's ex	rs in writing that the assets held in done clusive legal control?			Yes 🗌 No			
6	charitable purpo	ses and not fo	r the benefit of the donor	onor advisors in writing that grant funds or donor advisor, or for any other purpo	ose conferr		sible 🗌 Yes 🗌 No			
Pa		vation Ease		s" on Form 900 Part IV line 7						
1				s" on Form 990, Part IV, line 7. nization (check all that apply).						
-			public use (e.g., recreation		of an histor	ically importa	ant land area			
		of natural hab				, ,				
	$\square$	on of open spa								
2				qualified conservation contribution in th	e form of a	a conservatio	n			
_	easement on the						he End of the Year			
а					2a					
b	-									
c				c structure included in (a)	2c					
d	structure listed i			ired after 7/25/06, and not on a historic	2d					
3	Number of const tax year ►	ervation easer	nents modified, transferre	d, released, extinguished, or terminated	d by the or	ganization du	ring the			
4	Number of state	s where prope	rty subject to conservation	on easement is located 🕨						
5				ne periodic monitoring, inspection, hand s?	ling of viol	ations,	Yes 🗌 No			
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enforci	ng conserv	ation easeme	ents during the year			
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing co	nservation	easements d	luring the year			
8				above satisfy the requirements of secti			Yes 🗌 No			
9	balance sheet, a	and include, if		ervation easements in its revenue and e footnote to the organization's financial ts.						
Pa	rt III Örgani	zations Mai	ntaining Collections	of Art, Historical Treasures, or s" on Form 990, Part IV, line 8.	Other Si	milar Asse	ts.			
1a	historical treasu	res, or other s	imilar assets held for pub	SC 958, not to report in its revenue state lic exhibition, education, or research in t ents that describes these items.						
b		res, or other s	imilar assets held for pub	SC 958, to report in its revenue stateme lic exhibition, education, or research in t						
	-	-				▶\$				
2	If the organizati following amour	on received or its required to	held works of art, histori be reported under FASB	cal treasures, or other similar assets for ASC 958 relating to these items:	financial g	ain, provide				
а	Revenue include	ed on Form 990	), Part VIII, line 1			. ▶\$				
b										

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

				-							
`chodul	La D (Form 000) 2021										
Part I	le D (Form 990) 2021 II Organizations Ma	aintaining Col	lections of A	rt Histori	ical Trea		r Othar S	imilar A	scots (con	tinued)	Page <b>2</b>
	Jsing the organization's acq										
	tems (check all that apply):			Jus, check	any or the	ronowing c		ignineant t		icction	
a	Public exhibition			d	🗌 Loa	n or excha	ange progr	ams			
b	Scholarly research			е	Other	ner					
c											
Ľ	Preservation for future	5									
	Provide a description of the Part XIII.	organization's col	lections and exp	lain how the	ey further t	he organiz	ation's exe	empt purpo	se in		
	During the year, did the organisets to be sold to raise fur								🗌 Yes		o
Part 1	IV Escrow and Cust Complete if the or line 21.			Form 990	, Part IV,	line 9, or	reported	an amou			-
	s the organization an agent ncluded on Form 990, Part 3								🗌 Yes		0
	6 W.A W	and by the second			hada 1	Т	<b></b>				_
-	if "Yes," explain the arrange					ł	1c	Α	mount		
	Beginning balance					t	10 1d				_
	Additions during the year .					t	10 1e				_
	Distributions during the year					t	16 1f				_
	Ending balance					1				0	
2a D	Did the organization include	an amount on Fo	rm 990. Part X.	line 21, for	escrow or o	custodial a	iccount liab	oility?	🗌 Yes		0
	f "Yes," explain the arrange					n provideo	d in Part XI	п			
b If Part	V Endowment Fund	ds.	. Check here if th	ne explanat	ion has bee		d in Part XI	ш			
		ds.	. Check here if th	ne explanat	ion has bee	line 10.		II		) Four yea	rs back
Part	V Endowment Fund	<b>ds.</b> ganization ansv	. Check here if th vered "Yes" on	ne explanat	ion has bee ), Part IV,	line 10.				) Four yea	rs back
Part	V Endowment Fun Complete if the or	<b>ds.</b> ganization ansv	. Check here if th vered "Yes" on	ne explanat	ion has bee ), Part IV,	line 10.				) Four yea	rs back
Part	V Endowment Fun Complete if the or ginning of year balance	<b>ds.</b> ganization ansv 	. Check here if th vered "Yes" on	ne explanat	ion has bee ), Part IV,	line 10.				) Four yea	rs back
Part	V Endowment Fun Complete if the or ginning of year balance . ontributions	ds. ganization ansv 	. Check here if th vered "Yes" on	ne explanat	ion has bee ), Part IV,	line 10.				) Four yea	rs back
Part La Beg b Con c Net d Gra e Oth	V Endowment Fund Complete if the orgonistic of year balance . Intributions et investment earnings, gain	<b>ds.</b> ganization ansv  ns, and losses	. Check here if th vered "Yes" on	ne explanat	ion has bee ), Part IV,	line 10.				) Four yea	rs back
Part La Beg b Cor c Net d Gra e Oth and	V Endowment Fund Complete if the or eginning of year balance . ontributions et investment earnings, gair rants or scholarships ther expenditures for facilitie	ds. ganization ansv  ns, and losses es	. Check here if th vered "Yes" on	ne explanat	ion has bee ), Part IV,	line 10.				) Four yea	rs back
Part La Beg b Con c Net d Gra e Oth and f Adu	V Endowment Fun Complete if the or eginning of year balance . ontributions et investment earnings, gair rants or scholarships ther expenditures for facilitie of programs	ds. ganization ansv  ns, and losses es	. Check here if th vered "Yes" on	ne explanat	ion has bee ), Part IV,	line 10.				) Four yea	rs back
Part La Beg b Con c Net d Gra e Oth and f Adu g End 2 Pt	V Endowment Fun Complete if the or eginning of year balance . ontributions et investment earnings, gair rants or scholarships ther expenditures for facilitie d programs Iministrative expenses .	ds. ganization answ  ns, and losses  es  ntage of the curre	. Check here if the vered "Yes" on (a) Current year (a) Current year (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Form 990	ion has bee	line 10.	ears back (			) Four yea	rs back
Part La Beg b Con c Net d Gra e Oth and f Adu g End 2 Pr a B	V Endowment Fund Complete if the ord eginning of year balance . ontributions et investment earnings, gain rants or scholarships ther expenditures for facilitie d programs ministrative expenses . d of year balance Provide the estimated perce	ds. ganization answ  ns, and losses  es  ntage of the curre	. Check here if the vered "Yes" on (a) Current year (a) Current year (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Form 990	ion has bee	line 10.	ears back (			) Four yea	rs back
Part b Con c Net d Gra e Oth and f Adu g End 2 Pr a Bu b Pe	Endowment Function     Complete if the orgen     complete if the	ds. ganization ansv  ns, and losses  ntage of the current ndowment ►	. Check here if the vered "Yes" on (a) Current year (a) Current year (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Form 990	ion has bee	line 10.	ears back (			) Four yea	rs back
Part b Con c Net d Gra e Oth and f Adu g End 2 Pr a Bu b Pe c Te	Endowment Function     Complete if the orgen     complete if the	ds. ganization ansv  ns, and losses  es  ntage of the current ndowment ►	. Check here if the vered "Yes" on (a) Current year	Form 990	ion has bee	line 10.	ears back (			) Four yea	rs back
Part b Con c Net d Gra e Oth and f Adu g End 2 Pr a Bu b Pe c Te 3a A	V Endowment Fun Complete if the or complete if the or com	ds. ganization ansv  ns, and losses  ntage of the current ndowment ► , 2b, and 2c shou	. Check here if the vered "Yes" on (a) Current year end balance of the second s	Form 990 ar (b) f	ion has bee p, Part IV, Prior year g, column (	(c) Two y	ears back (	<b>(d)</b> Three ye			
Part b Con c Net d Gra e Oth and f Adu g End 2 Pr a Bu b Pe c Te Ti 3a Au	Endowment Function     Complete if the orgonial complete complet	ds. ganization ansv  ns, and losses  ntage of the current ndowment ► 	. Check here if the vered "Yes" on (a) Current year end balance of the second s	Form 990 ar (b) f	ion has bee p, Part IV, Prior year g, column (	(c) Two y	ears back (	<b>(d)</b> Three ye	ars back (e)	Yes	rs back
Part b Con c Net d Gra e Oth and f Adu g End 2 Pr a Bu b Pe c Te 3a A on (i	Endowment Function     Complete if the orgen     complete     com	ds. ganization ansv  ns, and losses  ntage of the current ndowment ►  , 2b, and 2c shou not in the posses	Check here if the vered "Yes" on (a) Current year	Form 990 ar (b) f	ion has bee p, Part IV, Prior year g, column (	(c) Two y	ears back (	d) Three ye	ars back (e)	Yes	
Part b Con c Net d Gra e Oth and f Adu g End 2 Pr a Bu b Pe c Te Ti 3a An ou (i	Endowment Function     Complete if the orgen     complete     complete if the orgen     complete     complete if the	ds. ganization ansv  ns, and losses  ntage of the current ndowment ► 	Check here if the vered "Yes" on (a) Current year	ne explanati	ion has bee p, Part IV, Prior year g, column ( t are held a 	(c) Two y	ears back (	d) Three ye	ars back (e)	Yes	
Part b Con c Net d Gra e Oth and f Adu g End 2 Pr a Bu b Pe c Te 3a A on (i b If	Endowment Function     Complete if the orgen     complete     com	ds. ganization ansv  ns, and losses  ntage of the current ndowment ► , 2b, and 2c shou not in the posses  ated organization	Check here if the vered "Yes" on (a) Current year (a) Current year (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ne explanation that is a constraint of the second s	ion has bee p, Part IV, Prior year g, column ( t are held a edule R?	(c) Two y	ears back (	d) Three ye	ars back (e)	Yes	
La Beg b Con c Net d Gra e Oth and f Adn g End 2 Pr a B b Pe c Te 3a A di (i b If f D	V Endowment Func Complete if the ord eginning of year balance ontributions	ds. ganization ansv  as, and losses  antage of the curren ndowment ►  , 2b, and 2c shou not in the posses  ated organization ended uses of the and Equipme	Check here if the vered "Yes" on (a) Current year (b) Current year (c) Cur	ne explanation that is a second secon	ion has bee p, Part IV, Prior year g, column ( t are held a t are held a t are held a t are held a	line 10.	ears back (	(d) Three ye	ars back (e)	Yes )	
La Beg b Con c Net d Gra e Oth and f Adr g End 2 Pr a Br b Pe c Te 3a A 01 (i b If 4 D Part V	V Endowment Func Complete if the or complete if the or complete if the or contributions	ds. ganization ansv as, and losses 	Check here if the vered "Yes" on (a) Current year (a) Current year (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ne explanation for a scheme explanation that is a scheme explanation explanat	ion has bee p, Part IV, Prior year g, column ( t are held a  funds. p Part IV, p Part IV,	line 10.	ears back (	(d) Three ye	ars back (e)	Yes ) )	No
Part La Beg b Con c Net d Gra e Oth and f Adr g End c Te b Pe c Te 01 3a A (i b If 4 D Part V	V Endowment Func Complete if the ord eginning of year balance ontributions	ds. ganization ansv  as, and losses  antage of the curren ndowment ►  , 2b, and 2c shou not in the posses  ated organization ended uses of the and Equipme	Check here if the vered "Yes" on (a) Current year (b) Current year (c) Cur	ne explanation that is a second secon	ion has bee p, Part IV, Prior year g, column ( t are held a  funds. p Part IV, p Part IV,	line 10.	ears back (	(d) Three ye	ars back (e)	Yes )	No
Part La Beg b Con c Net d Gra e Oth and f Adu g End 2 Pr a Bu b Pe c Te 3a Au (i b If 4 D Part V	V Endowment Func Complete if the ord eginning of year balance . ontributions et investment earnings, gain rants or scholarships ther expenditures for facilitie d programs ministrative expenses . and of year balance Provide the estimated perce Board designated or quasi-e Permanent endowment ► The percentages on lines 2a Are there endowment ► The percentages on lines 2a Are there endowment ► The percentages on lines 2a Are there endowment funds organization by: i) Unrelated organizations f "Yes" on 3a(ii), are the rel Describe in Part XIII the inter VI Land, Buildings, Complete if the org- escription of property	ds. ganization answ as, and losses 	Check here if the vered "Yes" on (a) Current year (b) Current year (c) Cur	ne explanation for a scheme explanation that is a scheme explanation explanat	ion has bee p, Part IV, Prior year g, column ( t are held a  funds. part IV, basis (other	line 10.         (c) Two y         (c) Acco	ears back (	(d) Three ye	ars back (e)	Yes ) )	<b>No</b>
Part La Beg b Con c Net d Gra e Oth and f Adn g End 2 Pr a B b Pe c Te 3a A 01 (i b If 4 D Part 1 De La Lar	V Endowment Func Complete if the ord eginning of year balance . ontributions et investment earnings, gain rants or scholarships ther expenditures for facilitie d programs ministrative expenses . and of year balance Provide the estimated perce Board designated or quasi-e Permanent endowment ► The percentages on lines 2a Are there endowment funds organization by: (i) Unrelated organizations f "Yes" on 3a(ii), are the rel Describe in Part XIII the inter VI Land, Buildings, Complete if the ord escription of property Ind	ds. ganization answ as, and losses 	Check here if the vered "Yes" on (a) Current year (b) Current year (c) Cur	ne explanation for a scheme explanation that is a scheme explanation explanat	ion has bee p, Part IV, Prior year g, column ( t are held a  funds. p, Part IV, basis (other 202,23	line 10. (c) Two y (c) Acc	ears back (	the	ars back (e)	Yes ) ) O. Book valu	<b>No</b>
Part 1 La Beg b Con c Net d Gra e Oth and f Adn g End 2 Pr a Br b Pe c Te 01 01 01 01 1 b If 4 D Part V De La Lar b Bui	V Endowment Func Complete if the or complete if the or complete if the or contributions	ds. ganization answ as, and losses 	Check here if the vered "Yes" on (a) Current year (b) Current year (c) Cur	ne explanation for a scheme explanation that is a scheme explanation explanat	ion has bee p, Part IV, Prior year g, column ( t are held a  funds. part IV, basis (other	line 10. (c) Two y (c) Acc	ears back (	(d) Three ye	ars back (e)	Yes ) ) O. Book valu	<b>No</b>
Part La Beg b Con c Net d Gra e Oth and f Adn g End 2 Pr a B b Pe c Te 3a A d 0 (i b If 4 D Part V De La Lar b Bui c Lea	V Endowment Func Complete if the or complete if the or complete if the or contributions	ds. ganization answ as, and losses 	Check here if the vered "Yes" on (a) Current year (b) Current year (c) Cur	ne explanation for a scheme explanation that is a scheme explanation explanat	ion has bee prior year g, column ( t are held a  funds. part IV, basis (other 202,23 2,322,81	line 10. (c) Two y (c) Acco	ears back (	(d) Three ye	ars back (e)	Yes ) ) O. Book valu	<b>No</b> e 202,236
Part 1a Beg b Con c Net d Gra e Oth and f Adn g End 2 Pr a Bu b Pe c Te TH 3a An on (i b If 4 D Part V De 1a Lar b Bui c Lea d Equ	V Endowment Func Complete if the or complete if the or complete if the or contributions	ds. ganization answ as, and losses 	Check here if the vered "Yes" on (a) Current year (b) Current year (c) Cur	ne explanation for a scheme explanation that is a scheme explanation explanat	ion has bee p, Part IV, Prior year g, column ( t are held a  funds. p, Part IV, basis (other 202,23	line 10. (c) Two y (c) Acc (c) Two y (c) Acc	ears back (	the	ars back (e)	Yes ) ) O. Book valu	No

Schedule D	(Form	990)	2021
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Part VII					
	Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category	art IV, (b)	line 11b.See For	<u>rm 990, Part X</u> (c) Method of v	
	(including name of security)	Book Value		t or end-of-year	
1) Financia	l derivatives				
<ol> <li>Closely-</li> <li>Other</li> </ol>	held equity interests				
A)					
B)					
C)					
D)					
E)					
F)					
(G)					
(H)					
i <b>otal.</b> (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990, P	art IV	line 11c See Fo	rm 990 Part X	( line 13
	(a) Description of investment	art 1 <b>v</b> ,	(b) Book value	(c) Met	hod of valuation:
(1)				Cost or end-	of-year market value
(2)					
3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, l	ine 11d. See Forr	n 990, Part X, lir	ne 15.
1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					ļ
(5)					1

(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)						*	

## Part X

 

 Other Liabilities.

 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

 (a) Description of liability

 (b) Book value

 1.

(1) Enderal income taxos

		L
(2)		
(3)		
(4)		
(5)		
(6)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2021

	Page 4		
Scho	dule D (Form 990) 2021		Dense
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	urn.	Page <b>4</b>
1	Total revenue, gains, and other support per audited financial statements	1	2,578,569
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · ·
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	163,272
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,415,297
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	-124,089
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	2,291,208
Par	<b>XII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturr	1.
1	Total expenses and losses per audited financial statements	1	2,488,107
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	318,010
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,170,097
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		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	2,170,097
Pa	rt XIII Supplemental Information		
	vide 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 es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	, line 4	4; Part X, line 2; Part XI,
	Return Reference Explanation		
PART	TXI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES REPORTED ON PART VIII -124,08	39.	
PART	TXII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES REPORTED ON PART VIII 124,08	Э.	

Schedule D (Form 990) 2021

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efile Public Visual Re	ender	ObjectId: 20	233317	934930	5033 - Submission	: 2023-1	.1-13	TIN: 91-1176122				
SCHEDULE G		Supplemental Information Regarding										
(Form 990)	Co	Fund mplete if the organiza	raisir	ng or ared "Yes"	Gaming Activ	ities 17, 18, or 1		2022				
Department of the Treasury Internal Revenue Service			Atta	ch to Form	n \$15,000 on Form 990-EZ, 990 or Form 990-EZ. instructions and the latest			Open to Public Inspection				
Name of the organization DOMESTIC ABUSE WOMEN	'S NETWO	DRK						entification number				
Daut I. Funduaising		tion Complete if	the erec	nization	a anguared "Vee" on [		91-1176122	17				
	-	re not required t	-		answered "Yes" on F part.	-onn 990,	, Part IV, line	17.				
		•			ollowing activities. Chec	k all that a	pply.					
a 🗌 Mail solicitations					e 🗌 Solicitation of no	n-governm	ient grants					
<b>b</b>	il solicitat	ions		1	f 🗌 Solicitation of go	vernment	grants					
c 🗌 Phone solicitation	S			ç	g 🗌 Special fundraisi	ng events						
<b>d</b> 🗌 In-person solicita	tions											
					vidual (including officers on with professional fund		′ · · -	Yes 🗌 No				
<b>b</b> If "Yes," list the 10 hi to be compensated a	ighest pai t least \$5	id individuals or en ,000 by the organi	tities (fun zation.	draisers)	pursuant to agreements	s under wh						
(i) Name and address of in or entity (fundraiser		(ii) Activity	fundrai custo cont	) Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or n fundra	nount paid to etained by) aiser listed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization				
			Yes	No								
Total												
<b>3</b> List all states in which the licensing.	the organ	ization is registere	d or licens	sed to sol	icit contributions or has	been notif	ied it is exempt	from registration or				
	· · · · ·											
For Paperwork Reduction Ac	t Notice, s	see the Instructions	for Form		<b>10-EZ.</b> Cat. No age 2	o. 50083H		Schedule G (Form 990) 2022				
Schedule G (Form 990) 202	22			rc	·yc 2			Page 2				
than \$15,00	00 of fun				answered "Yes" on Fo gross income on For							

		(a)Event #1 AUCTION / GALA	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
	<b>1</b> Gross receipts	215,465			215,465
	<b>2</b> Less: Contributions	141,758			141,758
	<b>3</b> Gross income (line 1 minus line 2)	73,707			73,707
	<b>4</b> Cash prizes				
60	5 Noncash prizes				
nse	6 Rent/facility costs	37,212			37,212
xpe	7 Food and beverages				
Direct Expenses	8 Entertainment	5,929			5,929
Dire	9 Other direct expenses	80,948			80,948
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			124,089
	<b>11</b> Net income summary. Subtract line 10	from line 3, column (d)		🕨	-50,382
Par	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	l more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
EXD	3 Noncash prizes				
Direc	<b>4</b> Rent/facility costs				
house	5 Other direct expenses				
	6 Volunteer labor	☐ Yes% ☐ No	☐ Yes%_ ☐ No	□ Yes% □ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	🕨	
9 a	Enter the state(s) in which the organizati Is the organization licensed to conduct ga	aming activities in each of	these states?		Yes No
b	If "No," explain:				
10a b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspende	d or terminated during the	e tax year?	Yes No
					Form 990) 2022

Sche	edule G (Form 990) 2022						P	age <b>3</b>			
11	Does the organization conduct gaming	activities with nonmembe	ers?			🗌 Yes					
12	Is the organization a grantor, benefici formed to administer charitable gamir	ary or trustee of a trust or	a member of a partnership or other e	ntity 		□ Yes	_				
13	Indicate the percentage of gaming ac	tivity conducted in:									
а	The organization's facility				13a			%			
b	An outside facility				13b			%			
14	Enter the name and address of the pe	rson who prepares the org	anization's gaming/special events boo	ks and re	cords:						
	Name 🕨 🛛										
	Address 🕨										
15a	Does the organization have a contract revenue?		hom the organization receives gaming			🗌 Yes					
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b			and the	9						
с	If "Yes," enter name and address of the second se	ne third party:									
	Name 🕨 🛛										
	Address 🕨										
16	Gaming manager information:										
	Gaming manager compensation <b>&gt;</b> \$										
	Description of services provided										
	Director/officer	Employee	Independent contract	or							
17 a	Mandatory distributions: Is the organization required under sta retain the state gaming license?		distributions from the gaming proceed	s to		C Yes	🗆 No				
b	Enter the amount of distributions requine the organization's own exempt active		buted to other exempt organizations c \$	or spent							
Pai	rt IV Supplemental Informati	on. Provide the explana	ations required by Part I, line 2b, plicable. Also provide any addition								
	Return Reference		Explanation								
		-		Schedu	le G (Fo	rm 990) 2	022				

**Additional Data** 

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Note: To capture the Schedule I	full content of									OMB No. 1545-0047			
(Form 990)	Cropto and Other Assistance to Organizations									<b>^</b>			
Governments and Individ										2022			
Department of the		Complete if the	ne organiza	ation answered Attach		n Form 990, Part I 990.	V, line 21 or 22.			Open to Public Inspection			
Treasury Internal Revenue Service	al Revenue Service												
ame of the organization Employer id OMESTIC ABUSE WOMEN'S NETWORK 91-117612									Employer identifi	cation number			
Part I General In	nformation or	Grants and Assis	stance						91-11/0122				
1 Does the organizatio	on maintain reco	rds to substantiate the	amount of				y for the grants or assistan	ce, and					
		he grants or assistanc s procedures for monit								🗹 Yes 🗌 No			
- Part II Grants and C	Other Assistanc	e to Domestic Organ	nizations a	nd Domestic Go	vernme		organization answered "Yes	on Form	n 990, Part IV, line	e 21, for any recipient			
that received (a) Name and address		EIN (c) IRC	icated if add section	ditional space is n (d) Amount o		(e) Amount of non	(f) Method of valuation	(0)	Description of	(h) Purpose of grant			
organization	, ( <b>b</b> )		licable)	grant		cash assistance	(book, FMV, appraisal, other)		cash assistance	or assistance			
or government						assistance	other)						
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
10)													
11)													
12)													
		(3) and government o					· · · · · · · ·		<b>)</b>				
		tions listed in the line			• •				· · •	h - dula 7 (E-ma 000) 2022			
or Paperwork Reduction Ac	ct Notice, see the	Instructions for Form S	<b>190.</b>			Cat. No. 5005	55P		Sci	hedule I (Form 990) 2022			
			Page	2									
chedule I (Form 990) 202										Page <b>2</b>			
		ce to Domestic Indiv dditional space is need		nplete if the orga	nization a	inswered "Yes" on Fo	rm 990, Part IV, line 22.						
(a) Type of grant or	r assistance	(b) Number recipients		(c) Amoun cash grar	t of	(d) Amount of noncash assistance	(e) Method of valuation FMV, appraisal, othe	(book,	(f) Description	of noncash assistance			
(1) HOTEL/MOTEL		recipients	6	2,805	ic i	noncasii assistance							
(2) FEE ASSISTANCE				10,015									
(3) TRANSPORTATION		12	-	6,053									
(4) RENT (5) UTILITIES			23 13	16,362 4,064									
(6) GOODS				59,624									
5)													
)													
	nental Inforn	nation. Provide the	informatio	on required in F	Part I, lin	e 2; Part III, colui	nn (b); and any other a	Idditiona	l information.				
Part IV Supplen		anation											
leturn Reference					CATES AN		CONTRACTOR OFFICE		SSISTANCE GRAN	TS HELP CLIENTS AVOID			
Return Reference ART I DESCRIPTION OF ROCEDURE FOR MONITOR	REQU RING USE SETB/ THEIF	ESTS FOR ASSISTANC ACKS FROM UNEXPEC R FAMILIES FROM LOS	TED EXPENS	SES SUCH AS CAP NG. THERE IS A P	R REPAIRS	5, ESSENTIAL CLOTH	ING NEEDS, MEDICINE, ET SAFETY BEARING IN MIND	C. THERE THE EFFC	IS ALSO A PRIOR RT TO REDUCE LE	TTY TO KEEP CLIENTS AND ETHAL SITUATIONS FOR			
Part IV Supplem Return Reference PART I DESCRIPTION OF PROCEDURE FOR MONITOR OF FUNDS	REQU RING USE SETB/ THEIF CLIEN	ESTS FOR ASSISTANC ACKS FROM UNEXPEC R FAMILIES FROM LOS ITS. THESE REQUESTS	TED EXPENS ING HOUSI ARE PROC	SES SUCH AS CAP NG. THERE IS A P ESSED AND RECO	R REPAIRS PRIORITY ORDED IN	5, ESSENTIAL CLOTH TO ENSURE CLIENT S THE ABILA ACCOUN	ING NEEDS, MEDICINE, ET	C. THERE THE EFFC OF REQU	IS ALSO A PRIOR RT TO REDUCE LE JESTS/CHECK STU	AITY TO KEEP CLIENTS AND ETHAL SITUATIONS FOR JBS ARE FILED.			

Additional Data

**Return to Form** 

chedule J	Render ObjectId: 202333	<u>3179349</u>	305033 - Submission: 2023-11-13	TI	N: 91-	1176	122	
	Comp	oensat	ion Information	0	1B No.	1545-0	0047	
orm 990)	For certain Officers, Di	irectors, 7	rustees, Key Employees, and Highest					
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						27	)	
Complete if the organization answered "Ves" on Form 990, Part IV, line 23.     Attach to Form 990.     Go to www.irs.gov/Form990 for instructions and the latest information.								
partment of the Treasury ernal Revenue Service	C	Open to Public Inspection						
Name of the organization	tion		Emplo	yer identificat				
OMESTIC ABUSE WOM	IN'S NETWORK			-				
Part I Ouesti	no Deparding Componention		91-117	/6122				
Part Questi	ons Regarding Compensation					Yes	No	
Check the appro	piate box(es) if the organization prov	ided any o	f the following to or for a person listed on Fo	rm				
			y relevant information regarding these items					
First-class	or charter travel		Housing allowance or residence for persona	al use				
0	companions		Payments for business use of personal resi					
Tax idemr	ification and gross-up payments		Health or social club dues or initiation fees					
Discretion	ary spending account		Personal services (e.g., maid, chauffeur, ch	ef)				
			follow a written policy regarding payment or ve? If "No," complete Part III to explain .		1b			
	tion require substantiation prior to rei				-			
			r, regarding the items checked on Line 1a? .		2			
			ed to establish the compensation of the					
used by a relate	EO/Executive Director. Check all that a d organization to establish compensat	tion of the	CEO/Executive Director, but explain in Part I	II.				
	tion committee	U	Written employment contract					
	ent compensation consultant		Compensation survey or study					
□ Form 990	of other organizations	$\cup$	Approval by the board or compensation con	nmittee				
During the year, related organiza		art VII, Se	ction A, line 1a, with respect to the filing org	anization or a				
-							No	
					4 -		NU	
Barticipato in o	nce payment or change-of-control pa	·		•	4a 4b		No	
	receive payment from, a supplement	, tal nonqual	ified retirement plan?		4b		No	
c Participate in, o	receive payment from, a supplement receive payment from, an equity-bas	tal nonqual sed comper	ified retirement plan?	 	-		No No	
c Participate in, o	receive payment from, a supplement receive payment from, an equity-bas	tal nonqual sed comper	ified retirement plan?	 	4b		-	
<ul> <li>Participate in, o</li> <li>If "Yes" to any c</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas	tal nonqual sed comper ide the app	ified retirement plan?		4b		-	
<ul> <li>Participate in, o</li> <li>If "Yes" to any c</li> <li>Only 501(c)(3</li> <li>For persons lister</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi	tal nonqual sed comper ide the app <b>mizations</b>	ified retirement plan?	 	4b		-	
<ul> <li>Participate in, o If "Yes" to any o</li> <li>Only 501(c)(3</li> <li>For persons liste compensation or</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>b, 501(c)(4), and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, lin intingent on the revenues of:	tal nonqual sed comper ide the app <b>mizations</b>	ified retirement plan?	 	4b			
<ul> <li>Participate in, o If "Yes" to any c</li> <li>Only 501(c)(3 For persons liste compensation c</li> <li>The organization</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>b, 501(c)(4), and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, lin intingent on the revenues of:	tal nonqual sed comper ide the app <b>mizations</b>	ified retirement plan?	 	4b 4c		No	
<ul> <li>Participate in, o If "Yes" to any c</li> <li>Only 501(c)(3</li> <li>For persons liste compensation c</li> <li>The organization</li> <li>Any related orga</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>)</b> , <b>501(c)(4)</b> , <b>and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, lin intingent on the revenues of:	tal nonqual sed comper ide the app <b>mizations</b>	ified retirement plan?	 	4b 4c 5a		No	
<ul> <li>Participate in, o If "Yes" to any o</li> <li>Only 501(c)(3</li> <li>For persons list compensation o</li> <li>The organization</li> <li>Any related orga If "Yes," on line</li> <li>For persons list</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>), 501(c)(4), and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, lin intigent on the revenues of: 	fal nonqual sed comper ide the app <b>inizations</b> ine 1a, did 	ified retirement plan?       . <td> </td> <td>4b 4c 5a</td> <td></td> <td>No</td>	 	4b 4c 5a		No	
<ul> <li>Participate in, o If "Yes" to any o</li> <li>Only 501(c)(3</li> <li>For persons liste compensation o</li> <li>The organization</li> <li>Any related orga If "Yes," on line</li> <li>For persons liste compensation o</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>b</b> , <b>501(c)(4)</b> , <b>and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, lin intingent on the revenues of: 	fal nonqual sed comper ide the app <b>inizations</b> ine 1a, did 	ified retirement plan?       . <td>· · · ·</td> <td>4b 4c 5a</td> <td></td> <td>No No</td>	· · · ·	4b 4c 5a		No No	
<ul> <li>Participate in, o If "Yes" to any o</li> <li>Only 501(c)(3</li> <li>For persons liste compensation o</li> <li>Any related organization</li> <li>Any related organization</li> <li>Any related organization or For persons liste compensation or</li> <li>The organization</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>b, 501(c)(4), and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, lin intingent on the revenues of: 	fal nonqual sed comper ide the app <b>inizations</b> ine 1a, did 	ified retirement plan?       . <td>· · · ·</td> <td>4b 4c 5a 5b</td> <td></td> <td>No</td>	· · · ·	4b 4c 5a 5b		No	
<ul> <li>Participate in, o If "Yes" to any o</li> <li>Only 501(c)(3 For persons liste compensation o</li> <li>Any related org; If "Yes," on line</li> <li>For persons liste compensation o</li> <li>The organization</li> <li>Any related org;</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>b, 501(c)(4), and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, lin intigent on the revenues of: 	fal nonqual sed comper ide the app <b>inizations</b> ine 1a, did 	ified retirement plan?       . <td>· · · · ·</td> <td>4b 4c 5a 5b 6a</td> <td></td> <td>No No No</td>	· · · · ·	4b 4c 5a 5b 6a		No No No	
<ul> <li>Participate in, o If "Yes" to any o</li> <li>Only 501(c)(3</li> <li>For persons lists compensation o</li> <li>Any related org; If "Yes," on line</li> <li>For persons lists compensation o</li> <li>The organization</li> <li>Any related org; If "Yes," on line</li> <li>For persons lists</li> <li>Compensation o</li> <li>Any related org; If "Yes," on line</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>), 501(c)(4), and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, line intigent on the revenues of: ?	n i an nonqual sed comper ide the app <b>inizations</b> ne 1a, did  ne 1a, did  ne 1a, did	ified retirement plan?       .       .         nsation arrangement?       .       .         plicable amounts for each item in Part III.         must complete lines 5-9.         the organization pay or accrue any         .       .      <	· · · · ·	4b 4c 5a 5b 6a 6b		No No No	
<ul> <li>c Participate in, o If "Yes" to any c</li> <li>Only 501(c)(3)</li> <li>For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line</li> <li>For persons liste compensation cc</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line</li> <li>For persons liste payments not do</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>), 501(c)(4), and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, lin ntingent on the revenues of: 	in a nonqual sed comper- ide the app inizations ine 1a, did ine 1a, did ine 1a, did scribe in Pa	ified retirement plan?	· · · · ·	4b 4c 5a 5b 6a		No No No	
<ul> <li>c Participate in, o If "Yes" to any c</li> <li>Only 501(c)(3 For persons liste compensation c</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line</li> <li>For persons liste compensation c</li> <li>a The organization</li> <li>b Any related orga If "Yes," on line</li> <li>For persons liste compensation con Any related orga If "Yes," on line</li> <li>For persons liste payments not d</li> <li>Were any amou subject to the ir</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>b</b> , <b>501(c)(4)</b> , <b>and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, line intingent on the revenues of: 	in a nonqual sed comperide the apprint and the	ified retirement plan?	· · · ·	4b 4c 5a 5b 6a 6b		No No No	
<ul> <li>Participate in, o If "Yes" to any o</li> <li>Only 501(c)(3</li> <li>For persons liste compensation o</li> <li>Any related organization</li> <li>Any related organization</li> <li>For persons liste compensation o</li> <li>The organization</li> <li>The organization</li> <li>Any related organization</li> <li>Any related organization</li> <li>For persons liste payments not di Were any amou</li> </ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>b</b> , <b>501(c)(4)</b> , <b>and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, line intingent on the revenues of: 	in a nonqual sed comperide the apprint and the	ified retirement plan?       .       .         nsation arrangement?       .       .         plicable amounts for each item in Part III.         must complete lines 5-9.         the organization pay or accrue any         .       .      <	· · · ·	4b 4c 5a 5b 6a 6b		No No No	
<ul> <li>Participate in, o If "Yes" to any of Only 501(c)(3 For persons liste compensation of Any related organization Any related organization For persons liste compensation of Any related organization Any related Any Any Any Any Any Any Any Any Any Any</li></ul>	receive payment from, a supplement receive payment from, an equity-bas f lines 4a-c, list the persons and provi <b>b</b> , <b>501(c)(4)</b> , <b>and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, line intingent on the revenues of: 	in a nonqual sed comperide the apprince of the	ified retirement plan?       .       .         nsation arrangement?       .       .         plicable amounts for each item in Part III.         must complete lines 5-9.         the organization pay or accrue any         .       .      <		4b 4c 5a 5b 6a 6b 7		No No No No	

## — Page 2 —

Schedule J (Form 990) 2022 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 are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (F) Compensation in column (B) reported as deferred on prior Form 990 (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (C) Retirement and other (D) Nontaxable benefits (A) Name and Title (E) Total of and other deferred compensation columns (B)(i)-(D) (i) Base compensation (ii) Bonus & incentive (iii) Other reportable compensation compensation 1ANGELA DANNENBRING EXECUTIVE DIRECTOR 149,462 (i) 4,000 0 0 7,885 161,347 0 - ----------- - - - -- - - - - - -- - - - - -- - - - - - - -0 -----0 0 0 0 0 (ii) 0

Image: Schedule J (Form 990) 2022
Image: Schedule J (Form 990) 202
Schedule J (Form 990) 202
Schedule J (Form 990) 202
Schedule J (Form 990) 202
Page 3
Page
al Information
anation, 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.
e Explanation
Schedule J (Form 990) 202

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visu	al Render Ob	jectId: 2	02333179349305033 -	Submission: 2023-1	1-13		TIN: 91-	1176	122
SCHEDULE M		1	Noncash Contri	hutions			OMB No. 1	.545-0(	047
Form 990) NOTICASTI CONTINUTIONS							2022		
	► Attach to Form ► Go to www.irs		990 for the latest informa	tion.			Open to		
epartment of the Treasury Iternal Revenue Service				ection					
ame of the organiza					Employe	r identi	fication n	umber	
OMESTIC ABUSE WOME	N'S NETWORK				91-11761	22			
Part I Types	of Property								
		<b>(a)</b> Check if	<b>(b)</b> Number of contributions or	<b>(c)</b> Noncash contribution		Method	(d) of determi	ning	
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g		cash cor	itribution a	mount	S
1 Art—Works of ar	t			5					
2 Art-Historical tr	reasures .								
3 Art—Fractional in	nterests								
4 Books and public	cations								
<b>5</b> Clothing and hou goods	usehold								
6 Cars and other v									
7 Boats and plane	s				1				
8 Intellectual prop	erty								
9 Securities—Publ	icly traded .								
0 Securities—Clos	ely held stock								
1 Securities—Part	nership, LLC, ts								
2 Securities—Misc									
L3 Qualified conser contribution—H structures	vation listoric								
L4 Qualified conser contribution—C	Other								
L5 Real estate—Rea					_				
L6 Real estate—Co									
<b>17</b> Real estate—Oth									
L8 Collectibles .									
<b>L9</b> Food inventory		Х	28	146,94	3 ESTIMAT	ED FMV			
20 Drugs and medi									
21 Taxidermy .					_				
22 Historical artifac									
23 Scientific specim					_				
24 Archeological ar									
AUCTI 25 Other ► ( ITEMS		Х	1	33,65	1 FMV				
<b>26</b> Other►( <u>ITEMS</u>									
27 Other►(					1				
<b>28</b> Other ► (	)								
		the organiz	ation during the tax year for	contributions					
			3, Part IV, Donee Acknowledg		29				
								Yes	No
hold for at least	t three years from th	he date of tl	y contribution any property r ne initial contribution, and wh	nich isn't required to be us	ed for exer		nust		
	51						30a	 	No
	be the arrangement		olicy that requires the reviev	v of any nonstandard contr	ibutions?		31	Yes	
· · · · · J·	-		or related organizations to so						
<b>b</b> If "Yes," describ		• • •			• • •	•	32a	[	No
		amount in	polymp (a) for a type of a	orthy for which columns (-) :	o oboolio -				
•	•	amount in (	column (c) for a type of prop	erry for which column (a) I	s checked,				
describe in Part	. 11.								

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

Cat. No. 51227J

Schedule M (Form 990) (2022)

— Page 2 ——

**Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also

complete this part for an	y additional information.
Return Reference	
PART I, COLUMN (B):	THE NUMBER REPORTED IN

Explanation

THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) (2022)

# **Additional Data**

Return to Form

**Return to Form** 

Software ID:

Software Version:

efile Public	Visual Render	ObjectId: 202333179349305033 - Submission: 2023-	11-13	TIN: 91-1176122				
SCHEDUL (Form 990) Department of the Trea Internal Revenue Servi	asury	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.						
Name of the org DOMESTIC ABUSE	anization WOMEN'S NETWORK		Employer identi 91-1176122	fication number				
Return Reference		Explanation						
FORM 990, PART I, LINE 6:	DEPARTMENTS S AND FUNDRAISIN MARKET VALUE V HOURS TO FINAN ACCORDING TO	AY A CRUCIAL ROLE AT DAWN BY PROVIDING SERVICES ON VAR SUCH AS ADVOCACY, RESPOND TO CRISIS LINE, SUPPORT SHELT IG, AND OPERATIONS. WE EQUATE THE ECONOMIC VALUE OF VO VAGE FOR SIMILAR WORK IN PAID JOBS. LEADERSHIP TRACKS A ICE DIRECTOR (FD). FD DETERMINES THE ESTIMATED HOURLY V WA STATE RATE OR FAIR MARKET VALUE (HOURLY WAGE FOR SI DOLLAR VALUE OF ALL OF VOLUNTEERS WITHIN ORGANIZATION	TER OPERATIONS DLUNTEER WORK ND REPORTS VC VAGE OF VOLUN MILAR WORK IN F	S, DEVELOPMENT ( WITH A FAIR DLUNTEERING TEER WORK PAID JOBS) AND				
FORM 990, PART VI, SECTION B, LINE 11B	EXECUTIVE COM 990 PRIOR TO FIL	MITTEE WILL REVIEW AND APPROVE THE FORM 990 AND THE BC .ING.	OARD WILL RECEI	VE A COPY OF THE				
FORM 990, PART VI, SECTION B, LINE 12C	STAFF. A NEW DIS REVIEW AND DE	F INTEREST POLICY WILL BE REVIEWED ANNUALLY WITH BOARD SCLOSURE FORM IS REQUIRED TO BE SIGNED ANNUALLY. THE E FERMINE IF A CONFLICT EXISTED, AND REQUEST THAT PERSON SE IN RELATION TO THAT CONFLICT.	XECUTIVE COMM	ITTEE WOULD				
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE CONDUCTS A PERFORMANCE REVIEW WITH THE EXECUTIVE DIRECTOR ANNUALLY, AND DETERMINES SALARY AND BENEFIT LEVEL FOR THE NEXT YEAR. COMPARATIVE DATA IS OBTAINED FOR LIKE POSITIONS IN NON PROFITS IN THE REGION. A BOARD SURVEY IS CONDUCTED TO PROVIDE FEEDBACK FOR THE PERFORMANCE EVALUATION.							
FORM 990, PART VI, SECTION C, LINE 19	INSTITUTIONS, P	IAL REPORTS ARE SENT TO ALL CONTRACTORS AND GRANTORS ER REQUEST. A SUMMARY OF THE FINANCIAL STATEMENTS IS IN E ANNUAL REPORT IS PUBLISHED ON THE AGENCY'S WEBSITE.						
For Paperwork Reduc	ction Act Notice, see the l	nstructions for Form 990 or 990-EZ. Cat. No. 51056K		Schedule O (Form 990) 2021				

# **Additional Data**

Software ID: Software Version: