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Pice of the work is gov/FormS90 for instructions and the latest information. Inspection A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUL 30, 2022 D Employer identification number A Forth 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUL 30, 2022 D Employer identification number A Forth 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUL 30, 2022 D Employer identification number A Forth 2021 calendar year, or province, country, and ZIP or foreign postal code E Telephone number 651-726-5213 A forth 2021 calendar year, or province, country, and ZIP or foreign postal code Height status is taken to take the province country, and ZIP or foreign postal code Height status is taken to address of prologia officer. S2TELLE BROUWER Height status is taken to take the province country, and ZIP or foreign postal code I website: I work with the WAL WADVOCCATES > ORG Height status is taken to take the province country of taken to take the province country of the province taken to take the province country of the province taken to take the province taken to take the province taken to take the province country of taken to take the province taken to taken taken to take the province taken to taken the province taken to taken the province taken to taken										,	Open to Public
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authors MOMEN'S ADVOCATES, INC. 23-7310701 Under and storet (or P.0. box if mail is not delivered to street address) Roombuilt E Telephone number Bission Sign GRAND AVENUE Telephone number 651-726-5213 City or twore, state or province, country, and ZIP or foreign postal code G. devarceregets 2, 976, 251 The comparison of the state of province, country, and ZIP or foreign postal code Hg is province in the state of the	AF	or the	2021 calend	ar year, or tax year be	ginning C	JUL 1, 20	21 and	ending J	UN 30, 2022	2	
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City or town, state or province, country, and ZiP or foreign postal code G. down excesses 2, 9 7 0, 251 Prediction F. Name and address of principal officer. ESTELLE BROUWER H(B) is this a group return for subordinates? Ves X N I Taxexempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 522 J Website: WWW. WADVOCATES ORG H(B) is this a group return for one powerption number / K Non-based one powerption number / H(B) exet abacehate induced at block one powerption number / H(B) exet abacehate induced at block one powerption number / K Non-based one powerption number / H(B) exet abacehate induced at block one powerption number / H(B) exet abacehate induced at block one powerption number / H(B) exet abacehate induced at block one powerption number / H(B) exet abacehate induced at block one powerption number / H(B) exet abacehate induced at block one powerption number / COMMUNITY TO BRAK THE CYCLE OF DOMESTIC VIOLENCE. 2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part V, line 1a) 4 1 4 Number of independent voting members of the governing body (Part V, line 1a) 5 5 5 Tot an unmber of independent voting members of the governing body (Part V, line 1a) 7 0 7 a Total unrelated business taxable incorome from Form 990.7, Part I, line 11 7		_return]Final		``		elivered to street a	ddress)	Room/suite			13
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J Websits: ► WWW.WADDVOCATES.ORG H(c) Group exemption number ► K Form of organization: [X] Corporation [Trust] Association [Other] L Year of formation: 1972 [M State of legal dumicite] M Part I Summary Is set of legal dumicity in the set of legal dumicite M Part I Summary Is set of legal dumicity in the set of legal dumicite M 2 Check this box ► Is the organization discontinue di ts operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 1 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 1 5 Total number of individuals employed in calendar year 2021 (Part VI, line 1a) 3 1 7 Total number of individuals employed in calendar year 2021 (Part VI, line 12) 7 7 1 7 7 Total number of volunteers (estimate if necessary) 6 1 1 7 0 7 9 Program service revenue (Part VIII, lonum (A), lines 3, 4 and 7d) 3, 581, 804.4.2, 245, 5, 77 9 10, Rest and similar amounts paid (Part VIII, column (A), lines 3, 4 and 7d) 110, R82.1.33, 495 133, 495 133, 495 133, 495 133, 495 133, 495 <t< td=""><td></td><td>tion</td><td>, F Name a</td><td></td><td>officer: ES1</td><td>TELLE BRC</td><td>OUWER</td><td></td><td></td><td></td><td></td></t<>		tion	, F Name a		officer: ES1	TELLE BRC	OUWER				
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ESTELLE BROUWER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Preparer's signat	Eun	22			t line 21 from	n line 20			4,088,310	•	3,464,980.
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	Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Jse Only Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402 Phone no.612-376-4500 Phone no.612-376-4500		0 /				
May the IF	RS discuss this r	return with the prepa	rer shown above? See instruction	าร		X Yes	No
		MINNEAPOL	IS, MN 55402		Phone no.612-3	76-450	0
Use Only	Firm's address	220 S 6TH	STREET, SUITE 3				
Preparer	Firm's name	s address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402 cuss this return with the preparer shown above? See instructions X Yes No					
Paid	RACHEL F	LANDERS	RACHEL FL	ANDERS 02/01	/ 4 3 self-employed P	012311	90

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	rt III Statement of Program Servic	DVOCATES, IN e Accomplishmer		23-7310701 Page
	Check if Schedule O contains a respor	-		X
1	Briefly describe the organization's mission:			
	THE MISSION OF WOMEN'S	ADVOCATES I	S TO WALK WITH VICT	IM/SURVIVORS AND
	OUR COMMUNITY TO BREAK			
2	Did the organization undertake any significan	nt program services dur	ing the year which were not listed on	
				Yes 🔀 N
	If "Yes," describe these new services on Sch	edule O.		
3	Did the organization cease conducting, or ma	ake significant changes	in how it conducts, any program serv	vices?Yes X N
	If "Yes," describe these changes on Schedul			
4	Describe the organization's program service	-		
	Section 501(c)(3) and 501(c)(4) organizations		he amount of grants and allocations t	to others, the total expenses, and
	revenue, if any, for each program service rep		122 405	
4a		2,508. including gr	ants of \$ 133,495.) (Revenue \$0 .
	SHELTER-BASED ADVOCACY	SERVICES		
	WILLE IN CHELMED DECI			MIETD HEATTNO
	WHILE IN SHELTER, RESIDURNEY BY WORKING WITH			
	MENTAL HEALTH AND WELLN			
	HANDLE RESIDENT REQUEST			
	CALLERS WITH REFERRALS			
	SAFETY PLANNING SERVICE			
	PEOPLE RECEIVED OUR CRI	-		•
	REGULAR SUPPORT GROUPS			
	PAST AND WORK TO BUILD			
	FAMILIES. OUR MENTAL HE			
41.				
4b	(Code:) (Expenses \$73 SHELTER FOOD & FACILIT		ants of \$ 0 •)) (Revenue \$ 0 .
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	FOR 48 YEARS, PROVIDING			
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	SHELTER SPACE CONSISTS		•	•
	COMMERCIAL KITCHEN WHEN			
	RESIDENTS SEEKING SHELT			
	HAVE ACCESS TO LAUNDRY DINING ROOM, AND SECURE			
	,			
	SERVED 157 INDIVIDUALS,	•		
	AVERAGE LENGTH OF STAY			•
	HOME FOR OUR RESIDENTS			
4c	(Code:) (Expenses \$37) HOUSING STABILITY SERV		ants of \$)) (Revenue \$0 .
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	SERVICES TO RESIDENTS (
	SERVICES IN RESIDENTS (
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	990 (2021) WOMEN'S ADVOCATES, INC. 23-731 t IV Checklist of Required Schedules
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
	If "Yes," complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for
4	public office? If "Yes," complete Schedule C, Part I
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
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</i> "Yes," <i>complete Schedule D, Part II</i>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete
	Schedule D, Part III
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?
	If "Yes," complete Schedule D, Part IV
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments
	or in quasi endowments? If "Yes," complete Schedule D, Part V
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,
	as applicable.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
	Schedule D, Parts XI and XII
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
l4a	Did the organization maintain an office, employees, or agents outside of the United States?
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000
	or more? If "Yes," complete Schedule F, Parts I and IV
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
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
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
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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"
00-	complete Schedule G, Part III
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

132003 12-09-21

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	Form	990 (2021) WOMEN'S ADVOCATES, INC. 23-731	0701	Р	age 4
22 Deltine organization report more than 55.000 of grants or other assistance to of odmestic individuals on Part X. Control 4. Section 4. June 3. 4. of 3. about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensation of the organization accompted Schedule 4. If 'No,'' complete Schedule 7. If 'No,'' complete Schedule 7. If 'No,'' complete Schedule 7. If 'No, '' com	Pa	rt IV Checklist of Required Schedules (continued)			
Pert IX, column (A), line 2? If "Yes," complete Schedule (Prast and III 28 X 23 Did the organization anserved to Part IV, Schedule Compensation of the organizations current lact day of the type, III was sized after Docember 31, 2002? If "Yes," namer lines 24b through 24d and complete Schedule X, If "No." To be ine 25a. 24a Did the organization market an exercent boods below with an outstanding principal amount of more than \$100,000 as of the last day of the organization methan an escrew account of the than a returning period exception? 24a X 24b Did the organization methan an escrew account of the than a returning secrew at any lines during the year to defease any tax-exempt boods? 24b 24b 24b 25a Schedule X, If "No." pot line 25a. Did the organization methan an escrew account of the than a returning secrew at any lines during the year to defease any tax-exempt boods? 24c 24d 25a Schedule X, If "No." pot line 25a. Did the organization methan an escrew account of the than a returning secrew at any lines during the year? 24d 25a Schedule X, If "No." pot line 25a. Did the organization methan an escrew account of the than a returning secrew at any line during the year to defease any tax-exempt boods? 24d 25a X Did the organization methan an escrew and the congenization enception any any line during the year? 24d 25a X Did the organization appet and or there an asst				Yes	No
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(gambling) winnings to prize winners?			4		
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4		4			()

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	990 (2021) WOMEN'S ADVOCATES, INC.	23-731	0701	P	age S
ar	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				-
•-				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 5	3		
h	filed for the calendar year ending with or within the year covered by this return		_	Х	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instruction				
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	9 <u>7a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
	Sponsoring organizations maintaining donor advised funds.		0		
			9a		
-			9b		
0	Section 501(c)(7) organizations. Enter:	10a			
	Initiation fees and capital contributions included on Part VIII, line 12	10b	-		
	Section 501(c)(12) organizations. Enter:		-		
1 a		11a			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
D		11b			
2a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
-			47		
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	···· ··· · · · · · · · · · · · · · · ·	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	<i>y</i> only) (avana	510
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan(cial	
	statements available to the public during the tax year.	a midiit	5141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-0	YULANDA WILLIAMS - 651-726-5213			
	588 GRAND AVENUE, ST. PAUL, MN 55102			

Form 990 (2021) WOMEN'S ADVOCATES, INC.	23-7310701	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending v	vith or within the organization's	s tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), reg. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ardless of amount of compens	ation.

• 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	ו than o		Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	is botł	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ESTELLE BROUWER	40.00		_		-	1				
EXECUTIVE DIRECTOR		1		х				119,977.	Ο.	22,109.
(2) ELLIE O'BRIEN	32.00									
DIRECTOR OF FINANCE				Х				66,671.	0.	9,892.
(3) TANYA GLADNEY	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) ERICA LISTER	1.00									
CHAIR ELECT		Х		Х				0.	0.	0.
(5) MATT FISHER	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) PAIGE KAHLE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) ELIZABETH BOYD	1.00									
PAST CHAIR (THRU 5/22)		Х		Х				0.	0.	0.
(8) TRISH DEANDA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DENNIS GERHARDSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BRITT GILBERTSON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARY SUE GODFREY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) AYAH HELMY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MARIA MITCHELL	1.00									
DIRECTOR		Х						0.	0.	0.
(14) WILLIAM MOORE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KATHY MORIARTY	1.00									
DIRECTOR		Х						0.	0.	0.
(16) RITA TAJONAR	1.00									
DIRECTOR		Х					L	0.	0.	0.
100007 10 00 01										Form 990 (2021)

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Form 990 (2021)

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	990 (2021) WOMEN'S A	DVOCATE	s,	I	NC	•				23-73	<u>310</u>	701	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related	box	not c , unles cer an	ss per	ition more rson is irecto	than c s both r/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on d is SC/	am comp fro orga	(F) timated ount o other pensat om the anizatio	of tion e on
		organizations below line)	Individual tru:	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				l relate	
с		l, Section A							186,648. 0. 186,648.		0.0.		2,00 2,00	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	<u> </u>		<u>.</u>	1
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual										3	Yes	No X
5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors	iccrue compen	Isati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		4 5		x x
1	Complete this table for your five highest co the organization. Report compensation for	-								· · · ·	oensat	ion fro	m	
	(A) Name and business			ONE					(B) Description of s		C	(C ompen		١
2	Total number of independent contractors (ii \$100,000 of compensation from the organi:	•	ot lin	nitec	d to f	thos C		ted	above) who received mo	ore than		Form S	990 (2	2021)

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				INC.		23-7310	701 Page 9
Pa	rt \	/111	Statement of Revenue				
			Check if Schedule O contains a response or note to an	y line in this Part VIII	(B)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a 50,00	0.			
unt	-		Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c 77,12	4.			
ar A			Related organizations 1d				
s, s Bili		е	Government grants (contributions) 1e 1,969,35	1.			
rion Sig		f	All other contributions, gifts, grants, and				
the			similar amounts not included above If 749,40	2.			
d C		g	Noncash contributions included in lines 1a-1f				
<u> </u>		h	Total. Add lines 1a-1f	▶ 2,845,877.			
			Business Co	ode			
e	2	а					
Program Service Revenue		b					
en C		С					
Jev		d					
rog		е					
Δ.			All other program service revenue				
	_		Total. Add lines 2a-2f				
	3		Investment income (including dividends, interest, and	▶ 77,192.			77,192.
			other similar amounts)	11,194.			11,194.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties	al			
	6						
	0		Less: rental expenses	-			
			Rental income or (loss) 6c	_			
			Net rental income or (loss)	•			
	7		Gross amount from sales of (i) Securities (ii) Other				
	-		assets other than inventory 7a 53, 152.				
		b	Less: cost or other basis				
е			and sales expenses				
evenue		с	Gain or (loss) 7c -1,604.				
Rev			Net gain or (loss)	▶ -1,604.			-1,604.
Other	8		Gross income from fundraising events (not including \$ 77,124. of				
Ŭ			contributions reported on line 1c). See				
				0.			
		b	Less: direct expenses 8b 23,64				
			Net income or (loss) from fundraising events	▶ -23,641.			-23,641.
	9		Gross income from gaming activities. See				
			Part IV, line 19 9a				
		b	Less: direct expenses 9b				
			Net income or (loss) from gaming activities				
	10	а	Gross sales of inventory, less returns				
			and allowances 10a				
		b	Less: cost of goods sold 10b				
		с	Net income or (loss) from sales of inventory				
Ś			Business Co				
e el	11	а	MISCELLANEOUS INCOME 90009	9 30.			30.
Miscellaneous Revenue		b					
Sel Sel		С					
Mis			All other revenue				
			Total. Add lines 11a-11d	► <u>30</u> .		0	E1 077
	12			▶ 2,897,854.	0.	0.	51,977. Form 990 (2021)
13200	9 12	-09-	21				Form 220 (2021)

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WOMEN'S ADVOCATES, INC. Form 990 (2021) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	133,495.	133,495.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	242,168.		242,168.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,683,164.	1,412,754.	66,415.	203,995
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	51,815.	44,764.	876.	<u> </u>
9	Other employee benefits	212,336.	203,336.		<u> 6,175</u> 9,000
0	Payroll taxes	161,050.	119,217.	24,768.	17,065
1	Fees for services (nonemployees):				
а	Management				
b					
с	Accounting	15,620.		15,620.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	134,463.	69,578.	43,178.	21,707
2	Advertising and promotion				
3	Office expenses	133,441.	73,562.	32,406.	27,473
4	Information technology				
5	Royalties				
6	Occupancy	175,984.	167,343.	3,456.	5,185
7	Travel	16,166.	15,972.		194
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	108,204.	93,084.	9,720.	5,400
3	Insurance	33,553.	27,340.	2,485.	3,728
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а		91,274.	91,274.		
b	PROGRAM ACTIVITY SUPPLY	62,891.	62,325.		566
С	MISCELLANEOUS	20,985.	6,774.	9,932.	4,279
d	VOLUNTEER RECOGNITION	11,962.	4,162.	7,800.	
е	All other expenses	21,124.	15,656.	4,008.	1,460
5	Total functional expenses. Add lines 1 through 24e	3,309,695.	2,540,636.	462,832.	306,227
6	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)				

WOMEN'S ADVOCATES, INC. 23-7310701 Page 11 Form 990 (2021) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 300. 774. 1 1 Cash - non-interest-bearing 1,661,561. 1,173,535. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 225,617. 313,461. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 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 disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 70,527. 70,321. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other _____<u>10a</u> 3,202,610. basis. Complete Part VI of Schedule D 2,307,805. 960,972. 894,805. b Less: accumulated depreciation _____ 10b 10c 1,374,574. 1,226,339. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 8,942. 11,483. 15 15 Other assets. See Part IV, line 11 4,302,287. 3,690,924. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 163,842. 201,187. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 50,135. 24,757. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 213,977. 225,944. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,910,238. 27 3,379,487. 27 Net assets without donor restrictions Net assets with donor restrictions 178,072. 85,493. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 4,088,310. 3,464,980. Total net assets or fund balances 32 32 4,302,287. 3,690,924. 33 33 Total liabilities and net assets/fund balances

Form 990 (2021)

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	WOMEN'S ADVOCATES, INC.	23-73	10701	Paç	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,897		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,309		
3	Revenue less expenses. Subtract line 2 from line 1	3	-411		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,088		
5	Net unrealized gains (losses) on investments	5	-211	.,48	89.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,464	1,98	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
5	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
04	Act and OMB Circular A-133?	gio Audit	3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	0a		<u> </u>
5	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	x	
	טי מעמונה, פארומויז שוויז טוו סטוופעטופ ט מוע עבטטושב מוזין גובאס נמגבוו נט עוועבועט געטון מעטונה		30		L

Form 990 (2021)

SCHEDULE A			Dublic Cha	rity Status an	d Duk	lia Qu	innort		OMB No. 1545-0047	
(Form 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section							2021	
					47(a)(1) nonexempt cha			or a section		ZUZ I
		of the Treasury			Attach to Form 990 or F					Open to Public
		nue Service		► Go to www.irs.go	<pre>//Form990 for instruction</pre>	ons and th	ie latest ii	nformation.		Inspection
Nar	ne of	the organizati								identification number
D	nrt I	Baaaan	WOME.	N'S ADVOCA	TES, INC.					3-7310701
					(All organizations must c			ee instruction	IS.	
	orgar		-		For lines 1 through 12, cl	•				
1	\mathbb{H}				n of churches described		on 170(b)(*	I)(A)(i).		
2	\mathbb{H}				Attach Schedule E (Form			:)		
3	\mathbb{H}	=	-		anization described in se njunction with a hospital			-	VIII) Entor	the bespital's name
4		city, and state	-	ation operated in cor	ijunction with a nospital	uescribeu	III Sectio	A)(1)(d)01111		the hospital's hame,
5		•		or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
Ŭ		e e		Complete Part II.)	loge of anitoroity ethica	or operat	ou by u ge			
6	\square				nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X			-	ntial part of its support fr				ne general i	oublic described in
		-		omplete Part II.)		Ū			.	
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:								
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
					t to certain exceptions; a					-
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
				mplete Part III.)						
11	\square	-	-	-	vely to test for public saf	•				
12		-	-	-	vely for the benefit of, to	-			•	
				-	d in section 509(a)(1) o					Sheck the box on
a		-	•	• •	f supporting organization upervised, or controlled l				-	aivina
				-	gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se		indjointy c				spporting
k	, [¬ ~		•	or controlled in connect	ion with it:	s supporte	d organizatio	n(s). bv hav	vina
				-	anization vested in the sa			-		•
			-	t complete Part IV,		·				
c	: [] Type III fur	nctionally inte	grated. A supportin	g organization operated i	in connect	tion with, a	and functional	ly integrate	ed with,
		its supporte	ed organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
c] Type III no	n-functionally	integrated. A supp	orting organization operation	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	quirement and	I an attentiv	/eness
	_	requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
e					written determination from			Туре I, Туре	II, Type III	
		-	-	• •	nally integrated supportir	ng organiz	ation.			
1		er the number	• •	•						
		vide the followi (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization		(1) 2.13	(described on lines 1-10	in your governi	ng document? No	support (see ir		support (see instructions)
		-			above (see instructions))	165	NO			
										<u> </u>
_										
Tot	al									

Sch	edule A (Form 990) 2021 W	OMEN'S AD	VOCATES, I	INC.		23-731	0701 Page 2
	art II Support Schedule for				o)(1)(A)(iv) and		
	(Complete only if you checked	-		-			-
	fails to qualify under the tests	listed below, pleas	se complete Part I	II.)			
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2271071.	2575816.	2704548.	3581804.	2845877.	<u>13979116.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0001001	0585016	0004540	2501004	0045088	10000110
4	Total. Add lines 1 through 3	2271071.	2575816.	2704548.	3581804.	2845877.	13979116.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						13979116.
	ction B. Total Support						100,01100
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2271071.	2575816.	2704548.	3581804.	2845877.	13979116.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	40,694.	56,318.	41,069.	28,800.	77,192.	244,073.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital		- 4	00 101	1 244		
	assets (Explain in Part VI.)	2,857.	5,479.	20,101.	1,341.	30.	29,808.
11	Total support. Add lines 7 through 10						14252997.
12	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the						
Sol	organization, check this box and stor ction C. Computation of Publi	o here	contago			<u></u>	
14	Public support percentage for 2021 (I		-	olumn (f))		14	98.08 %
15	Public support percentage from 2020		•			15	98.42 %
	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2020. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-	
b	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		•				>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A	(Form 990)) 2021	WOMEN '	S.	ADVOCATES	,	INC.	
Part III	Support	Schedule	for Organiza	atio	ns Described	in	Section 509(a)(2)	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	1	1			1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						ļ
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
с	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.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
_		8		,		()()	
Sec	tion C. Computation of Publi						<u></u> _
15	Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	Ind
	line 18 is not more than 33 1/3%, che	ck this box and s t	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
13202	23 01-04-22		15			Schedule A	A (Form 990) 2021

WOMEN'S ADVOCATES, INC.

1

Yes No

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

Section A. All Supporting Organizations

Part IV Supporting Organizations

Schedule A (Form 990) 2021

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

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

Schedule A (Form 990) 2021

16

<u>Sc</u> he		23-7310701	L_Pa	age 5
_	rt IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of 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 support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	fficers,		
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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
360	tion C. Type II Supporting Organizations	T	V-	N1 -
4	Were a majority of the argonization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insi The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		5).	
2	Activities Test. Answer lines 2a and 2b below.		yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
5	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
13202		Schedule A (Form	n 990)	2021

Schedule A (Form 990) 2021

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	dule A (Form 990) 2021 WOMEN'S ADVOCATES, INC			23-7310701 _{Pag}
	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting org	nization (see

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

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021 WOMEN'S ADVOC		·		3-7310701	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)		
Sect	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
_6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	()	10	<i>(</i>)	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributab Amount for 2	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	5					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

23-731<u>0701 Page 8</u> WOMEN'S ADVOCATES, INC. Schedule A (Form 990) 2021 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS	
2017 AMOUNT: \$ 2,857	•
2018 AMOUNT: \$ 5,479	•
2019 AMOUNT: \$ 20,10	1.
2020 AMOUNT: \$ 1,341	•
2021 AMOUNT: \$ 30.	
	Schedule A (Form 990) 202
132028 01-04-22	

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WOMEN'S ADVOCATES

Schedule B

(Form	990)
-------	------

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

<u></u>		• • •	
Schedule	ot	Contribu	utors

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

2021

Employer identification number

23-73	10	70	1
-------	----	----	---

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

WOMEN'S ADVOCATES, INC.

23-7310701

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a)	(b)	(c)	(d) Type of contribution					
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		\$68,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3		\$71,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990) (2021)

123452 11-11-21

15280201 131839 A278318

chedule B (Form ame of organizat			Pag Employer identification numbe
	DVOCATES, INC.		23-7310701
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Liste received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	

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

Schedule B (Form 990) (2021)

15280201 131839 A278318

Schedule E	3 (Form 990) (2021)			Ρ	age 4
Name of or	rganization			Employer identification num	ber
WOMEN	'S ADVOCATES, INC.			23-7310701	
Part III) through (e) and the followi charitable, etc., contributions of \$	na line entry. For o	P1(c)(7), (8), or (10) that total more than \$1,000 for the granizations he year. (Enter this info. once.) \$\$	year
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held	
-		(e) Transf	er of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held	
	Transferencia nome address of	(e) Transf		olationship of transforms to transforms	
-	Transferee's name, address, a			elationship of transferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of <u>(</u>	gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transf		elationship of transferor to transferee	
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held	
-		(e) Transf	ier of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	
123454 11-11	-21			Schedule B (Form 990) ((2021)

15280201 131839 A278318

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SC	HEDULE D		al Financial State		OMB No. 1545-0047
(Forr	n 990)		anization answered "Yes" on , 11a, 11b, 11c, 11d, 11e, 11f,		2021
	tment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the lat		Open to Public Inspection
	e of the organization				Employer identification number
	-	WOMEN'S ADVOCATES,			23-7310701
Pa		ations Maintaining Donor Advise		r Funds or Ac	counts. Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin			
	Tatal averation at an		(a) Donor advised func	(b) Funds and other accounts
1 2		nd of year f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in v		lonor advised fund	ds
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes 🗌 N
6	•	on inform all grantees, donors, and donor a	•••		•
		oses and not for the benefit of the donor o	, ,	• •	
Da	impermissible priva		······································		
		ation Easements. Complete if the org		Form 990, Part IV,	line 7.
1		ervation easements held by the organization of land for public use (for example, recrea		conversion of a histor	prically important land area
		f natural habitat	·		fied historic structure
		of open space			
2		through 2d if the organization held a qualif	ied conservation contribution in	n the form of a cor	nservation easement on the last
	day of the tax year				Held at the End of the Tax Yea
а	Total number of co	onservation easements			2a
b	-				2b
с		vation easements on a certified historic stru			2c
d		vation easements included in (c) acquired a			
3		al Register vation easements modified, transferred, rel			2d
3	year ►	valion easements modified, transferred, rei	eased, extinguished, or termina	ated by the organi	
4		where property subject to conservation easily and the	ement is located		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, ha	andling of	
	violations, and enfo	orcement of the conservation easements it	holds?		Yes N
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enfo	orcing conservatio	n easements during the year
	▶				
7		es incurred in monitoring, inspecting, hanc	ling of violations, and enforcing	g conservation eas	sements during the year
•	►\$				(1)
8		vation easement reported on line 2(d) abov (4)(B)(ii)?	• •		
9		be how the organization reports conservation			
•		d include, if applicable, the text of the footr		-	
	organization's acco	ounting for conservation easements.	C C		
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasure	es, or Other S	imilar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	U U	elected, as permitted under FASB ASC 95	•		
		easures, or other similar assets held for put			nce of public
h	· •	Part XIII the text of the footnote to its finar			aboat works of
b	-	elected, as permitted under FASB ASC 95 ures, or other similar assets held for public			
		ng amounts relating to these items:	exhibition, education, or resea		
	•	ded on Form 990, Part VIII, line 1			▶ \$
		ed in Form 990, Part X			
2		received or held works of art, historical treat			
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:	:	
		on Form 990, Part VIII, line 1			
		Form 990, Part X			
	-	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 202
13205	1 10-28-21		25		

^{2021.05040} WOMEN'S ADVOCATES, INC. A2783181

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	dule D (Form 990) 2021 WOMEN'S	ADVOCATES			asures o	r Other	Simila	23-73 r Assets	1070	<u>1 р</u>	_{age} 2
3	Using the organization's acquisition, accessio								COntil	luea)	
	collection items (check all that apply):				C C		-				
а	Public exhibition	c	1 L	Loan or exc	change progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's col	llections and explai	n how th	ney further th	he organizatio	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered '	'Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia		•								
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							∟	Yes		No
U			nowing t	able.					Amoun	t	
~	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curre			g, column (a	l)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С											
20	The percentages on lines 2a, 2b, and 2c should be there and automatic funds not in the percent	•	otion the	t are hold a	nd administor	od for th	orgoniz	ation			
Ja	Are there endowment funds not in the posses by:	SIGN OF THE OFGATIZA		it are neiù ai			e organiza	ation		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Ad	cumulate	ed	(d) Boo	k valu	е
	-	basis (investr	nent)		(other)	dep	preciation				
1a	Land				6,000.					6,0	
	Buildings			2,39	3,876.	2,0	08,9	56.	38	4,9	20.
	Leasehold improvements										
d	Equipment			77	2,734.	2	298,8	49.	47	3,8	85.
e	Other								• •		~ -
Tota	. Add lines 1a through 1e. (Column (d) must eq	gual Form 990, Part	<u>X. colun</u>	nn (B), line 1	0c.)	<u></u>				4,8	
								Schedule	D (Forr	n 990)	2021

132052 10-28-21

Schedule D (Form 990) 2021 WOMEN'S ADVOCATES, INC.

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financia	al derivatives			
• •	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.	E Francisco De till / l'ar	11. Out From 200 Datk V line 40	
	Complete if the organization answered "Yes" of			- f
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes" of	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	-	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	15)		
Part X	Other Liabilities.	10.,		
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990. Part X. col. (B) line	25)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 WOMEN'S ADVOCATES, INC.			23-	7310701 _{Pa}	ge 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,710,00)6.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-211,489.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	23,641.			
е	Add lines 2a through 2d			2e	-187,84	
3	Subtract line 2e from line 1			3	2,897,85	54.
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.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,897,85	54.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per I	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			, ,		
1	Total expenses and losses per audited financial statements			1	3,333,33	86.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a		-		
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)		23,641.			
е	Add lines 2a through 2d			2e	23,64	
3	Subtract line 2e from line 1			3	3,309,69	95.
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			-		
b	Other (Describe in Part XIII.)	4b				•
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	3,309,69	95.
Ра	rt XIII Supplemental Information.					

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

PART X, LINE 2:

THE ORGANIZATION HAS TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX CODES. THE ORGANIZATION

IS NOT A PRIVATE FOUNDATION AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX

DEDUCTIBLE.

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE

ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN

AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED

UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED

THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT THERE

ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD Schedule D (Form 990) 2021 132054 10-28-21

15280201 131839 A278318

Schedule D (Form 990) 2021 WOMEN'S ADVOCATES, INC. Part XIII Supplemental Information (continued)	23-7310701 Page 5
REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINA	NCIAL
STATEMENTS. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO RE	VIEW AND
EXAMINATION BY FEDERAL AND STATE AUTHORITIES.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE	23,641.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE	23,641.
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 							Open to Public Inspection
Name of the organization	า							lentification number
		ADVOCATES, INC.					23-731	
	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followin	•		,			
a Mail solicitat					overnment grants			
b Internet and c Phone solici	email solicitations	s f Solicita g Special			nment grants			
d In-person so			lanare	lioning	overtes			
2 a Did the organization	on have a written c	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with p			•			
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which the	ne fur	ndraiser is to l	be
						6.0	Amount noid	
(i) Name and addres		(ii) Activity	(iii) fundr have c	Did aiser ustodv	(iv) Gross receipts	tò (c	Amount paid or retained by	
or entity (fund	draiser)		or cor contrib	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No	-			
Total								
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from I	registration
or licensing.								
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form S	990 or	990-E	Ζ.		Schedu	ile G (Form 990) 2021

_			ADVOCATES,			7310701 Page 2				
Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000									
		of fundraising event contributions and gro				s greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
			LUNCHEON			col. (c)				
Ð			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	77,124.			77,124.				
	2	Less: Contributions	77,124.			77,124.				
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
s	5	Noncash prizes								
xpense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
ā	8	Entertainment								
	9	Other direct expenses				23,641.				
	10	Direct expense summary. Add lines 4 through				23,641.				
		Net income summary. Subtract line 10 from li				-23,641.				
Pa	rt I									
		\$15,000 on Form 990-EZ, line 6a.								
				(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
eve										
Œ	1	Gross revenue								
ŝ	2	Cash prizes								
Expenses	3	Noncash prizes								
Direct E	4	Rent/facility costs								
	5	Other direct expenses								
			Yes%	└── Yes %	Yes%					
	6	Volunteer labor	No No	No No	No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)							
					•					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
9	Ent	ter the state(s) in which the organization condu	ioto comina optivitioo:							
		he organization licensed to conduct gaming ac				Yes No				
		No," explain:								
~										
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No				
		Yes," explain:								
1200	22 10	-21-21			Soho	dule G (Form 990) 2021				
1320	JZ 10	FZ 1-Z 1			Sche					

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Sch	edule G (Form 990) 2021	WOMEN'S	ADVOCATES,	INC.	23-7	310701	Page 3
	· · ·					Yes	No
				er of a partnership or other entity forn			
						Yes	No No
13	Indicate the percentage of gaming						
a	The organization's facility					13a	%
						13b	%
				n's gaming/special events books and			
	Name						
15a				organization receives gaming revenue	?	Yes	No
ŀ	If "Ves." enter the amount of dam	ing revenue recei	yed by the organizati	on > \$ and th	e amount		
	of gaming revenue retained by the						
	If "Yes," enter name and address			-			
		or the time purty	•				
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	▶ \$					
	Description of services provided						
	Director/officer	Employee	lnde	ependent contractor			
	Mandatory distributions:						
a	Is the organization required under	r state law to mak	e charitable distributi	ons from the gaming proceeds to			
	retain the state gaming license?					Yes	└── No
k		•		ted to other exempt organizations or s	spent in the		
Da	organization's own exempt activit Int IV Supplemental Infor	ies during the tax	x year > \$	quired by Part I, line 2b, columns (iii) a		t III lines O (0h 10h
1 4				al information. See instructions.	and (v); and Pa	rt III, lines 9, s	90, 100,
	150, 150, 16, and 170, as	applicable. Also	provide any additiona	a mornation. See instructions.			
_							
1320	83 10-21-21		~	2	Sched	ule G (Form	990) 2021
			3	2			

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Schedule G (Form 990)	WOMEN'S ADVOCATES, INC.	23-7310701 Page 4
Part IV Supplemental I	WOMEN'S ADVOCATES, INC. nformation (continued)	
		Schedule G (Form 990)
132084 11-18-21		
	22	

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SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organizatio		DVOCATES,	INC.					Employer identification number $23 - 7310701$
Part I General Inf	ormation on Grants a	nd Assistance						
criteria used to av	ation maintain records t vard the grants or assis / the organization's pro	stance?		·		•		
Part II Grants and	Other Assistance to at received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
.,	lress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total numbe	r of section 501(c)(3) a r of other organization	с .	•					▶

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Schedule I (Form 990) 2021 WOMEN'S ADVO	DCATES, INC.				23-7310701	Page
Part III Grants and Other Assistance to Domestic Indiv Part III can be duplicated if additional space is neg		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
AFTERCARE CLIENT ASSISTANCE	18	19,406.	0.			
BRIDGING ASSISTANCE	34	5,440.	0.			
RENT ASSISTANCE	47	108,149.	0.			

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDU			Nonc	ash Contr	ibutions		OMB No. 1	545-0047
(Form 990) ► Complete if the		Complete if the org	ganizations	2021				
Department of the Internal Revenue		 Attach to Form 990 Go to www.irs.gov 		or instructions and		Open to Public Inspection		
Name of the	e organizatior					Employer	identificatio	on numb
		WOMEN'S ADVO	CATES,	INC.		2	3-7310	701
Part I	Types of	Property	-					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amo		•
1 Art - V	Vorks of art							
		Isures						
		erests						
		tions						
		ehold goods	X		18,186.			
		nicles						
		ty						
		y traded						
		y held stock						
11 Secur	ities - Partne	rship, LLC, or						
12 Secur	ities - Miscel	laneous						
13 Qualif	ied conserva	tion contribution -						
		tion contribution - Other						
15 Real e	estate - Resid	lential						
16 Real e	estate - Comr	mercial						
		·						
		l supplies						
		ns						
	ological artif							
25 Other	► (<u>G</u>	IFT CARDS)	X	186	11,440.			
26 Other	▶ ()						
27 Other	▶ ()						
28 Other	▶ ()						
29 Numb	er of Forms	8283 received by the organ	ization during	g the tax year for c	ontributions			
for wh	nich the orga	nization completed Form 82	283, Part V, I	Donee Acknowledg	ement 29			
								Yes N
30a During	g the year, di	d the organization receive b	by contribution	on any property rep	orted in Part I, lines 1 through	28, that it		
must	hold for at le	ast three years from the dat	te of the initia	al contribution, and	which isn't required to be use	d for		
		for the entire holding period	l?				30 a	
	•	the arrangement in Part II.			_			
	-			-	of any nonstandard contributic	ns?	31	
	the organizat butions?	tion hire or use third parties		0	cit, process, or sell noncash		32a	
	s," describe i							
	-		column (c) fo	r a type of property	/ for which column (a) is check	ed.		
	ibe in Part II.	a.a.r.e.opore an amoune in t				,		
		Reduction Act Notice, see	e the Instruc	tions for Form aa).	Scher	dule M (Forn	990) 20

Schedule M	(Form 990) 2021	WOMEN'S	ADVOCATES,	INC.	23-7310701	Page 2
Part II	Supplemental	l Information t I, column (b), th	 Provide the information of contribution 	ation required by Part I, lines 30b, 32b, and 33, tions, the number of items received, or a comb	, and whether the organizat bination of both. Also comp	ion
132142 11-17-2	21				Schedule M (Form	990) 2021

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ
Name of the organization	WOMEN'S ADVOCATES, INC.	Employer identification number 23-7310701
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
MINDFULNESS	TECHNIQUES THAT CENTER THE MIND, BODY, AND SPI	RIT. OUR
FAMILY & LEG	AL ADVOCATES WORK WITH VICTIM/ SURVIVORS TO CR	EATE PERSONAL
GOAL PLANS A	ND WORK WITHIN THE LEGAL SYSTEM TO WRITE ORDER	S FOR
PROTECTION A	ND NEGOTIATE LEASE TERMINATIONS.	
FORM 990, PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:	
SHEILA WELLS	IONE CHILDREN'S PROGRAM	
THE CHILDREN	WHO ARRIVE AT OUR SHELTER ACCOMPANIED BY THEI	R CAREGIVERS
HAVE EXPERIE	NCED TRAUMA AND OFTEN WITNESSED OR BEEN THE VI	CTIM OF
VIOLENT ACTS	. THE SHEILA WELLSTONE CHILDREN'S PROGRAM IS C	COMMITTED TO
OFFERING SAF	ETY PLANNING, SCHOOL SUPPORT, SPECIAL ACTIVITI	ES, AND
DROP-IN CHIL	DCARE SERVICES CATERING TO THE SPECIAL NEEDS O	F SURVIVORS
AND THEIR CH	ILDREN. CHILDREN'S PROGRAM STAFF WORK WITH EAC	H CHILD AND
THEIR CAREGI	VER AT THE SHELTER TO NURTURE EACH CHILD'S DEV	ELOPMENT.
STAFF ALSO P	ROVIDE ADVOCACY SERVICES FOR CHILDREN IN OUR H	IOUSING
STABILITY PR	OGRAM TO ENSURE CHILDREN AND YOUTH ARE ENROLLE	D IN SCHOOL
AND HAVE ALL	THE RESOURCES THEY NEED TO THRIVE AFTER CRISI	S. IN
FY2021-2022,	THE CHILDREN'S PROGRAM PROVIDED SERVICES TO 1	20 CHILDREN
STAYING IN O	UR EMERGENCY SHELTER AND IN THE COMMUNITY THRO	OUGH OUR
HOUSING STAB	ILITY PROGRAM.	
EXPENSES \$ 1	49,357. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
EDUCATION &	OUTREACH	

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Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization WOMEN'S ADVOCATES, INC.	Employer identification number 23-7310701
WOMEN'S ADVOCATES IS COMMITTED TO PREVENTING DOMESTIC VIOL	ENCE IN OUR
COMMUNITIES THROUGH VIRTUAL AND IN PERSON EDUCATION AND CO	MMUNITY-BASED
ADVOCACY. IN 2021-2022, OUR EDUCATION AND OUTREACH PROGRAM	TRAINED
4,056 COMMUNITY MEMBERS TO RECOGNIZE THE WARNING SIGNS, DY	NAMICS, AND
IMPACT OF ABUSE THROUGH 102 TRAININGS. IN OCTOBER 2021, OU	R EDUCATION
AND OUTREACH PROGRAM EXPANDED TO INCLUDE TWO WEEKLY POP-UP	ADVOCACY
EVENTS AT TRUSTED COMMUNITY LOCATIONS WHERE COMMUNITY MEMB	ERS CAN
RECEIVE DOMESTIC VIOLENCE ADVOCACY SERVICES PREVIOUSLY ONL	Y ACCESSIBLE
IN SHELTERS. IN THE YEAR SINCE IT LAUNCHED, THE EDUCATION	& OUTREACH
TEAM HAS MET WITH 233 COMMUNITY MEMBERS AND PROVIDED 14 DO	MESTIC
VIOLENCE CONSULTATIONS THROUGH 78 POP-UP ADVOCACY EVENTS.	
EXPENSES \$ 160,156. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 1A:	
THE OFFICERS OF THE CORPORATION SERVE AS THE MEMBERS OF TH	E EXECUTIVE
COMMITTEE. EXCEPT FOR THE POWER TO AMEND THE ARTICLES OF I	NCORPORATION AND
BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS	AND AUTHORITY OF
THE BOARD OF DIRECTORS, AND IS SUBJECT TO THE DIRECTION AN	D CONTROL OF THE

FULL BOARD.

FORM 990, PART VI, SECTION A, LINE 4:

THERE WERE SIGNIFICANT CHANGES TO THE BYLAWS SINCE THE PRIOR FORM 990 WAS FILED. THEY WERE AMENDED TO INCREASE THE MAXIMUM NUMBER OF BOARD MEMBERS FROM 15 TO 21.

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

THE DIRECTOR OF FINANCE REVIEWS THE FORM 990 UPON COMPLETION BY THE

AUDITORS. UPON COMPLETION OF THE REVIEW, THE EXECUTIVE DIRECTOR AND
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Schedule O (Form 990) 2021
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Schedule O (Form 990) 2021	Page 2
Name of the organization WOMEN'S ADVOCATES, INC.	Employer identification number 23-7310701
WOMEN S ADVOCATES, INC.	23-7310701
EXECUTIVE COMMITTEE (FINANCE COMMITTEE MEMBERS ARE PART OF	THIS) REVIEW THE
DOCUMENT. THE FORM 990 IS PRESENTED TO THE ENTIRE BOARD BY	THE AUDITORS FOR

THEIR REVIEW, APPROVAL AND WITH THE REQUIRED SIGNATURES OBTAINED.

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

ANNUALLY, BOARD MEMBERS ARE ASKED TO REVIEW THE POLICY AND PROCEDURE FOR DISCLOSING CONFLICT OF INTEREST AND TO SIGN A DOCUMENT STATING WHETHER THERE IS OR IS NOT ANY CONFLICT OF INTERESTS. IF THERE ARE CONFLICTS OF INTERESTS, THE BOARD MEMBER MUST MAKE A FULL DISCLOSURE OF ALL FACTS AND CIRCUMSTANCES AND OBTAIN PRIOR WRITTEN APPROVAL OF THE BOARD.

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

THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR HIRING THE EXECUTIVE DIRECTOR AND DETERMINING THE COMPENSATION BASED ON EXPERIENCE AND EDUCATION. AS SET IN THE CORPORATE BYLAWS, THE BOARD REVIEWS THE EXECUTIVE DIRECTOR ANNUALLY AND REVIEWS ALL SALARY RANGES EVERY TWO YEARS, UTILIZING THE COUNCIL ON NON-PROFIT SALARY SURVEY RESULTS AS A GUIDELINE FOR DETERMINING SALARY RANGES. THE FULL BOARD APPROVES ANY SALARY RAISES, BASED ON MERIT FOR THE EXECUTIVE DIRECTOR AND DETERMINES SALARY ON AN ANNUAL BASIS. THERE ARE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYERS.

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

AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE WOMEN'S

ADVOCATES WEBSITE. IN ADDITION, THE CONFLICT OF INTEREST POLICY AND AUDITED

FINANCIAL STATEMENTS CAN BE FOUND ON THE MN CHARITIES REVIEW COUNCIL -

ACCOUNTABILITY WIZARD WEBSITE - WOMEN'S ADVOCATES HAS MET THEIR STANDARDS.

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FORM 990, PART XII, LINE 2C:

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Schedul Name o			on	רא <u>ביאז '</u> מ	יזרו ג		C TNO				1	Pa Employer identification num 23-7310701
							S, INC					
THE	PROC	ESS	FOR	OVERS	IGHT	AND	SELECT	ION OF	AN	INDEPENDE	NT A	CCOUNTANT
HAS	NOT	CHAN	IGED	SINCE	THE	PRIO	R YEAR					
132212 11	-11-21											Schedule O (Form 990)
								41				- (