## Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1)

OMB No. 1545-0047

Int A B

epartme	nt of the Treasury	Do not enter social security numbers on this form as it may be made public.	ations)	2022
	the 2022 calenda	and the latest information.		Open to Public Inspection
Check	if C Name of	organization JUL 1, 2022 and ending JUN 30, 20	23	inspection
applica	able:	D Employer ide		n number
	dress AAUW	ACTION FUND, INC.	nancatio	mumber
Nar cha	ne Doing bu	siness as		
Initi retu			5390	
Fina retu	1310	T. CODE F.O. box it mail is not delivered to street address)  Room/suite   E   Telephone nur		
term	City or to		85-77	700
	ended WASHI	wn, state or province, country, and ZIIP or foreign postal code  INGTON, DC 20005  G Gross receipts \$		138,293.
App tion		d address of principal officer: GLORIA BLACKWELL	up return	
pend	ding	AS C ABOVE for subording		
Tax-e	xempt status:	H(b) Are all subordina		
Webs				See instructions
Form o	of organization: X	Corporation Thurst H(c) Group exemple 1	ption nun	nher
art I	Summary	Association Other L Year of formation: 188:	1 M Stat	e of legal domicile: MA
1	Briefly describe	the organization's mission or most significant and the mission or most significant and the mission or most significant and the mission of mission of most significant and the mission of		
	FOR WOME	the organization's mission or most significant activities: THE ACTION FUND ADVAIN AND GIRLS THROUGH MEMBER ACTIVISM AND VOTER MOI	MCES	EQUITY
2	Check this box	if the organization discontinued its ensemble ACTIVISM AND VOTER MOI	$\mathtt{BILIZ}$	ATION.
3	Number of votin	if the organization discontinued its operations or disposed of more than 25% of its net ag members of the governing body (Part VI, line 1a)	assets.	
4	Number of indep	pendent voting members of the governing bady (Dest VIII)	3	. 6
5		The same of the local control of the same	4	6
6			5	0
7 a	Total unrelated b	business revenue from Part VIII. column (C) line 10	6	0
b	Net unrelated bu		7a	0.
1		Duit - W	7b	0.
8	Contributions an	nd grants (Part VIII, line 1h)		Current Year
9	Program service	revenue (Part VIII, line 2g)		5,000.
10	Investment incor	Tie (Part VIII, column (A), lines 3, 4, and 7d)		107,995.
111	Other revenue (P	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)		25,298.
	. otal lovelide - a	ad lines 8 through 11 (must equal Part VIII column (A) line 10)		139 202
	Grants and Simila	ar amounts paid (Part IX, column (A), lines 1-3)	-	138,293.
14	Benefits paid to	or for intermotion (Falt IX. COllimn IA) line (I)		300,000.
15	Salaries, other co	Differsation, employee henefits (Part IV, actives (A) III		<u>0.</u> 21,278.
1	i Torossional Turic	araising lees (Part IX, column (A), line 11e)		
	- Turiaraionig	CAPELISES (Fall IX. COILIMN (I)) line 25)	S. 32, 32	0.
18	Total expenses	Part IX, column (A), lines 11a-11d, 11f-24e)		36,529.
		rad lines 13-17 (must equal Part IX, column (Δ), line 25)		357,807.
	. ioveride less exp	penses. Subtract line 18 from line 12 338,506 -250,917		-219,514.
20	Total assets (Part	Beginning of Current Yeal		End of Year
	Total liabilities (Pa	862,467		649,021.
22	Net assets or fund	d halances. Subtract line od from the open		6,068.
rt II	Signature B	d balances. Subtract line 21 from line 20 862, 467		642,953.
r penal	ties of perjury, I ded	clare that I have examined this return, including accounts		
correct	t, and complete. Dec	clare that I have examined this return, including accompanying schedules and statements, and to the best of n claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ny knowle	dge and belief, it is
		knowledge.		
	Signature of officer			
, <u>k</u>	GLORIA BL	ACKWELL, CEO		
	Type or print name	and title		

true, Sign Here Print/Type preparer's name Preparer's signature Date Check Paid PTIN RICHARD J. LOCASTRO, CPA 02/13/2024 GELMAN, ROSENBERG & FREEDMAN Preparer Use Only Firm's EIN-4550 MONTGOMERY AVE SUITE 800N Firm's address BETHESDA, MD 20814-2930 May the IRS discuss this return with the preparer shown above? See instructions Phone no. 301 – 951 – 9090 X Yes

No

Part IV

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes No If "Yes," complete Schedule A ..... Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 1 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 2 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 3 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or N/A similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X 5 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 6 X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 7 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 8 X 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 ..... Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 9 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, X 10 as applicable. a 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 X 11a assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11b 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 X 11c Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11e the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 11f Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 12b 14a Did the organization maintain an office, employees, or agents outside of the United States? X 13 **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X 14a 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 14b foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 15 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 16 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 17 X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 18 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 19 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 232003 12-13-22 Form 990 (2022)

Checklist of Required Schedules (continued) Part IV Page 4 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Yes No Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 22 X and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the X 23 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24b any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 24d transaction with a disqualifed person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and X 25a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 25b X 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 26 X creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, X 27 28 instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... A family member of any individual described in line 28a? /f "Yes," complete Schedule L, Part IV 28a A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28b "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 28c 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 29 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 31 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 33 Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 34 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X 35a within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization N/A36 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance X Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Yes No b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 232004 12-13-22

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Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Yes No filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 0 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O X 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? X 5h Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 5c any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts X 6a were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 6b a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7b to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7е f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7g h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 7h sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 8 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9a 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... N/A... 12b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 13a **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O X 14a Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 14b excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 15 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. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. 17 232005 12-13-22 Form **990** (2022)

Form 990 (2022)

AAUW ACTION FUND, INC.

53-002

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for 53-0025390 Page 6

	Check if Schodule O. sent-in-			nse
<u>C</u>	effect if defiedule of contains a response or note to any line in this D. 1.1			
<u>se</u>	ction A. Governing Body and Management			X
				_
18	a Enter the number of voting members of the governing body at the end of the tax year	- 120000	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing	6		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
k	Did any officer director trustee and large and			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	6		
	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties and the organization duties and the organization delegate control over management duties and the organization duties are duties and the organization duties and the organization duties are duties and duties are duties and duties are duties are duties are duties and duties are dut	2		X
	and a strict of over management and less constraint partormed by as under the life of the strict of			
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its assessment of the person?	3		X
5	of the name of the second of t	4		X
6	Did the organization have greater during the year of a significant diversion of the organization's assets?	100		Х
7a	and organization have members of stockholders?	6		X
7 4				
h	more members of the doverning body.	7a		x
D		14	1	122
_	porcorio otrici trian trie governing body?	76		v
8	o member of the median of the median of the median of the median during the median during the median of the median	7b		X
а	governing body:			
b	y and all a the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A who according	8b	X	
	organization of maining address? It "Voc " provide the			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	Ь	X
10a	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and receasing		Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		_X_
	and branches to ensure their operations are consistent with the organization's exempt asset as			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
12a	Did the organization have a written conflict of interest policy?			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to directors and level employees required to directors.	12a	X	
С		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
13	on Schedule O how this was done	12c	Х	
14	and a substitution of written whistieplower boiley?	13	Х	
15		14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent			
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
h	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization.	15a	Х	
J	the organization	15b		X
160	to the road of rob, describe the process on Schedule (). See instructions			
ioa	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	100, and the organization follow a written policy or procedure requiring the organization to evaluate the organization the organization to evaluate the organization the organization that the organization the organization the organization that the organization the organization the organization the organization that the organization the organization the organization that the organization the organization that the organization the organization that the organization the organization the organization that the organization the organization that the organization the organization that the organization that the organization the organization that the organization that the organization the organization that the organization the organization the organization that the organization the organization that the organization the organization that the organization the organization the organization that the organization that the organization the organization the organization that the organization the org	ioa		25
	arrangements under applicable federal tax law, and take steps to safeguard the organization to			
	exempt status with respect to such arrangements?	16h		
	ion o. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 900, and 900 T (	) or I. \		
	The state was a state of the seavenable. Check all that apply,	only) a	ivailab	е
	Another's website X Upon request Other (			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, applies for the country of the			
	and an area to the public during the tax year.	l financ	ial	
20	State the name, address, and telephone number of the person who possesses the organizations by			
	1310 L STREET, NW, 1000, WASHINGTON DC 2000F			

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

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organiza  (A)  Name and title	(B)			(	C) sition			(D)	,	(E)		(F)
rano and the	Average hours per	box	k, unle	check ess pe	more	than	h an	Reportable compensation		Reportable		imated
	week	off	icer a	nd a c	lirecto	or/trus	tee)	from		mpensation om related		ount of
	(list any	ector						the		ganizations	1	other pensation
	hours for related	or di	99			ated		organization	(W-2	/1099-MISC/		m the
	organizations	ruste	l trust		99	npens		(W-2/1099-MISC/	1	099-NEC)		ınization
	below	Individual trustee or director	Institutional trustee	1 10	Key employee	est cor	-in	1099-NEC)				related
(1) GLORIA BLACKWELL	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				orgai	nizations
CEO	0.00											
(2) SHANNON WOLFE	37.98			X				0.	3	360,377.	37	,093
MANAGING DIR. & CHIEF OF STAFF	0.05									70	- 37	,000
(3) THOMAS CHAPPELL	43.88			Х				0.	2	25,975.	3.3	,956
/P OF FINANCE	0.00											,,,,,,
(4) JULIA BROWN	45.81		_	X				0.	1	72,626.	28	,128
CHAIR	$\frac{1.00}{20.00}$	X		37								
5) MALINDA GUAL	1.00	Δ.	-	X				0.		0.		0
CE CHAIR	10.00	X		х								
6) CHERYL SOROKIN	1.00	-42	$\vdash$	^			-	0.		0.		0
SECRETARY	10.00	X		x								
7) PEGGY CABANISS	1.00	4.5		22				0.		0.		0.
INANCE VICE CHAIR	10.00	Х		x				0.				
8) JOSEPH BERTOLINO	1.00							0.		0.		0 .
IRECTOR	5.00	X					8.0	0.		0.		0
9) JEANIE LATZ	1.00							0.		0.		0.
IRECTOR	5.00	X						0.		0.		0.
				T						0.		<u> </u>
			4	_	_							
			$\dashv$	+	4	_	_					
			$\dashv$	+	-	$\dashv$	-					
		-	$\dashv$	+	+	+	+					
		-	+	+	$\dashv$	$\dashv$	+					
			+	+	+	+	$\dashv$			-		

Gection A. Office	rs, Directors, Trus	stees, Key Em	ploy	ees	, and	Hig	ghes	st C	ompensated Employee	es (cc	ntinue	d)			r age v
(A) Name and ti		(B) Average hours per week (list any hours for related organizations below line)	director director	not c	Posi check r ess pen end a di	ition more son is recto	) than o	one n an tee)	ompensated Employee (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	co f o (W-:	(E) Report Ompens rom rel rganiza	able sation lated ations	cor ore	from t ganiza nd rela	ated nt of er sation the ation
1b Subtotal c Total from continuation	sheets to Part VII	Saction A							0.		758,	978.	9:	9,1	77.
<ul> <li>d Total (add lines 1b and 1)</li> <li>Total number of individual compensation from the or</li> </ul>	l <b>c)</b> ls (including but no								0. 0. eived more than \$100,0	00 of	758 <b>,</b> reporta	0. 978. able	9:	9,1	0. 77.
<ul> <li>3 Did the organization list a line 1a? If "Yes," complete</li> <li>4 For any individual listed o and related organizations</li> <li>5 Did any person listed on little organization</li> </ul>	e Schedule J for sun Inline 1a, is the sun greater than \$150, ne 1a receive or ac	ch individual n of reportable 000? If "Yes," crue compens	com	ipen iplet	isation	on a	nd c	the	r compensation from the	orga	nizatio	n	3	Yes	No X
rendered to the organizati Section B. Independent Control	UII! IT "YES " COMP	lete Schedule	J for	suc	h pe	rsor	<u> </u>						5		X
		neneated inde	10.00.0	J = . = 4			•								
Complete this table for yo the organization. Report c	ompensation for th	ie calendar yea	ır end	dina	with	iraci i or i	tors with	tnai in th	received more than \$1	00,000	) of co	mpensat	ion fro	m	
	<b>(A)</b> me and business a		ION						(B)  Description of ser			С	(C ompen		<u> </u>
2 Total number of independe	ent contractors (inc	luding but not	limite	ed to	o tho	ose I	isted	dah	Ove) who received more	than					
\$100,000 of compensation	from the organizat	tion				0				шап					
32008 12-13-22												F	orm 9	90 0	(022)

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			_
	·		a.y mi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e					sections 512 - 514
Contributic and Other	g F	f All other contributions, gifts, grants, and similar amounts not included above 1f  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	5,000.	5,000.			
			Business Code	5,000.			
ce	2 a	MEMBERSHIP DUES	900099	107,995.	107,995.		
ervi Je	b			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101,000.		
n Se	c						
grar Rev	C						
Program Service Revenue	e	All III					
-	•	All other program service revenue					
	<u>9</u>			107,995.			
	•	Investment income (including dividends, inte other similar amounts)		25 200			
	4	Income from investment of tax-exempt bond	Dragon de	25,298.			25,298.
	5	Royaltion					
		(i) Real	(ii) Personal				
	6 a		(ii) i orodriai				
	b						
	С						
	d						
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
n l		and sales expenses					
eve		Gain or (loss)					
ther Revenue	a 8 a	Net gain or (loss)			1.0		
d t	Оа	Gross income from fundraising events (not including \$					
1		contributions reported on line 1c). See					
		Port IV line 10					
	b	Less: direct expenses 88					
		Net income or (loss) from fundraising events	/1				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
ı		Less: direct expenses 9t					
-	С	Net income or (loss) from gaming activities			2		
	10 a	Gross sales of inventory, less returns					
		and allowances10	a				
	ь	Less: cost of goods sold 10					
+	С	Net income or (loss) from sales of inventory .	111111111111111111111111111111111111111				
snc .	11 a		Business Code				
a Second	b						
Scellaneous Revenue	c						
Ba		All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		138,293.	107,995.	0	05 000
32009	12-13-2		1		±01,090.	0.	25,298. Form <b>990</b> (2022)

Part IX Statement of Functional Expenses INC.

Do	Check if Schedule O contains a respons o not include amounts reported on lines 6b,	(A)	(D)		
<u>7b</u>	, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	domestic organizations				схрензез
2	and domestic governments. See Part IV, line 21	300,000.	300,000.		
2	and strict addictance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members				1643.5
•	Compensation of current officers, directors,				
6	trustees, and key employees				
0	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	17,148.	17,148.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	1,408. 1,377.	1,408.		
9	Other employee benefits	1,377.	1,377.		
10	Payroll taxes	1,345.	1,345.		
11	Fees for services (nonemployees):				
a					
b		3.	3.		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	95.		95.	
g	Other. (If line 11g amount exceeds 10% of line 25,			33.	
	column (A), amount, list line 11g expenses on Sch 0.)	658.	658.		
12	Advertising and promotion				
13	Office expenses	7,369.	4,864.		2 FOF
14	Information technology	6,079.	6,079.		2,505.
15	Royalties		70.50		
16	Occupancy				
17	Travel	3,640.	3,640.		
18	Payments of travel or entertainment expenses		0,0100		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,645.	1,645.		
23	Insurance	44.	44.		
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 346, 14		77.		
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OH ALLOCATION	16 006	<u> </u>		
b		16,996.	14,769.	1,290.	937.
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	257 007	252		
<u>25</u> 26	Joint costs. Complete this line only if the organization	357,807.	352,980.	1,385.	3,442.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOR 98 2 (ASC 050 700)				

	Check if Schedule O contains a response or note to any line in this Part X		T T	
Т.		(A) Beginning of year		<b>(B)</b> End of year
1		50,153.	1	24,920
2	Savings and temporary cash investments	786,632.	2	534,438
3	riedges and grants receivable, net		3	
4	Accounts receivable, net		4	2,39
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	34.000
7	Notes and loans receivable, net		7	
8	inventories for sale or use		8	
9	repaid expenses and deferred charges		9	
108	Land, buildings, and equipment: cost or other			
١.	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	investments - other securities. See Part IV, line 11		12	
13	investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	25,682.	15	87,266
16	Total assets. Add lines 1 through 15 (must equal line 33)	862,467.	16	649,021
17	Accounts payable and accrued expenses		17	6,068
18	Grants payable		18	0,000
19	Deferred revenue		19	
20	rax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director.		21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
-	controlled entity or family member of any of these persons		00	
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third		24	
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	25 26	6,068
	Organizations that follow FASB ASC 958, check here		20	0,000
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	862,467.	27	642,953
28	Net assets with donor restrictions	302/10/6		042,333
	Organizations that do not follow FASB ASC 958, check here		28	
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		20	
30	Paid-in or capital surplus, or land, building, or equipment fund		29	
31	Retained earnings, endowment, accumulated income, or other funds		30	
32	Total lie bilities and see Total lie bilities an	862,467.	31	642,953
		UUZ:	3.7	n/I/Uhl

Form **990** (2022)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a

Form 990 (2022)

X

#### SCHEDULE C (Form 990)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** 

Department of the Treasury Internal Revenue Service

Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	(4), (5), or (6) organi	en zations: Complete Part III.		,	30-LZ, Fart V, line 3	эс (Ргоху
Name of organizat	tion					
	AAUW A	CTION FUND, INC.		E	mployer identificati	
Part I-A Co	omplete if the o	organization is exempt un	der section 501/o	or io o costi - FOT	53-0025	390
			401 00011011 30 1/0	or is a section 527	organization.	
1 Provide a des	scription of the orga	nization's direct and indirect polit	ical campaign activitio	o in Dout IV		
- I Ontical Carry	Jaigh activity expen	altures				
3 Volunteer hou	urs for political camp	paign activities			\$	
		rganization is exempt und				
1 Enter the amo	ount of any excise to	ax incurred by the organization	-1			
2 Enter the amo	ount of any excise ta	ax incurred by the organization unax incurred by organization manage	ider section 4955		\$	
3 If the organiza	ation incurred a sect	tion 4955 tax, did it file Form 4720	gers under section 495	55	\$	
4a Was a correct	tion made?		o for this year?		Yes	□ No
<b>b</b> If "Yes," desc	ribe in Part IV.				Yes	☐ No
Part I-C Co	mplete if the or	rganization is exempt und	er section 501/c	except section FO	(-)(0)	
Too and	directly experid	ed by the filling organization for se	ection 527 avament from	-4! 11 111	(c)(3).	
2 Enter the amo	ount of the filing orga	anization's funds contributed to o	ther organizations for	ction activities	\$	
exempt fulleti	on activities					
3 Total exempt	function expenditure	es. Add lines 1 and 2. Enter here	and on Form 1120-PO		\$	
III E 17D	*****				•	
						No
made paymen	ts. For each organiz	cation listed, enter the amount pai	d from the filing organ	ization's funds. Also optor	the amount of	ation
contributions i	received that were p	promptly and directly delivered to	a separate political org	ganization, such as a senar	are segregated fund	al
		f additional space is needed, prov	ide information in Par	t IV.	are sogregated falla	or a
(a) l	Name	(b) Address	(c) EIN	(d) Amount paid from	(a) Amount of	1909 - 1
				filing organization's	contributions rec	political eived and
				funds. If none, enter -0	promptly and	directly
					delivered to a s political organ	eparate
					If none, ente	er -0
		N. M.				
or Paperwork Red	luction Act Notice	see the Instructions for Form 9	00 000 ==			
·IA		occurs and mendens for Form 9	90 or 990-EZ.		Schedule C (Form	990) 2022

232041 11-08-22

AAUW ACTION FUND, INC. Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 53-0025390 (election under section 501(h)). For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a) (b) of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? ..... f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? ..... j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Yes No X Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 2 X Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section X 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year **b** Carryover from last year 2a 2b Total \_\_\_\_\_ Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 2c If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions 4 5 Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number AAUW ACTION FUND, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 53-0025390 organization answered "Yes" on Form 990, Part IV, line 6.

	ann eee, rarry, me					
1	Total number at end of year	(a) Donor ac	vised funds	(b) Fur	nds and other acco	ounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vitin a the stall				
	are the organization's property, subject to the organization's e	yolugiya Isaal	s held in donor advis	sed funds		
6	Did the organization inform all grantees, donors, and donor ad	xciusive legal contro	ol?		Yes	☐ No
	for charitable purposes and not for the benefit of the donor or impermissible private benefit?	visors in writing that	t grant funds can be	used only		
Pa	rimpermissible private benefit?  In Conservation Easements. Complete if the organization easements held by the averaging the conservation easements.	polantina and d			Yes	□ No
1	Purpose(s) of conservation easements held by the organization	anization answered	'Yes" on Form 990,	Part IV, line 7.		
	Preservation of land for public use (for example, recreation	(check all that app				
	Protection of natural habitat	on or education)	Preservation o	f a historically	important land are	a
	Preservation of open space		Preservation o	f a certified his	storic structure	
2	Complete lines 2a through 2d if the average the second					
	Complete lines 2a through 2d if the organization held a qualifie day of the tax year.	d conservation con	ribution in the form	of a conservat	ion easement on t	he last
а	Total number of account				Held at the End of t	he Tax Year
b	Total acreage restricted by sense with			2a		
c	an adverge restricted by conservation easements					
d	realise of conservation easements on a certified historic struc	ture included in (a)		2c		
u	historia atrustura lista di cu	er July 25,2006, and	not on a			
3	historic structure listed in the National Register			2d		
·	Number of conservation easements modified, transferred, release	sed, extinguished, o	or terminated by the	organization of	during the tax	
4					3	
5	Number of states where property subject to conservation easer	ment is located				
•	Does the organization have a written policy regarding the period	dic monitoring, insp	ection, handling of			
6	violations, and emorcement of the conservation easements it has	olde2			Vac	□ No
o	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations,	and enforcing cons	ervation easer	nents during the v	I NO
7						Cai
•	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and	enforcing conservat	ion easements	during the year	
8					aumig the year	
Ü	Does each conservation easement reported on line 2(d) above s	atisfy the requireme	ents of section 170(h	n)(4)(B)(i)		
9	and 300tion 170(n)(4)(b)(ii)?				Yes	No
9						L NO
	and module, if applicable, the text of the footnote	e to the organizatior	's financial stateme	nts that descri	bes the	
Par	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of A					
	Oliections of A	rt, Historical Tr	easures, or Oth	ner Similar	Assets.	
10	Tes on gainzation answered res on Form 99	() Part IV line 9				
Ia	If the organization elected, as permitted under FASB ASC 958, r of art, historical treasures, or other similar assets held for much live.	not to report in its re	venue statement an	id balance she	et works	
	and a strong similar assets field for bilblic	exhibition education	D 04400001 ' C		iblic	
	the text of the loothote to its financia	statements that de				
b	the organization elected, as permitted under FASB ASC 958 +	a report in its roven			orks of	
	assets field for bubic ex	hibition, education,	or research in furthe	rance of publi	C sorvice	
	de l'éculte l'étating to these items.			rance of publi	c service,	
	(i) Revenue included on Form 990, Part VIII, line 1	***************************************		¢		
_	, , all V					
2	Their works of art, historical treasur	res or other similar	accete for fire ' I	agin provide		
	a reduited to be reported linder FASE ASC	Q50 roloting to the	4.0			
ч	rievende included on Form 990, Part VIII. line 1					
				\$		
	to thouse, see the instructions for	Form 990				
32051	09-01-22	. 51111 550,		Sc	chedule D (Form 9	990) 2022

232052 09-01-22

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(h) Deelee l	e 11b. See Form 990, Part X, line 12.
) Financial derivatives	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related.		
Complete if the organization answered "Vos"	on Form 000 Day N/ II	
Complete if the organization answered "Yes"  (a) Description of investment	(h) Bealtainh	11c. See Form 990, Part X, line 13.
(1)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	A.F. Mariana	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
art IX Other Assets.		
Complete if the organization answered "Yes"	on Farra 000 D	
5	of Form 330. Part IV. line	
(a)	Description	
(a)	Description	(b) Book value
(a) DUE FROM RELATED PARTIES	Description	
(a) DUE FROM RELATED PARTIES (2)	Description	(b) Book value
(a) DUE FROM RELATED PARTIES (2) (3)	Description	(b) Book value
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4)	Description	(b) Book value
(a) 1) DUE FROM RELATED PARTIES 2) 3) 4)	Description	(b) Book value
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5)	Description	(b) Book value
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6)	Description	(b) Book value
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6) (7)	Description	(b) Book value
(a) (b) DUE FROM RELATED PARTIES (c) (d) DUE FROM RELATED PARTIES (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Description	(b) Book value 87,26
(a) (b) DUE FROM RELATED PARTIES (c) (d) DUE FROM RELATED PARTIES (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Description	(b) Book value 87, 26
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6) (7) (8) (9) (1) (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.	Description  15.)	(b) Book value 87,26
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6) (7) (8) (9) (a) (viii) (iii) (i	Description  15.)	(b) Book value 87,26 87,26 87,260
(a)  (b) DUE FROM RELATED PARTIES  2)  3)  4)  5)  6)  7)  8)  9)  1. (Column (b) must equal Form 990, Part X, col. (B) line  rt X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	(b) Book value 87,26
(a) (b) DUE FROM RELATED PARTIES  2) 3) 4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  1) Federal income taxes	Description  15.)	(b) Book value 87,26 87,26 87,260
(a) (b) DUE FROM RELATED PARTIES (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Description  15.)	(b) Book value 87,26 87,26 87,260
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (Column (b) must equal Form 990, Part X, col. (B) line (rt X) Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description  15.)	(b) Book value 87,26 87,26 87,260
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990, Part X, col. (B) line (rt X) Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description  15.)	(b) Book value 87,26 87,26 87,260
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6) (7) (8) (9) (a) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Description  15.)	(b) Book value 87,26 87,26 87,260
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990, Part X, col. (B) line (rt X) Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description  15.)	(b) Book value 87,26 87,26 87,260
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990, Part X, col. (B) line (at X) Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description  15.)	(b) Book value 87,26 87,26 87,260
(a) (b) DUE FROM RELATED PARTIES (c) (d) (d) (d) (e) (f) (e) (f) (f) (g) (a) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Description  15.)	(b) Book value 87,26 87,26 87,260
(a) (1) DUE FROM RELATED PARTIES (2) (3) (4) (5) (6) (7) (8) (9) (a) (column (b) must equal Form 990, Part X, col. (B) line (a) Description of liability (a) Description of liability (b) Federal income taxes (c) (d) Description of liability (e) (f) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	15.) on Form 990, Part IV, line 1	(b) Book value 87,26 87,26 87,260

232053 09-01-22

Schedule D (Form 990) 2022

232054 09-01-22

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

Attach to Form 990.

1545-0047	2	Public
1545	N	
	0	n to
OMB No.	2	Open

Employer identification number

Inspection

% 53-0025390 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SEE PART IV Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 300,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 52-6037388 501(C)(3) INC. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance AAUW ACTION FUND (p) EIN criteria used to award the grants or assistance? AMERICAN ASSOCIATION OF UNIVERSITY 1 (a) Name and address of organization WOMEN, INC. - 1310 L STREET., NW #1000 - WASHINGTON, DC 20036 or government Part I Part II

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

Schedule I (Form 990) 2022

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Drovide the information general in		= -			
	lired in Part I, line	2; Part III, column (t	Part I, line 2; Part III, column (b); and any other additional information.	itional information.	
PART I, LINE 2:					
THE BOARD OF DIRECTORS AND THE CEO OVERSEE	OVERSEE 1	THE USE OF	FUNDS FOR		
PROGRAMMATIC PURPOSES. AN ACCOUNTING OF THE		FUNDS IS R	REPORTED TO	THE BOARD	
OF DIRECTORS ANNUALLY.					
SCHEDULE I, PART II, COLUMN (H):					
THE AAUW ACTION FUND MADE A CONTRIBUTION	D.	AAUW, INC.	TO SUPPORT	Ę,	
PUBLIC POLICY INITIATIVES THAT INVOLVE	LVE MEMBER	AND	SUPPORTER ISSUES	S AND	

EDUCATION THAT IS APPROPRIATELY UNDERTAKEN WITH THE CHARITABLE

232102 10-31-22

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

Part I

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

INC.

AAUW ACTION FUND,

**Questions Regarding Compensation** 

**Employer identification number** 53-0025390

12	Chack the appropriate hand a Vivi			Yes	No
ici	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				110
	First class or short with the Part III to provide any relevant information regarding these items.				
	Travel for a server is a final server in the server in				
	Payments for business use of personal residence				
	Health or social club dues or initiation face				
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbalsement of provision of all of the expenses described above? If "No " complete Part III to explain		1b		
2	and organization require substantiation prior to reimpursing or allowing expenses incurred by all allowing				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
_					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	ozorzkedutve birector. Check ali that apply. Do not check any boxes for methods used by a related organization to				
	octabilish compensation of the GEO/Executive Director, but explain in Part III.				
	Compensation committee				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations  Approval by the board or compensation committee				
		1			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		6.020.023		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4a		<u>X</u>
С	Farticipate in or receive payment from an equity-based compensation arrangement?		4b		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		4c		X
	The same arroants for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contangent on the revenues of:				
a	The organization? Any related organization?				
b	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III		5a		<u>X</u>
	and the second of the second o		5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the flet earnings of:				
а	The organization?  Any related organization?				
b	Any related organization?		6a		<u>X</u>
	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.		6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any and the				
	not described on lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990. Part VIII poid or severely lines to the organization provide any nonfixed payments				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		7		X
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		8		<u>X</u>
	Regulations section 53.4958-6(c)?				
	For Paperwork Reduction Act Notice, see the Instructions for Form 900		9	$\perp \perp$	
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Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation		(a)-(n)(a)	In column (B) reported as deferred on prior Form 990
(1) CLOBIA DIAMONIA	-			componsation				
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(PO )		344,37	16,000.	0	26,199.	10.894.	397 470	
(2) SHANNON WOLFE	Ξ		0.	0	0	٠.	-	
MANAGING DIR. & CHIEF OF STAFF	Œ	225,975.	0	0	23.005.	10 951	250 021	0
(3) THOMAS CHAPPELL	(E)	0	0	0	• 600 / 61	100	(7)	0
VP OF FINANCE	<b>(ii)</b>	172,626.	0.	0	17.058	11 070	200 754	0
	(i)				• 000	17,0,0	.407,002	0
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Schedule J (Form 990) 2022

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

Employer identification number

AAUW ACTION FUND, INC. 53-0025390 FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY MANAGEMENT, THE FINANCE VICE CHAIR, BOARD OF DIRECTORS BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES DIRECTORS AND OFFICERS TO SIGN AN ANNUAL AFFIRMATION OF COMPLIANCE TO DISCLOSE ANY POTENTIAL SITUATION THAT MAY RAISE A CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON DISCLOSES THE EXISTENCE OF THE FINANCIAL INTEREST AND IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO ONE OR MORE DIRECTORS. SUCH DISCLOSURE MUST BE PROVIDED AS SOON AS REASONABLY POSSIBLE PRIOR TO FURTHER CONSIDERATION OR CONTEMPLATION OF ENTERING INTO ANY TRANSACTION OR ARRANGEMENT THAT REPRESENTS A POSSIBLE CONFLICT OF ACTIVITY, INTEREST. ADVANCE DISCLOSURE MUST OCCUR SO THAT THE BOARD MAY DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF APPROPRIATE, DETERMINE A PLAN OF ACTION TO MANAGE THE CONFLICT IF AN INTERESTED PERSON DISCLOSES THE EXISTENCE OF A FINANCIAL INTEREST DURING A MEETING, HE/SHE LEAVES THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON. THE REMAINING BOARD MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization Page 2 Employer identification number AAUW ACTION FUND, INC. 53-0025390 IF AN INTERESTED PERSON DISCLOSES THE EXISTENCE OF A FINANCIAL INTEREST TO ONE OR MORE DIRECTORS OUTSIDE OF A BOARD MEETING, HE/SHE PROVIDES ADDITIONAL INFORMATION AS REQUESTED TO THE DIRECTORS. THE BOARD DISCUSSES AND DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS AT THE NEXT BOARD MEETING. THE FACT THAT A POTENTIAL CONFLICT WAS IDENTIFIED, MANAGED, AVOIDED, AND/OR RESOLVED WILL BE DOCUMENTED IN THE MINUTES OF ANY MEETING OR COMMUNICATION REGARDING THE MATTER. FORM 990, PART VI, SECTION B, LINE 15A: AAUW ACTION FUND RELIES ON THE AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC. (AAUW), A RELATED TAX-EXEMPT ORGANIZATION, TO SET COMPENSATION. AAUW'S PROCESS IS AS FOLLOWS: THE CHIEF EXECUTIVE OFFICER (CEO) HAS AN EMPLOYMENT AGREEMENT WITH AAUW. THE BOARD OF DIRECTORS CONDUCTS A YEARLY PERFORMANCE REVIEW OF THE CEO UPON WHICH COMPENSATION IS BASED. THIS MOST RECENTLY TOOK PLACE IN SEPTEMBER 2023. THE BOARD OF DIRECTORS RELIES ON AN INDEPENDENT COMPENSATION CONSULTANT TO OBTAIN APPROPRIATE COMPENSATION INFORMATION FOR THE CEO. YEARLY STAFF COMPENSATION IS RECOMMENDED BY SENIOR MANAGEMENT TO THE CEO. THE OVERALL COMPENSATION IS THEN PRESENTED TO THE BOARD OF DIRECTORS THROUGH THE BUDGET APPROVAL PROCESS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19:

28

THE ORGANIZATION'S BYLAWS ARE AVAILABLE IN THE WWW.AAUWACTION.ORG WEBSITE.

Schedule O (Form 990) 2022

232212 10-28-22

232212 10-28-22

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

timary activity  (b)  (c)  (d)  (e)  Legal domicile (state or Total income End-of-year assets foreign country)  (e)  (f)  (f)  (h)  (e)  Legal domicile (state or Total income End-of-year assets foreign country)  (b)  Legal domicile (state or Form 990, Part IV, line 34, because it had one or more related tax-exemply activity foreign country)  (b)  (c)  (d)  (e)  (d)  (e)  (f)  (f)  (h)  (e)  (f)  (f)  (f)  (f)  (h)  (g)  (h)  (h)  (h)  (h)  (h)  (h	AAUW ACTI	FUND, INC.				53-002	53-0025390
Name, address, and Riff (# applicable)	Part I Identification of Disregarded Entities. Comp	olete if the organization answered "Ye	es" on Form 990, Part IV, line 3	13.			
te if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exem  (b)  (c)  (d)  (d)  (e)  (f)  (h)  (e)  (f)  (f)  (h)  (ii)  (b)  (c)  (d)  (d)  (e)  (f)  (iii)  (f)  (h)  (iii)  (h)  (iv)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)				(f) t controlling entity
te if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exem  (b)  (c)  (d)  (e)  (d)  (e)  (f)  (f)  (a)  (b)  (c)  (c)  (c)  (c)  (d)  (e)  (f)  (e)  (f)  (f)  (f)  (f)  (f							
te if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exem  (b) (c) (d) (e) (f)  To reign country) Section Secti							
te if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exem  (b) (c) (d) (e) (f)  Tarry activity Legal domicile (state or section status (if section foreign country) section status (if section entity)  I DISTRICT OF COLUMBIA 501(C)(3) LINE 7 N/A							
te if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exem  (b) (c) (d) (e) (f) (f) (h) (e) (f) (f) (f) (giate or Exempt Code Public charity Section Sec							
(b) (c) (d) (e) (f) (f)  Legal domicile (state or Exempt Code status (if section foreign country) section section status (if section southty)  Exempt Code Public charity Direct controlling entity section section section section entity  501(c)(3))  LINE 7 N/A	82056	ations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-ex	empt
I DISTRICT OF COLUMBIA 501(C)(3) LINE 7 N/A	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
	CAN ASSOCIATION OF UNIVERSITY WON - 52-6037388, 1310 L STREET, NW, WASHINGTON, DC 20005	SEE PART VII	DISTRICT OF COLUMNIA		(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(		-
						4/N	*
	sperwork Reduction Act Notice, see the Instruction	s for Form 990.				Schedule R	Schedule R (Form 990) 2022

232161 09-14-22 LHA

INC. AAUW ACTION FUND, Schedule R (Form 990) 2022

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 53-0025390 Part III

Page 2

3	General or Percentage managing ownership partner?								
8	eneral or lanaging larther?	res No				 			
	amount in box m 20 of Schedule EX-1 (Form 1065)								
(£)	allocations?	2							
(g)	end-of-year assets								
	income								
(e) Predominant income	(related, unrelated, excluded from tax under sections 512-514)								
(d) Direct controllina	entity							- 1	Transport Transport
Legal	(state or foreign country)								200000
(b) Primary activity									anizatione lavable of
(a) Name, address, and EIN	of related organization								CONTRACTOR OF RELIEF OF THE CONTRACT OF THE CO

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

Name, address, and EIN of related organization	2	<u>(၁</u>	(p)	(e)	(f)	(b)	(P)	0
	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Shar in	Share of end-of-year assets	age hip	Sec 512(b confr enti
								res No
						0		$\dagger$
								T

Schedule R (Form 990) 2022

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

å × × × × × Schedule R (Form 990) 2022 Yes × × × 16 4 19 19 4 19 # 무 F Ξ 12 9 ¥ 9 <del>~</del>: 19 13 ÷ (d) Method of determining amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 300,000. FMV (c) Amount involved (b)
Transaction type (a-s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Д Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) s Other transfer of cash or property from related organization(s) b Gift, grant, or capital contribution to related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) (a)
Name of related organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 232163 09-14-22 (1) INC. 2 <u>හ</u> 4 2 9

53-0025390

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	ed organization: decinotis regalding exclusion for certain investment partnerships.	ISION TOT CERTAIN INVE	estment partnerships.							
(a)	(q)		<b>(</b> g	(e)	(f)	(6)	(h)	0	9	(8)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	Are all partners sec. 501(c)(3)	Share of total	Share of end-of-vear	Dispropor- tionate	Disproper- Code V-UBI General or Percentage	General or managing	Percentage
		country)	sections 512-514)	Yes No	income	assets	Ves No	of Schedule K-1 (Form 1065)	partner?	diusialino
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Schedule R (Form 990) 2022