efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493276012073 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023 D Employer identification number B Check if applicable: WOMEN MARINES ASSOCIATION \square Address change 23-7084026 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) Room/suite 401 EDGEWATER PLACE 600 E Telephone number ☐ Amended return \square Application pending (888) 525-1943 City or town, state or province, country, and ZIP or foreign postal code WAKEFIELD, MA $\,$ 01880 G Gross receipts \$ 687,060 Name and address of principal officer: H(a) Is this a group return for ANN CRITTENDEN ☐Yes **☑**No subordinates? 401 EDGEWATER PLACE 600 H(b) Are all subordinates WAKEFIELD, MA 01880 Yes No included? Tax-exempt status: **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no.) 4947(a)(1) or □ 527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ► WOMENMARINES.ORG L Year of formation: 1982 M State of legal domicile: K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: WMA IS A 501(C)(3) NON-PROFIT CHARITABLE ORGANIZATION COMPRISED OF WOMEN WHO HAVE SERVED OR ARE SERVING HONORABLY IN THE UNITED STATES MARINE CORPS REGULAR OR RESERVE COMPONENTS AS WELL AS THE FMF CERTIFIED NAVY CHAPLAINS AND CORPSMEN. WMA CONDUCTS CHARITABLE AND EDUCATIONAL OPPORTUNITIES FOR ITS MEMBERS AND MILITARY Activities & Governance VETERANS, SERVICE PROGRAMS TO SUPPORT VETERANS, A PROGRAM TO PROVIDE GRANTS OF EMERGENCY FUNDS TO VETERANS IN NEED, AND MATCHING FUNDS AND GRANTS TO CHAPTERS THAT ARE SUPPORTING VETERANS PROGRAMS Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 8 4 Number of independent voting members of the governing body (Part VI, line 1b) n Total number of individuals employed in calendar year 2022 (Part V, line 2a) . 5 6 76 Total number of volunteers (estimate if necessary) . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 \boldsymbol{b} Net unrelated business taxable income from Form 990-T, Part I, line 11 7h 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 124,711 73,707 Ravenue Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 141,629 48,658 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3.448 23,279 269,788 145,644 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 58,715 64.000 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶11,674 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 279,714 286,138 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 338,429 350,138 -68,641 -204,494 Revenue less expenses. Subtract line 18 from line 12 . Assets or displaying End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . 2,618,742 2,434,447 21 Total liabilities (Part X, line 26) . 36,513 14,112 2,420,335 22 Net assets or fund balances. Subtract line 21 from line 20 . 2,582,229 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2023-10-02 Signature of officer Date Sign Here ANN CRITTENDEN PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check \square if 2023-10-02 P00086726 Paid self-employed Firm's name ► WEGNER CPAS LLP Firm's EIN ► 39-0974031 Preparer **Use Only** Firm's address ▶ 419 N LEE ST Phone no. (608) 274-4020 ALEXANDRIA, VA 22314 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

Form	1 990 (20	022)					Page 2
Pa	art III	Statement of	Program Service	Accomplis	hments		
		Check if Schedule	e O contains a respon	se or note to a	any line in this Part III .		🗹
1	Briefly	describe the orga	anization's mission:				
VETE SUPF PLAT ADM	RANS, A PORTING OONS A	A PROGRAM TO PR S VETERANS PROG IND TO OUTSTAND IS AND FUNDS A C	ROVIDE GRANTS OF E GRAMS. WMA ALSO PR DING CADETS IN MAR	MERGENCY FU OVIDES RECO INE CORPS JU	INDS TO VETERANS IN DGNITION AWARDS TO INIOR RESERVE OFFICE	MILITARY VETERANS, SERVICE PRO NEED, MATCHING FUNDS TO CHAPT OUTSTANDING GRADUATES OF MAR ER TRAINING CORPS IN VARIOUS HI IDUALS WHO ARE AFFILIATED WITH	ERS THAT ARE RINE CORPS RECRUIT GH SCHOOLS. WMA
2		-	, -		vices during the year w		
							🗌 Yes 🗹 No
		•	new services on Sche				
3	Did the	e organization cea	ise conducting, or mal	ke significant	changes in how it condu	ucts, any program	
							🗌 Yes 🗹 No
		•	changes on Schedule				
4	Section	n 501(c)(3) and 5		s are required	to report the amount of	largest program services, as measu of grants and allocations to others, th	
4a	(Code:	ditional Data) (Expenses \$	264,693	including grants of \$	64,000) (Revenue \$	0)
	See Au	ultional Data					
4b	(Code:) (Expenses \$	9,308	including grants of \$	0) (Revenue \$	0)
	•	ditional Data		,			,
4-	(Codo)) (Eyponsos #		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants or \$) (Revenue \$,
4d	Other	nrogram services	(Describe in Schedule				
-tu	(Expe		•	ling grants of	\$) (Revenue \$)
4e	Total	program service	e expenses >	274,0	01		
	_						

Form	990 (2022)			Page 3
Par	TIV 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		Yes Yes	No
	Schedule A	1	res	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, 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.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	['	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	['	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Nο

Nο

Nο

Nο

Nο

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

1a

1b

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Page 3
Par			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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)?	4a	No
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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
_	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	.	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	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		
C	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, 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	

orm	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	✓
Se	ction A. Governing Body and Management			
		$\overline{}$	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a 10b	Yes Yes	
1a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	42		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	Yes	
3	Did the organization have a written whistleblower policy?	13		No
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		
	List the states with which a copy of this Form 990 is required to be filed.			
7 8	List the states with which a copy of this Form 990 is required to be filed MO Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section			
-	501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶VIRTUAL INC 401 EDGEWATER PLACE STE 600 WAKEFIELD. MA 01880 (888) 525-1943			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax
- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.
- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) ANN CRITTENDEN PRESIDENT	40.00	Х		х				0	0	0
(2) PATRICIA COLLINS VICE PRESIDENT	20.00	Х		х				0	0	0
(3) CHRISTINE WILLIAMS TREASURER/DIRECTOR OF FINANCE	20.00	Х		x				0	0	0
(4) KATHRYN MONTIRA SECRETARY/DIRECTOR OF ADMINISTRATION	20.00	Х		x				0	0	0
(5) KAREN LAINO GIANNUZZI DIRECTOR OF DEVELOPMENT & FUNDRAISING	15.00	Х		×				0	0	0
(6) MARGARET LAZARUS DIRECTOR OF MARKETING & COMMUNICATIONS	15.00	Х		х				0	0	0
(7) ADIANNE MCLARAHMORE DIRECTOR OF MEMBER SERVICE	15.00	Х		x				0	0	0
(8) PATRICIA HORTON DIRECTOR OF PROGRAMS	15.00	Х		×				0	0	0
					l					Form 990 (2022)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F)

Page 8

الته الته	<u> </u>	70.07	,, .		<u>-,</u> -						, , , ,		,		
	(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	neck mo ess pers er and a tee)	son	Repo comp fro orgai	(D) cortable censation m the nization	(E) Reportable compensation from related organizations	5	(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individe or direc	Institu	Officer	Key employee	Highes: employ	Former		2/1099- L099-NEC)	(W-2/1099- MISC/1099-NE		organizat relat organiza	:ed	
			Individual trustee or director	Institutional Trustee		npioyee	Highest compensated employee								
				-			<u> </u>	lacksquare				$\overline{+}$			
				\vdash			 	+				\perp			
				igspace				\perp							
				\vdash	'		+	+				+			
												\perp			
				\vdash	<u> </u>	-	 	\vdash	<u> </u>			+			
сТ	Sub-Total				· ·		 	<u></u>		0		0		0	
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rec	eived mo	ore than \$10	00,000				
													Yes	No	
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, K	• •	• wbic	oyee,	or m	ghest cor	mpensateu • • •	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization: individual										i the				
5	Did any person listed on line 1a receiv									ation or indi	vidual for	4		No	
Se	ection B. Independent Contract	, ,			_					· · ·		5		No	
1	Complete this table for your five higher from the organization. Report comper	est compensate										npens	sation		
	Name :	(A) and business addre	ess							Desci	(B) ription of services		(C Comper		
VIRTU	UAL INC									PROFESSION SERVICES	NAL MANAGEMENT			173,300	
	EDGEWATER PLACE STE 600 EFIELD, MA 01880											\rightarrow			
												\rightarrow			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 1

Part		Statement	of F	Revenue						Page 9
ralii	VIII				respo	onse or note to anv	line in this Part VIII			🗆
					- 1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1a	Federated campaig	gns	1	La	_		revenue		<u> </u>
Gifts, Grants ilar Amounts	ь	Membership dues		. 1	lb	26,305				
S. Gr	С	Fundraising events	5.	. 1	lc					
ifts, ar A	u u	Related organization			ld					
Contributions, Gifts and Other Similar		Government grants (<u></u>	Le					
Contributions, and Other Sim	Ť	All other contributions and similar amounts a above	not ir	achidod	Lf	47,402				
ibul Sthe	g	Noncash contributions lines 1a - 1f:\$	s incl							
ont nd C	L .	Total. Add lines 1a	. 16		l g					
<u> </u>	"	Total. Add lines 18	3-11			Business Code	73,707			
	2a					Busiliess Code				
e										
Program Service Revenue	Ь									
დ. დ	_									
ar vic	C									
× ×	d									
grar	e									
Æ										
		All other program								
	-	Total. Add lines 2 Investment income				nterest_and_other	1			
	s	similar amounts) .	•			>	98,369			98,369
		Income from invest Royalties			npt bo	ond proceeds >				
		Royaldes	r i	(i) Real	•	(ii) Personal				+
	_	Gross rents				,	1			
		Less: rental	6a				-			
		expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income	or ((loss)						
		_		(i) Securit	ies	(ii) Other	_			
	7a	Gross amount from sales of assets other	7a	49	90,904	ı				
		than inventory					_			
	b	Less: cost or other basis and	7b	54	40,615	5				
		sales expenses					-			
		Gain or (loss)	7 c		49,711					
		Net gain or (loss) Gross income from fu					-49,711			-49,711
ne				of						
ve		See Part IV, line 18			8a					
Other Revenue	b	Less: direct expen	ses		8b]			
the	C	: Net income or (los	s) fr	om fundraisii	ng ev	ents 📂	1			
0	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19			9a		_			
		Less: direct expen : Net income or (los			9b ctivit	ies	J			
		The meaning of (188	,0,11	om gammig a		les >	1			+
	10a	Gross sales of inve returns and allowa	entor	ry, less	10a	4,504				
	b	Less: cost of good			10a	•	1			
		: Net income or (los			nvent	ory >	3,703			3,703
		Miscellaneo	us R	evenue		Business Code				
	11	d								
	"	•								
	ا (
	d	All other revenue					19,576			19,576
	e	Total. Add lines 1	1a-1	11d		•	19,576			
	12	Total revenue. S	ee ir	nstructions .			145,644			0 71,937
							143,044	1 '	1	Form 000 (2022)

Form 990 (2022)				Page 1 (
Part IX Statement of Functional Expenses	omplete all columns	All other erganization	ne must complete cel	ımn (A)
Section 501(c)(3) and 501(c)(4) organizations must co			ns must complete colt	ımın (A).
Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b,		(B)	(C)	⊔ (D)
7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	схрепаса
2 Grants and other assistance to domestic individuals. See Part IV, line 22	64,000	64,000		
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				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	173,300	138,640	25,995	8,665
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,983		26,983	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,102	4,882	915	305
12 Advertising and promotion	829	277	276	276
13 Office expenses	9,562	5,599	3,725	238
14 Information technology	4,314	3,451	647	216
15 Royalties				
16 Occupancy				
17 Travel	10,945	10,945		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	14,622	14,622		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,258	17,006	3,189	1,063
23 Insurance	1,984	1,587	298	99
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLICATIONS	11,635	9,308	1,745	582
b LICENSES	7	6	1	
С				
d				
e All other expenses	4,597	3,678	689	230
25 Total functional expenses. Add lines 1 through 24e	350,138	274,001	64,463	11,674
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).				

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 5

6

7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

36.513

1,784,269

2,582,229

2,618,742

797,960

6.250

2,657

2,357,558

163.072

64,589

36,513

2,618,742

Page **11**

15,090

2,283,966

72.604

43,332

2,434,447

14,112

14.112

1.644,584

2,420,335

2,434,447

Form 990 (2022)

775,751

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

	Beginning of year		End of year
Cash-non-interest-bearing	11,325	1	
Savings and temporary cash investments	10,616	2	
		_	

1 Cash-non-interest-bearing	11,325	1	8,784
2 Savings and temporary cash investments	10,616	2	10,621
3 Pledges and grants receivable, net	2,675	3	50
4 Accounts receivable, net		4	
5 Loans and other receivables from any current or former officer, director,			

trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

controlled entity or family member of any of these persons

Notes and loans receivable, net . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use . . Prepaid expenses and deferred charges .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

2c

3a

3h

Nο

Form 990 (2022)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Additional Data

Software ID:

Software Version: **EIN:** 23-7084026

Name: WOMEN MARINES ASSOCIATION

Form 990 (2022)

Form 990, Part III, Line 4a: THE EXPENSES NOTED ABOVE ARE MANAGEMENT EXPENSES (HOUSEKEEPING EXPENSES) FOR SCHOLARSHIPS, GRANTS, AND DONATION CORRESPONDENCE, MAILING, PRINTING OF OUR NEWSLETTER ETC. THE WMA DOES PROVIDE GRANTS (EMERGENCY IN NATURE FOR WOMEN VETERANS WHO REQUEST IT AND CAN PROVE THEIR NEED) AND THERE ARE SOME EXPENSES TO HELP SUPPORT THE PROGRAM.

Form 990, Part III, Line 4b: 'NOUNCEMENTS IS A QUARTERLY NEWSLETTER THAT IS PUBLISHED ELECTRONICALLY AND ALSO PRINTED TO PROVIDE MEMBERS THAT DO NOT HAVE ELECTRONIC ACCESS VIA INTERNET TO HAVE A COPY. APPROXIMATELY 500 ARE PUBLISHED IN HARD COPY.

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SCI	1FD	ULE A	Dublia	Charity Statu	e and Dul	hlic Supp		OMB No. 1545-0047
	m 990			Charity Statu rganization is a sect				2022
		<i></i>	complete il tile o	4947(a)(1) nonexe	mpt charitable	trust.	a section	ZUZZ
-		the Treasury aue Service	▶ Go to www.irs	Attach to Form ! s.gov/Form990 for in			ermation.	Open to Public
				<u></u>				Inspection
		n e organiza INES ASSOCIA					Employer identific	ation number
				(41)			23-7084026	
Par he o			for Public Charity Stat a private foundation because				see instructions.	
1	. ga <u>2</u>		onvention of churches, or as	`	•		(A)(i).	
2		,	scribed in section 170(b)((,(-,-	
3					,	, ,	:::>	
		,	or a cooperative hospital ser	-			-	
4	П	name, city,	esearch organization operat and state:	ed in conjunction with	a nospital descri	ned in section .	170(B)(1)(A)(III). E	nter the nospital s
5	П	An organiza	ation operated for the benef	it of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
_		(b)(1)(A)	(iv). (Complete Part II.)	-				
6			tate, or local government o	_				
7	✓		ation that normally receives ${f 0(b)(1)(A)(vi)}.$ (Complete		s support from a	governmental u	nit or from the gener	al public described in
8			ty trust described in sectio	·	(Complete Part I	I.)		
9			ural research organization d ant college of agriculture. S					ege or university or a
10		An organiza	ation that normally receives	(1) more than 331/3%	% of its support f	rom contribution	s, membership fees,	
		from activit	ies related to its exempt fur income and unrelated busir	nctions—subject to cert ness taxable income (le	tain exceptions, ess section 511 t	and (2) no more ax) from busines	than 33 1/3% of its s ses acquired by the c	upport from gross rganization after June
			See section 509(a)(2). (Co		.55 50000011 511 0	ax) Irom basines	sees acquired by the c	rgamzadon arcer sane
11		An organiza	ation organized and operate	d exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operate ly supported organizations a through 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
а		Type I. A so	supporting organization oper n(s) the power to regularly Part IV, Sections A and B	ated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A	supporting organization sup nt of the supporting organiz	ervised or controlled in				
			plete Part IV, Sections A		ne persons that	control of manag	ge the supported orga	mzadon(3). Tou
С			unctionally integrated. A organization(s) (see instruct					ted with, its
d			on-functionally integrate	•	-			nization(s) that is not
	Ш	functionally	integrated. The organization	n generally must satis	fy a distribution	requirement and		
e			 You must complete Pa box if the organization recei 	·	-		pe I. Type II. Type II	I functionally
	Ш	integrated,	or Type III non-functionally	integrated supporting	organization.		po 1, . , po 11, . , po 11	- ramous nam,
f ~			of supported organizations				· · · · · · · <u> </u>	
g		de the follow Jame of supp	ing information about the storted (ii) EIN	upported organization((iii) Type of	r '	anization listed	(v) Amount of	(vi) Amount of
	(1)	organization		organization (described on lines 1- 10 above (see instructions))		ing document?	monetary support (see instructions)	other support (see instructions)
					Yes	No		
Total		work Reduc						

12

Page 2

39,614

57.360 %

47.010 %

14

If the organization failed to qualify under the tests listed below, please complete Part III.)

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

	If the organization falled	to quality under	tne tests listea	below, please c	complete Part II	.1.)	
_ 5	Section A. Public Support						
	Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	(or fiscal year beginning in) ▶		, ,	` ,	. ,	` '	. ,
1	Gifts, grants, contributions, and membership fees received. (Do not	269,530	110,386	70,833	124,711	73,707	649,167
	include any "unusual grant.") . .						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	269,530	110,386	70,833	124,711	73,707	649,167
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						E0 026
	supported organization) included on						50,036
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						500 434
_	line 4.						599,131
- 5	Section B. Total Support	•		•			
	Calendar year	(a) 2018	(b) 2019	(c) 2020	(4) 2021	(-) 2022	(f) Total
	(or fiscal year beginning in) ▶	(a) 2018	(B) 2019	(6) 2020	(d) 2021	(e) 2022	(I) Iotai
7	Amounts from line 4	269,530	110,386	70,833	124,711	73,707	649,167
8	Gross income from interest.						
	dividends, payments received on	F0 200	105 622	44 447	06.630	00.360	205 226
	securities loans, rents, royalties and	50,289	105,633	44,417	96,628	98,369	395,336
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						

	(or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	269,530	110,386	70,833	124,711	73,707	649,167
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,289	105,633	44,417	96,628	98,369	395,336
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						1,044,503

Gross receipts from related activities, etc. (see instructions) . . 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check Section C. Computation of Public Support Percentage

Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2020 Schedule A, Part II, line 14

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

h 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
-	the organization fails to	quality under	tne tests listed	pelow, please co	ompiete Part II.)	
56	ection A. Public Support Calendar year		I	I		<u> </u>	
	(or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, 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 business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/a	3 received from disqualified 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.						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c						
0	from line 6.)						
Se	ection B. Total Support						
	Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(or fiscal year beginning in) ▶	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	(I) Iotai
9	Amounts from line 6						
L0a	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.						
C	Add lines 10a and 10b. Net income from unrelated business						
11	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						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, thire	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization, check
	this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2022 (lin	e 8, column (f) d	ivided by line 13,	column (f))		15	
16	Public support percentage from 2021 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Invest					1 1	
17	Investment income percentage for 202			line 13, column (f))	17	
18	Investment income percentage from 2	-			• •	18	
							e 17 is not
19a	• • •	-		-			_
	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the						
b		-			·		
	not more than 33 1/3%, check this box						
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	19a, or 19b, check	this box and see	instructions	. ▶ 🗆

5a

6

7

8

10a

Part IV Supporting Organizations

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

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

Section A. All Supporting Organizations Yes No

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.	1	
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) .	2	

	describe the designation. If historic and continuing relationship, explain.	1	
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).	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.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

	(m, continue 500(c)(d) (m) (2)		
	in section 509(a)(1) or (2).	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.	3a	
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.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

	3c below.	3a		
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		3a 3b 3c 3c	
	determination.	3b		
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			

	, and the second se			
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.	3b		
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.			

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

organization had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document?

SCH	ledule A (Form 990) 2022			age 5
Pa	Supporting Organizations (continued)			
			Yes	No
	. Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
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		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
-	<i>VI.</i> Section B. Type I Supporting Organizations			
	ection b. Type I supporting organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	100	
2	Did the organization energie for the handlit of any supported organization other than the supported organization (s) that			
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or 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		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided? 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				
_		2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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 these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI . b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI , the role played by the organization in this regard.			

instructions)

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1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functionally-in	tegrate	ed Type III supporting or	ganization (see

4 Distributions for 2022 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Excess from 2020.

e Excess from 2022.

d Excess from 2021.

c Remainder. Subtract lines 4a and 4b from line 4.

Section D - Distributions

Schedule A (Form 990) (2022)

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1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
	Distributable arrount for 2022 from Carting C. line C.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

7 Total annual distributions. Add lines 1 through 6.	7					
8 Distributions to attentive supported organizations to what details in Part VI). See instructions						
9 Distributable amount for 2022 from Section C, line 6			9			
10 Line 8 amount divided by Line 9 amount			10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022		
1 Distributable amount for 2022 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2022:						
a From 2017						
b From 2018						
c From 2019			·			
d From 2020						
e From 2021						

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2022	(III) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount		_	
 i Carryover from 2017 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			

5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
b Excess from 2019		

Schedule A ((Form 990) 2022 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 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).
_	Facts And Circumstances Test

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Schedule I

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2022

DLN: 93493276012073

Open to Public Inspection

nternal Revenue Service							
ame of the organization VOMEN MARINES ASSOCIATION	ON.					Employer identific	ation number
VOMEN MAKINES ASSOCIATIO	JN					23-7084026	
Part I General Infor	mation on Grants	s and Assistance					
			the grants or assistance,		for the grants or assistan	ce, and	☑ Yes ☐ No
2 Describe in Part IV the o	organization's procedu	ures for monitoring the u	se of grant funds in the U	nited States.			
Part II Grants and Othe that received mo	er Assistance to Dor re than \$5,000. Part I	mestic Organizations a II can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
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(Form 990)

Department of the

Treasury

Schedule I (Form 990) 2022

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Page **2**

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Part IV Supplem	ental Information	on. Provide the in	nformation required in	Part I, line 2; Part III,	, column (b); and any other	additional information.
Return Reference	Explanation	Explanation				
ADT I LINE 2.	SCHOLARSE	JID CDANTS ARE TO	AID STUDENTS ATTEND	ING INSTITUTIONS OF H	TCHED LEADNING AND THE ELIN	ING ARE DROVIDED DIRECTLY TO THE INSTITUTION

PART I, LINE 2:

efile GRAPH	C print - DO NOT PROCESS	As Filed Data -	D	LN: 93493276012073
SCHEDULE O Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Pepartment of the Treasury Pepartment of the Treasury			OMB No. 1545-0047 2022 Open to Public Inspection	
Name of the org WOMEN MARINES			23-7084026	entification number
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 6	WMA AVERAGES 2,750 MEMBERS	A MONTH DURING THE FISCAL YEAR	₹.	

Return Explanation

LINE 7A

FORM 990, THE GOVERNING BODY IS COMPRISED OF EIGHT OFFICERS WHO ARE ELECTED BY MEMBERS.
PART VI,
SECTION A.

Return Explanation
Reference

FORM 990,	ALL CHANGES TO BY-LAWS AND STANDING RULES ARE SUBJECT TO APPROVAL/DISAPPROVAL BY THE MEMBE
PART VI,	RS PRESENT AT THE BIENNIAL CONVENTION AND PROFESSIONAL DEVELOPMENT CONFERENCE. CONVENTIONS
SECTION A,	ARE HELD IN EVEN NUMBERED YEARS. IN SOME CASES, AS DETERMINED BY THE BOARD OF DIRECTORS,
LINE 7B	PROPOSED CHANGES MAY BE MAILED TO THE ENTIRE MEMBERSHIP FOR A VOTE

Return Explanation

FORM 990,	DRAFT OF THE FORM 990 WAS PROVIDED TO MANAGEMENT AND THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO
PART VI,	SUBMISSION.
SECTION B,	
LINE 11B	

Return Explanation
Reference

FORM 990,	CHECKS AND BALANCES ARE IN PLACE TO MONITOR ALL FISCAL TRANSACTIONS. ALL EXPENSE DISBURSEM
PART VI,	ENTS REQUIRE AUTHORIZATION BY THE 3RD VICE PRESIDENT. SCHOLARSHIP AND EMERGENCY GRANT DISB
SECTION B,	URSEMENTS REQUIRE APPROVAL BY THE RESPECTIVE COMMITTEE CHAIR. DISBURSEMENTS ARE DONE BY CH
LINE 12C	ECK AND REQUIRE THE SIGNATURES OF TWO OFFICERS (PRESIDENT, 1ST VICE PRESIDENT, TREASURER)

Return Explanation
Reference

FORM 990,	NO OFFICERS OR DIRECTORS ARE COMPENSATED FOR PERFORMING THEIR DUTIES. EACH OFFICER AND DIR
PART VI,	ECTOR HAS AN ANNUAL BUDGET FOR REIMBURSEMENT OF EXPENSES INCURRED IN PERFORMING THEIR DUTI
SECTION B,	ES. THE ADMINISTRATIVE SUPPORT CONTRACTOR'S CONTRACT IS REVIEWED AND APPROVED BY THE ENTIR
LINE 15B	E BOARD OF DIRECTORS.

Return Reference FORM 990, PART VI, SECTION C, IALLY IN THE "WMA RESOURCE MANUAL AND DIRECTORY". BOARD MEETING MINUTES ARE AVAILABLE UPON REQUEST FROM THE WMA NATIONAL SECRETARY FINANCIAL REPORTS ARE PREPARED QUARTERLY BY THE

LINE 19

REQUEST FROM THE WMA NATIONAL SECRETARY. FINANCIAL REPORTS ARE PREPARED QUARTERLY BY THE
TREASURER AND PROVIDED TO THE BOARD OF DIRECTORS. AN ANNUAL SUMMARY OF FINANCIAL CONDITION
S IS PUBLISHED IN THE QUARTERLY NEWSLETTER. "WMA 'NOUNCEMENTS".