	-		** PUBLIC DISCLOSURE CO Return of Organization Exempt F		ncome Tax	OMB No. 1545-0047			
Form	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	ept private foundations	» 2023			
		of the Treasury	made public.	Open to Public Inspection					
A For the 2023 calendar year, or tax year beginning and ending									
	ation number								
B C	heck if pplicab	la.	forganization N IN MILITARY SERVICE FOR AMERICA		D Employer identific	ation number			
	Addre		RIAL FOUNDATION, INC.						
F	_chang Name	5							
	_chang Initial	52-151353 E Telephone number	5						
	_return Final	200	703-533-1	155					
	⊥return termii ated		G Gross receipts \$	4,969,820.					
	Amen	ded ADTT	own, state or province, country, and ZIP or foreign postal code NGTON , VA 22203		H(a) Is this a group ret				
	Applie		nd address of principal officer: CW5 PHYLLIS WILSON	(RET)	for subordinates?				
	pendi		AS C ABOVE	. ,	H(b) Are all subordinates inc	····· = =			
11	ax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527		ist. See instructions			
	Vebsi		WOMENSMEMORIAL.ORG		H(c) Group exemption	number			
κF	orm o	f organization:	X Corporation Trust Association Other	L Year	of formation: 1985 M	State of legal domicile: DC			
	art I	Summary							
_	1	Briefly describ	e the organization's mission or most significant activities: EDUCA	ATE &	ENGAGE THE P	UBLIC IN			
nce		THE PAS	T, PRESENT & FUTURE OF WOMEN'S MIL	ITARY	SERVICE IN A	MERICA.			
rna	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its net asse				
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)		3	18			
Ğ	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			17			
es	5		of individuals employed in calendar year 2023 (Part V, line 2a)			32			
viti	6		of volunteers (estimate if necessary)			153			
Activities & Governance	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
					Prior Year	Current Year			
ē	8		and grants (Part VIII, line 1h)		8,277,780.	4,366,627.			
Revenue	9	•	ce revenue (Part VIII, line 2g)		69,377.	24,925.			
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		25,490.	80,510.			
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-110,215. 8,262,432.	103,488.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			4,575,550.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	•	to or for members (Part IX, column (A), line 4)		1,944,231.	1,641,501.			
Expenses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		532,675.	279,000.			
enŝ	16a		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 724,60	1	552,075.	279,000.			
Ä	47		ng expenses (Part IX, column (D), line 25)724,60		3,613,541.	3,252,910.			
	17 18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,090,447.	5,173,411.			
	10		expenses. Subtract line 18 from line 12		2,171,985.	-597,861.			
L Se	19			Be	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		15,103,971.	14,814,188.			
Asse	21		(Part X, line 26)		2,597,581.	2,894,872.			
Net,	22		fund balances. Subtract line 21 from line 20		12,506,390.	11,919,316.			
Pa	art II	Signature	Block		, ,				
		alties of perjury,	I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date							
Here	CW5 PHYLLIS WILSON (RET),	PRESIDENT								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN						
Paid	LISA JOHNSON	LISA JOHNSON	07/30/24 self-empl	pyed P01250416						
Preparer	Firm's name GROSS, MENDELSOHN	& ASSOCIATES, P.A.	Firm's EIN	52-0982413						
Use Only	Firm's address 1801 PORTER STREE	T, SUITE 500								
	BALTIMORE, MD 212	30	Phone no. 4	L0-685-5512						
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No						
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

	WOMEN IN MILITARY SERVICE FOR AMERICA			
Form	990 (2023) MEMORIAL FOUNDATION, INC.	52-151	3535	Page 2
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:		_ ~	
	OUR MISSION IS TO EDUCATE AND ENGAGE THE PUBLIC IN	-		~
		BY OUR COLLE		-
	OUR INNOVATIVE EXHIBITIONS AND PUBLIC PROGRAMS, WE		INSPIE	KE
	VISITORS WITH STORIES OF WOMEN'S SERVICE AND LEADER			
2	Did the organization undertake any significant program services during the year which were not listed			v .
	prior Form 990 or 990-EZ?		Yes	
-	If "Yes," describe these new services on Schedule O.			v .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes	
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program s			-
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others, the total ex	penses, an	a
4.	revenue, if any, for each program service reported. (Code:) (Expenses \$3,969,928. including grants of \$		100	516
4a	(Code:) (Expenses \$3,969,928 • including grants of \$ SEE SCHEDULE O) (Revenue \$	199,0)
4b	(Code:) (Expenses \$ including grants of \$) (Bevenue \$)
чы) (nevenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
				,
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,969,928.			
			Form 9	90 (2023)
332002	SEE SCHEDULE O FOR CONTINUA	TION(S)		

	WOMEN	IN	MILITARY	SERVICE	FOR	AMERICA
Form 990 (2023)	MEMORI	\mathtt{AL}	FOUNDATIO	ON, INC.		
Part IV Checklist of R	equired So	chec	lules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- -
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Δ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21		01		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		- 27

WOMEN IN MILITARY SERVICE FOR AMERICA

MEMORIAL FOUNDATION, INC. Form 990 (2023) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III Х 22 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? If "Yes," complete Х 23 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 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С 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 х 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 х Schedule L, Part I 25b 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% Х 26 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, 27 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 х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "Yes," complete Schedule L, Part IV 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If С х 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 32 х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V line 1 х **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No ı. Т

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	14			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?					

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WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

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2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax. Statements. 2a 32 b If at least one is exported on in Exp. add, the organization file at least of decale analysizement tax returns? 2a X 3b Diff the organization file are is expected by the statum 2a X X 4a Any time during the organization file at expected by the status of the status of the status of the status of the organization have an interest in, or a signature or other aniholty over, a financial account is for FinACEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a X 5b Was the organization have annual gross receipts that are normally greater than s100,000, and diff ere organization electric in the organization file of the organization conting the organization file of the organizati	Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)							
test or the calendar year ending with or within the year covered by thin etcum 2a 32 b test operations in reported on thin 2a. did the organization file al regularization that enduring the year? 3a X b th' Ves, ''s number unrelated business gross income of \$1,000 or more during the year? 3b X b th' Ves, ''s number unrelated business gross income of \$1,000 or more during the year? 3b X b th' Ves, ''s number unrelated business gross income of \$1,000 or more during the year? 3b X b th' Ves, ''s number the name of the foreign country' 4a X At any time during the calendary gave, did the organization for Boreign Bank and Financial Accounts (PBAF). 3c X b Was the organization factor for BB87.7 8c X 3c X b Did any taxable party notify the organization for BorBB1.7 8c X 3c X c Desc the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solitot are deductible as thratelse contributions? 3c X c Did the organization forebus any form data party as a collubin and party as a collubin organization forebus any form data party as a collubin organization forebus any form data party as a collubin organization forebus any form data party as a coll					Yes	No			
b It least one is reported to thin 2a, did the organization file all required federal employment tax returns? 2b X a) Did the organization have unreliable business gross income of \$1,000 or more during the year? 3b X 40 At my time during the sample country such as a bank account, secontriable country function as bank account, secontriable country function as bank account, secontriable country? 4a X b I'''es', 'enter the name of the foreign country 'mot' to line 30, provide an auguration on Schedule O 4a X b Did my taxability and the organization that was an interest in or a signature or other matchaid country (FBAR). 5a X 5b Did my taxability and gross ercepts that account specific to a prohibited tax sheller transaction? 5b X 6 Did my taxability and gross ercepts that are orrangily greater than \$100,000, and did the organization solicit any contributions and grafty for prohibited tax sheller transaction? 5b X b I''''s'', 'i' did the organization that my consel solicit and are promising order than \$100,000, and did the organization solicit any receive deductible contributions and parity for prohibit dut shells tax shear for that such contributions or gifts were not tax deductible? 5b X b I''''s', 'i' did the organization neares of \$5 male parity as combibution and parity for prohibit dut mas required 7c 7a	2a								
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b H **se, *has it fields a Form 800-T for this year? // the organization have an interest in, or a signiture or other automoty over, a financial account in a foreign country is unto a shark account, neutring the calendary sex, dot the organization have an interest in, or a signiture or other automoty over, a financial account in a foreign country is unto the organization have an interest in, or a signiture or other automoty over, a financial Accounts (FBAF). 4a X b W as the organization approx to prohibid tas a bark account, a try time during the tax year? 5a X b W as the organization finant to cognization fine from 8887.7 6c Cognizations that we neer that adductive accounts of matupe of the organization finance organization finance matupe organization from 8887.7 6c X c 10 the organization finance matupe organization finance matupe organization finance matupe organization and express statement that such contributions or gifts were not tax deductible and matupe try for pools and services provided? 7a X d 10 the organization neave approximation code approximation and approximation or approximation finance? 7a X d 11 **s, ** indicate the number of Forms 2522 field during the year 17a 7a 7a 7a 7a 7a 7a 7a 7a 7a 7		filed for the calendar year ending with or within the year covered by this return 2a	32						
b 1 Yes, 'has it field a form 990-T for the year? If Yeb' to fime 3b, provide an explanation on Schedule 0 90 4A At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a transciol account in a Torign country (such as a bark account, securities account, or other financial account)? 4a X b 1'''ves, 'enter the name of the foreign country (such as a bark account, securities account, or other financial account)? 5a X 5e in structures for fining country (such as a bark account, securities account, or other financial account)? 5a X 60 Did any taxability party notify the organization that twas or is a party to a prohibited tax shelfer transaction? 5a X 7 (Yes' to line 6a or 5b, did the organization that twas or is a party to a prohibited tax shelfer transaction? 5a X 9 If Yes, 'idd the organization numal gross necelphate state an enomally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions and party for goods at services provided ? 7a X 9 If Yes, 'idd the organization nuclew where yes allicitation and party for goods at services provided ? 7a X 10 If Yes, 'iddicate the number of Forms B282 field during the year 7d 7a X 11 Yes, 'iddicate the number of Forms B282 field during the year? 7a 1a 1a 7a <t< th=""><th>b</th><th></th><th></th><th>2b</th><th></th><th></th></t<>	b			2b					
4 At any time during the calendar year, dif the organization have an interest in, or a signature or other authority over, a francial accountly daw accountly account or a foreign country (such as a bank account, securities account, or other functial account)? daw account is a foreign country (such as a bank account, securities account, or other authority over, a daw account is a foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR), daw at taxable party notify the organization in form 8886-17. daw at taxable party notify the organization inform 8886-17. daw at taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or tax deductibles or almable contributions? d''es,' id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or threwale of the goods or services provide? d''res,' id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or threwale of the goods or services provide? d''res,' id the organization include with were solicitation or gan party for which it was required to the party or the part of the wale of the goods or services provide? d''res,' iddite organization include with super proving the goods or services provide? d''res,' iddite organization for threws a bigitation the part and party for goods and survices provide? d''res,' iddite organization for threws at party ment undirectity to pay premiums on a personal benefit contraci?									
If Yes,** root the name of the foreign country 4a X b If Yes,** root the name of the foreign country 5a X b Obstantiations of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X 5a Was the organization har quarterized in the vasor is a party to a prohibited star shefter transaction? 5a X 5b Od any taxability party notify the organization that if was or is a party to a prohibited star shefter transaction? 5a X 5b Od any taxability and gross receipts that are normally greater than \$100,000, and did the organization nale and the organization that was or is a party to a prohibited star shefter transaction? 5a X 5b If Yes,** did the organization nale explores that are normally greater than \$100,000, and did the organization nell were ysolicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization shart may receive deductible contributions under section 170(c). 7b 7c X 10 If the organization nell were any of the value of the goods or services provided? 7b 7c X 11 If Yes,** did the organization nell were any torms 5282 field during the year 7d 7c X 11 If the organization nell were any torms 5282 field during the year 7d 7d 7d 12 If the organization nell were any torms 5282 field during the year? 7d 7d 7d 11				3b					
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), Ba X b Was the organization in party to a prohibited tax shafter transaction at any time during the tax year? Ba X b Did any toxable party notify the organization in forem BBB 67. Bo So X c If Yes, ' toil the organization in clude with the organization in commol by greater than \$100,000, and did the organization should any contributions that were not tax deductibles or a charitable contributions or gifts were not tax deductibles or a charitable contributions or gifts were not tax deductibles or the value of the goal cost or services provided? Ta X f 1*9*s,' idit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and stave a charitable contributions or gifts Go X f 1*9*s,' idit the organization include with weiver y solicitation are spress statement that such contributions or gifts Go X f 1*9*s,' idit the organization include with weiver y solicitation are spress statement that such contributions or gifts Go X f 1*9*s,' idit the organization file a bifts with solicitation tay is a contribution organization file and contral tay is a contribution organization file and contral tay is a contributitano (angenizatis) file and contral tay is a	4a								
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 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 13b 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X if "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X if "Yes," complete Form 4720, Schedule O. 17 16 X 17									
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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 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17									
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If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	10			16		x			
16 X 16 X 16 Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				15		177			
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16			16		x			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	10	-		10					
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
				17					

Form 990 (2023)

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

52-1513535 Page **6**

		TITEL TITLE DI				
Form 990 (2023)		FOUNDATION			52-1513535	Page
Part VI Gover	rnance, Management,	and Disclosure.	For each "Ye	es" response to lines 2 through	7b below, and for a "No" rea	sponse
				changes on Schedule O. See ir		

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a18	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
-	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b	l	
	tion C. Disclosure		тт	Т 7
17	List the states with which a copy of this Form 990 is required to be filed <u>AK, AL, AR, CA, CO, CT, FL, GA, HI</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	DIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	a finan	cial	
<u></u>	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

THE ORGANIZATION - 703-533-1155

200	N.	GLEBE	ROAD	, SUITE	4	00,	ARLIN	IGTON ,	VA	22203
12-21-23	3	SI	EE SCI	HEDULE	0	FOR	FULL	LIST	OF	STATES

WOMEN IN MILITARY SERVICE FOR AMER	ICA
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Form 990 (2	2023)	MEMORIAL	FOUND	ATION,	INC.		52-
Part VII	Compensation	of Officers, D	Directors,	Trustees,	Key Employees,	Highest	Compensate
	Employees an	d Independer	nt Contrad	etors			

Employees, and independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition) than c		Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ndad I	irecto	r/trus [.] T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CW5 PHYLLIS J WILSON USA (RET)	40.00	_			×	1 0	ш.			
PRESIDENT		х		x				145,385.	0.	4,338.
(2) MARY CLARE TOMASETTI	40.00									
CHIEF OF STAFF				Х				114,231.	0.	3,388.
(3) BRENDA DAVIS USMC VET	1.00									
DIRECTOR		Х						0.	0.	0.
(4) MG JEANETTE EDMUNDS USA (RET)	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) RADM NANCY LESCAVAGE USN (RET)	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) JULIE I. ENGLUND, ED.D.	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) BRIG. GEN. BARBARA A. GOODWIN U	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ESPEY T. BROWNING, JR USA VET	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MSGT MELISSA CRANE USMC (RET)	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ITCS PATRICIA M. WARD USN (RET)	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BRIG. GEN. EDEN J. MURRIE USAF	1.00									
DIRECTOR	1	Х						0.	0.	0.
(12) MELISSA L. DUENAS	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(13) MRS. MARIAH SIXKILLER	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) SEAN R. MURTAGH CAPT, USCG (RET	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) BRIG. GEN. ALLYSON SOLOMON USAF	1.00	37		37				•	0	0
SECRETARY	1 00	Х		X		-		0.	0.	0.
(16) THE HONORABLE CARYN WAGNER USA	1.00	v							<u>^</u>	0
DIRECTOR	1 00	Х		<u> </u>		-		0.	0.	0.
(17) MAJ GEN SHARON BANNISTER USAF (DIRECTOR	1.00	x						0.	0.	0.
332007 12 21 23		Δ					I	Ι Ο.	0.	Eorm 990 (2023)

V	V	U	r	1.	Ľ	IЛ	Т	IЛ

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION. INC.

52-1513535	Page 8
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Form 990 (2023) MEMORIAL	FOUNDAT	'IC	N,	I	NC	•			52-15	13	535	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not ch		ition		one	Reportable	Reportable		Estima	ted
	hours per	box	, unles	s per	rson i	s both	n an	compensation	compensation	1	amoun	t of
	week	offic	cer and	d a di	irecto	or/trus T	tee)	from	from related		othe	r
	(list any	ector						the	organizations		compens	sation
	hours for	or dir	æ			ted		organization	(W-2/1099-MIS	C/	from t	
	related	stee	truste			pense		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	ial tru	onal		oloye	ee com		1099-NEC)			and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	tions
(18) RADM KATHLEEN CREIGHTON USN (RE	1.00	п	=	Of	Ke	포등	요					
DIRECTOR X 0.										0.		0.
19) MAJ DIEDRE WINDSOR, US ARMY (RE 1.00									••		0.	
DIRECTOR	1.00	х						0.		0.		0.
DIRECTOR		Δ						0.		••		0.
										_		
1b Subtotal								259,616.		0.	7,1	726.
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								259,616.		0.	7,5	726.
2 Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove) wh	io re	eceived more than \$100,	000 of reportable			-
compensation from the organization												2
											Yes	i No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	[,] hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									[3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com										[5	x
Section B. Independent Contractors	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			<u>en p</u>		0.11						
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs tł	nat received more than \$	100,000 of compe	ensat	ion from	
the organization. Report compensation for	-											
(A)	j			<u> </u>				(B)			(C)	
Name and business	address							Description of s	ervices	С	ompensati	on
LYNCH PINNACLE GROUP LLC,	3 BETH	ES	DA	M	ET	RO						
CENTER #430, BETHESDA, MD								FUNDRAISING			279,0	000.
HISTORY FACTORY, 1233 20TH ST NW SUITE COLLECTION												
725, WASHINGTON, DC 20036 MANAGEMENT											167,8	313.
VAULT CONSULTING LLC											10//	
8401 GREENSBORO DR #500,	MCLEAN	v	Δ	22	10	2		ACCOUNTING			106,9	982.
		•.	/		<u> </u>							
							_					
2 Total number of independent contractors (ii	ncluding but pr	nt lin	nited	to t	thor	e lie	ted	above) who received me	ore than			
\$100.000 of compensation from the organiz						3						

\$100,000 of compensation from the organization

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

Form Pai	990 rt V	0 (2	2023) MEN	IOR	IAL F		DATION,	INC.	IBRICA	52-1513	535 Page 9
1 ai											
			Check if Schedule O	conta	iins a resp	onse	or note to any in	(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ributic grants I above	1b 1c 1d ons) 1e s, and e 1f	4,	339,529. 027,098.	4,366,627.			
<u> </u>							Business Code	, ,			
Program Service Revenue		a b c d	MEMORIAL EVEN				900099	24,925.	24,925.		
gra Re		u 0									
o d		ਦ f	All other program service	rouce							
-								24,925.			
			Total. Add lines 2a-2f					24,925.			
	3							80,563.			80,563
	4		Income from investment o		-						
	5		Royalties	······							
					(i) Re		(ii) Personal				
	6	а	Gross rents	6a	1,8	00.					
		b	Less: rental expenses	6b		0.					
		с	Rental income or (loss)	6c	1,8	00.					
			Net rental income or (loss	.) 				1,800.			1,800.
			Gross amount from sales of	″ <u> </u>	(i) Secu	ities	(ii) Other	_,			_,
	'	d				38.		-			
			assets other than inventory	7a	5	50.		-			
		b	Less: cost or other basis		2	<u>^1</u>					
enue			and sales expenses	7b		<u>91.</u>					
ver		С	Gain or (loss)	7c	_	53.					
Be		d	Net gain or (loss)			<u></u>		-53.			-53.
Other Rev	8	а	Gross income from fundraisi including \$ 339),52	29. of						
			contributions reported on		,		170 726				
			Part IV, line 18			80	<u>170,726.</u> 267,199.				
			Less: direct expenses				207,199.	0.6 472			06 472
			Net income or (loss) from		Ŭ,		1	-96,473.			-96,473
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses			-					
		с	Net income or (loss) from	gamii	ng activiti	es					
	10	а	Gross sales of inventory,	less r	eturns						
			and allowances			10a	301,371.				
		b	Less: cost of goods sold				126,680.				
			Net income or (loss) from			·		174,691.	174,691.		
		-		24,00	2	j	Business Code	_,	_,		
Miscellaneous Revenue	11		MISCELLANEOUS				900099	23,470.			23,470
llar 'en		b									
3če		C									
Ξ.			All other revenue								
_		е	Total. Add lines 11a-11d					23,470.			
	12		Total revenue. See instruction	ons				4,575,550.	199,616.	0.	9,307

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

ect	tion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns All othe	r organizations must com	plete column (A)	
	Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
'n,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	267,342.	181,258.	31,010.	55,074
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	1,170,389.	931,900.	143,524.	94,96
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	95,923.	76,377.	11,763.	7,78
)	Payroll taxes	107,847.	85,871.	13,225.	8,75
	Fees for services (nonemployees):				
а					
b		6,840.		6,840.	
	Accounting	41,250.		41,250.	
	Lobbying			,	
e		279,000.			279,00
_		2/3/0000			2,5,00
f g					
y	column (A), amount, list line 11g expenses on Sch 0.)	619,293.	460,525.	146,435.	12,33
2	Advertising and promotion	01972900	10075251	110,1000	12,00
		19,872.	16,809.	1,844.	1,21
}	Office expenses	123,667.	98,468.	15,165.	10,03
•	Information technology	123,007.	50,400.	15,105.	10,05
	Royalties	336,925.	268,270.	41,317.	27,33
		16,422.	13,076.	2,014.	1,33
	Travel	10,422.	13,070.	2,014.	1,33
5	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
)	Interest				
	Payments to affiliates		1 4 6 1 0 0 4	2 241	0 01
	Depreciation, depletion, and amortization	1,467,545.	1,461,994.	3,341.	2,21
	Insurance	41,352.	32,926.	5,071.	3,35
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MATI TNO I TOM HYDENORO	210,565.			210,56
b		175,639.	175,639.		• -
ĉ		80,674.	64,235.	9,893.	6,54
d		53,847.	43,561.	6,190.	4,09
-	All other expenses	59,019.	59,019.		.,
C	Total functional expenses. Add lines 1 through 24e	5,173,411.	3,969,928.	478,882.	724,60
	Joint costs. Complete this line only if the organization	-,_,,,,	-,-05,5201		,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

WOMEN IN	MILITARY	SERVICE	FOR	AMERICA
MEMORIAL	FOUNDATIC	N, INC.		

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Pa	πΧ	Balance Sneet					
		Check if Schedule O contains a response or note t	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			962,808.	1	924,459.
	2	Savings and temporary cash investments			29.	2	29.
	3	Pledges and grants receivable, net			727,816.	3	1,119,258.
	4	Accounts receivable, net			3,386.	4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substar	ntial co	ontributor, or 35%			
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie	d pers	sons (as defined			
		under section 4958(f)(1)), and persons described ir		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			89,043.	8	66,973.
Ä	9	Prepaid expenses and deferred charges			64,620.	9	89,613.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	33,134,234.			
	b	Less: accumulated depreciation	10b	24,589,755.	9,680,210.	10c	8,544,479.
	11	Investments - publicly traded securities			2,003,742.	11	1,843,117.
	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			1,572,317.	15	2,226,260.
	16	Total assets. Add lines 1 through 15 (must equal	line 33	3)	15,103,971.	16	14,814,188.
	17	Accounts payable and accrued expenses	421,991.	17	246,316.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or former					
ilit		trustee, key employee, creator or founder, substar					
Liabilities		controlled entity or family member of any of these	-	F		22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X	2,175,590.	25	2,648,556.
		of Schedule D			2,597,581.		2,894,872.
	26			X	2,337,301.	26	2,074,072.
ŝ		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	(nere				
лсе	27				11,712,394.	27	10,759,460.
ala	28	Net assets with donor restrictions		793,996.	28	1,159,856.	
Б	20	Organizations that do not follow FASB ASC 958			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	1/100/0000
Бu		and complete lines 29 through 33.	, ene				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equi			30		
Ass	31	Retained earnings, endowment, accumulated inco	Г		31		
Net Assets or Fund Balances	32	Total net assets or fund balances			12,506,390.	32	11,919,316.
Z	33	Total liabilities and net assets/fund balances			15,103,971.	33	14,814,188.
							Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

WOMEN IN	MILITARY	SERVICE	FOR	AMERICA
MEMODITAT				

Form	1990 (2023) MEMORIAL FOUNDATION, INC.	52	15135	35	Pag	_{je} 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	575	,55	50.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		173 597				
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,		-			
5	Net unrealized gains (losses) on investments	5		10	<u>,78</u>	37.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	11,	919	, 31	L6.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_	Y	′es	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				_	00.			

Form **990** (2023)

(Form S	t of the Treasury venue Service	Co	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.									
Name o	f the organizati			ARY SERVICE I	OR AN	1ERICA	7		identification number			
Part I	Boscon			ATION, INC.					2-1513535			
				(All organizations must c For lines 1 through 12, cl			ee instruction	IS.				
1 2 3 4	 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 											
5			or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in			
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)									
6	7			nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X] An organizati	on that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community	trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)							
9	An agricultur	al research org	anization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college			
	or university	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or			
	university:											
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment			
	income and ι	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.			
	See section	509(a)(2). (Cor	mplete Part III.)									
11 🗌	An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).					
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on			
	lines 12a thro	ough 12d that o	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.				
a	Type I. A s	upporting orga	anization operated, si	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving			
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting			
	organizatio	n. You must c	omplete Part IV, Se	ections A and B.								
b	Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving			
	control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.								
с [Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,			
	its support	ed organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.					
d	Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	rted organiz	zation(s)			
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness			
	requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .					
е [Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
	functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.						
f Er	nter the number	of supported o	organizations									
g Pr	ovide the follow	ing informatior	about the supporte	d organization(s).								
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	-	(vi) Amount of other			
	organization (described of lines 1-10 yes No support (see instructions) support (see							support (see instructions)				
									ļ			
									ļ			
Total												

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

Schedule A (Form 990) 2023

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6624684.	5667345.	5417242.	8277780.	4366627.	30353678.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6624684.	5667345.	5417242.	8277780.	4366627.	30353678.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						30353678.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6624684.	5667345.	5417242.	8277780.	4366627.	30353678.
	Gross income from interest,	00210010	30073131	511/2120	02///001	10000270	
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	36,941.	11,937.	7,202.	29,123.	82,363.	167,566.
•	and income from similar sources	50,541.	11,557.	7,202.	27,123.	02,303.	107,5000
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	C 01F	15 000	12 070	0 076	22 470	67 221
	assets (Explain in Part VI.)	6,815.	15,000.	13,070.	8,976.	23,470.	<u>67,331.</u> 30588575.
	Total support. Add lines 7 through 10						502002/2.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the						
0	organization, check this box and stop						
	ction C. Computation of Publi						00.00
	Public support percentage for 2023 (li		•			14	99.23 %
	Public support percentage from 2022					15	99.55 %
16a	33 1/3% support test - 2023. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s

Schedule A (Form 990) 2023

WOMEN IN MILITARY SER	ICE FOR	AMERICA
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Schedule A (Form 990) 2023 MEMORIAL FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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Section A. Fublic Support							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or business under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from 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							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support			1				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 							
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)	L	l				N	
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	rourth, or fifth tax	year as a section 5	O1(C)(3	s) organizatio	n,
Section C. Computation of Public	ic Support Per	centage					
15 Public support percentage for 2023 (column (f))		15		%
16 Public support percentage from 2022	, (),	, ,			16		%
Section D. Computation of Invest							/0
17 Investment income percentage for 20			ne 13. column (f))		17		%
18 Investment income percentage from					18		%
19a 33 1/3% support tests - 2023. If the					<u> </u>	6. and line 17	
more than 33 1/3%, check this box a						,	
b 33 1/3% support tests - 2022. If the	-	•				n 33 1/3%. a	nd
line 18 is not more than 33 1/3%, che	-						
20 Private foundation. If the organization		•	-			-	

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

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1

Yes

No

Schedule A (Form 990) 2023 MEM(Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

WOMEN IN MILITARY SERVICE FOR AMERICA

Sch	edule A (Form 990) 2023 MEMORIAL FOUNDATION, INC. 52	2 - 151353	5 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ers, ted		
	organization, describe how the powers to appoint and/or remove officers, 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 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>C</u>	supported organizations played in this regard.	3		
<u>3e</u> (tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instrue) The organization satisfied the Activities Test. Complete line 2 below.	ctions).		

b The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c	The organizatior	n supported a governm	ental entity. Describe i	n Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>	
---	------------------	-----------------------	--------------------------	---------------	-----------------	---------------------	-----------------------------	--

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

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

WOMEN IN	MILITARY	SERVICE	FOR	AMERICA
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52-1513535 Bage 6

Sche	dule A (Form 990) 2023 MEMORIAL FOUNDATION, INC	•		52-1513535 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain</i>)	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION INC.

_	dule A (Form 990) 2023 MEMORIAL FOUN			5	2-1513535 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	ſ	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023		MILITARY FOUNDATIO		FOR	AMERICA	52–1513535 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provide 2, 3b, 3c, 4b, 4c, ines 2 and 3; Part	the explanations i 5a, 6, 9a, 9b, 9c, ² IV, Section E, lines	required by Part 11a, 11b, and 11 s 1c, 2a, 2b, 3a,	lc; Part l and 3b;	V, Section B, lines 1 Part V, line 1; Part V	r 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,

* *	PUBLIC	DISCLOSURE	COPY	*:
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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

WOMEN IN MILITARY SERVICE FOR AMERICA

MEMORIAL FOUNDATION, INC.

Organization type (check one):

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

OMB No. 1545-0047

2023

Employer identification number

52-1513535

Schedule B (Form 990) (2023)
Name of organization

323452 12-26-23

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>805,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>300,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

52-1513535

	ganization IN MILITARY SERVICE FOR AMERICA	Employer identification number			
	IAL FOUNDATION, INC.	52-1513535			
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	l.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.			

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)			Page 4
Name of o	organization			Employer identification number
	IN MILITARY SERVICE FOR	R AMERICA		
	IAL FOUNDATION, INC.			52-1513535
Part III	from any one contributor. Complete columns (a)	through (e) and the following line er	ntry For organizations	
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	r less for the year. (Enter this info.	once.) \$
(a) Na	Use duplicate copies of Part III if additional s	pace is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I		., .		
		(e) Transfer of g	ift	
		(-,		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of g	ift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.		()), ()	() =	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of g	ift	
		(c) transier of g	int int	
	Transferee's name, address, ar	nd ZI P + 4	Relationship of tr	ansferor to transferee
(a) No.				
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of g	ift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee

(Form 990)	For Organizations Exempt From Incom	e Tax Under Section	501(c) and Section \$	527	202	23		
Department of the Treasury Internal Revenue Service		mplete if the organization is described below. Attach to Form 990 or Form 990-EZ. Open Go to www.irs.gov/Form990 for instructions and the latest information.						
If the organization answ	wered "Yes" on Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lir	ne 46 (Political Camp	aign Activ	ities), then:			
 Section 501(c)(3) org 	anizations: Complete Parts I-A and B. Do not cor	nplete Part I-C.						
	r than section 501(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Pa	rt I-B.				
•	ations: Complete Part I-A only.							
	wered "Yes" on Form 990, Part IV, line 4, or Fo							
	panizations that have filed Form 5768 (election un	·	•					
	panizations that have NOT filed Form 5768 (election	·	<i>"</i>					
-	wered "Yes" on Form 990, Part IV, line 5 (Proxy	r Tax) (see separate i	instructions) or Form	990-EZ, P	art V, line 35c	; (Proxy		
Tax) (see separate inst								
Name of organization	i, or (6) organizations: Complete Part III. WOMEN IN MILITARY SERVIO	יד דרם אאדם	ТСЛ	Employe	r identificatio	n number		
Name of organization	MEMORIAL FOUNDATION, INC		ICA		52-15135			
Part I-A Comple	ete if the organization is exempt under		or is a section 5			55		
				Li organ				
1 Drovido o doporintir	on of the examination's direct and indirect politic	al compaign activition	in Dort IV					
•	on of the organization's direct and indirect politica			¢				
	activity expenditures							
3 VOIUNTEER HOURS IOF	political campaign activities							
Part I-B Comple	ete if the organization is exempt unde	er section 501(c)	(3).					
	f any excise tax incurred by the organization und			\$				
	f any excise tax incurred by the organization und							
	ncurred a section 4955 tax, did it file Form 4720				Yes	No		
	ade?				Yes			
b If "Yes," describe in								
	ete if the organization is exempt unde	er section 501(c).	except section	501(c)(3)				
	irectly expended by the filing organization for sec							
	f the filing organization's funds contributed to oth			····· • <u> </u>				
exempt function ac		0		\$				
	on expenditures. Add lines 1 and 2. Enter here a			···· • <u> </u>				
				\$				
	zation file Form 1120-POL for this year?				Yes	No		
	ddresses, and employer identification number (El							
	or each organization listed, enter the amount paid		-					
	ved that were promptly and directly delivered to a	•••						
	mittee (PAC). If additional space is needed, provi							
(a) Name	e (b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of	political		
(u) Harre		(0) 2(filing organizati		ntributions rec			
			funds. If none, en		promptly and			
					delivered to a s political organ			
					If none, ente			
					,			
		1						

Political Campaign and Lobbying Activities

Schedule C (Form 990) 2023

OMB No. 1545-0047

SCHEDULE C

			LITARY SERV			
Schedule C (Form 990) 2023	MEMOR	IAL FO	UNDATION, IN 1 npt under section	$\frac{NC}{501(a)(2)}$ and file	52-1	513535 Page 2
Part II-A Complete if the section 501(h	-	on is exer	npt under section	1 50 1 (C)(3) and file	a Form 5768 (ele	ction under
			taka di susa ya ƙasa di Katala	Deat N/ an also affiliate al		
	•	•	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	and share of exces	, ,	, ,			
B Check if the filing of	organization check	ked box A ar	nd "limited control" pro	visions apply.		
(The term		(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditure	s to influence pub	lic opinion (g	grassroots lobbying)			
b Total lobbying expenditure	s to influence a le	gislative bod	y (direct lobbying)		60,000.	
c Total lobbying expenditure	s (add lines 1a an	- d 1b)			60,000.	
d Other exempt purpose exp	enditures				5,113,411.	
e Total exempt purpose expe	enditures (add line	s 1c and 1d))		5,173,411.	
f Lobbying nontaxable amou	unt. Enter the amo	unt from the	following table in both	n columns.	408,671.	
If the amount on line 1e, colu	ımn (a) or (b) is:	The lob	bying nontaxable amo	ount is:		
not over \$500,000,		20% of t	he amount on line 1e.			
over \$500,000 but not over	r \$1,000,000,	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not ov	ver \$1,500,000,	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
over \$1,500,000 but not ov	ver \$17,000,000,	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,		\$1,000,0	000.			
g Grassroots nontaxable am	ount (enter 25% o	f line 1f)			102,168.	
h Subtract line 1g from line 1	a. If zero or less, e	enter -0-			0.	
i Subtract line 1f from line 1	c. If zero or less, e	nter -0			0.	
j If there is an amount other	than zero on eithe	er line 1h or l	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax	for this year?					Yes No
(Some organiza		a section 50	raging Period Under D1(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.
	Lob	bying Exper	nditures During 4-Yea	r Averaging Period	ſ	
Calendar year (or fiscal year beginning in) (a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amou	unt 37	2,141.	400,939.	381,960.	408,671.	1,563,711.
b Lobbying ceiling amount (150% of line 2a, column(e)))					2,345,567.
c Total lobbying expenditure	s		60,000.	60,000.	60,000.	180,000.
d Grassroots nontaxable am		3,035.	100,235.	95,490.	102,168.	390,928.
 Grassroots ceiling amount 						

f Grassroots lobbying expenditures

(150% of line 2d, column (e))

Schedule C (Form 990) 2023

586,392.

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(1	(b)	
	lobbying activity.			Amount		
1 a	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: Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
	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					
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)), or sec	tion		
	501(c)(6).				-	
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions					
-	t IV Supplemental Information					
Duessi	the descriptions required for Dest I.A. line 1. Dest I.D. line 4. Dest I.O. line 5. Dest I.A. (officiated evenus			10/		

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.

60	HEDULE D	Supplem	ent	al Financial Statements			OMB No. 1545-0047	
	n 990)	Complete if the organization answered "Yes" on Form 990, 2023						
		Part IV, line 6, 7,	8, 9, 10	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.			Open to Public	
	ment of the Treasury I Revenue Service	Go to www.irs.gov/		90 for instructions and the latest informatio	n.		Inspection	
Nam	e of the organizati	n WOMEN IN MILITZ	er identification number					
_		MEMORIAL FOUND					52-1513535	
Pa		answered "Yes" on Form 990, Pa		ed Funds or Other Similar Funds or	Acco	ounts.	Complete if the	
	organizatio	answered fes on Form 990, Fa	rt iv, iii	(a) Donor advised funds	(b) (b)	Funde a	nd other accounts	
4	Total number at or	d of yoor			(0)			
1 2		d of year contributions to (during year)						
3		grants from (during year)						
4		end of year						
5				writing that the assets held in donor advised	funds			
•	-			exclusive legal control?			Yes No	
6				advisors in writing that grant funds can be use				
	•			or donor advisor, or for any other purpose cor	-			
					0		. Yes No	
Pa	rt II Conserv	tion Easements. Complete	f the or	rganization answered "Yes" on Form 990, Par	t IV, line	e 7.		
1		ervation easements held by the or						
	Preservation	of land for public use (for example	, recrea	ation or education) Preservation of a l	nistorica	ally imp	ortant land area	
	Protection o	natural habitat		Preservation of a d	ertified	l histori	c structure	
	Preservation	of open space						
2	Complete lines 2a	hrough 2d if the organization held	a quali	ified conservation contribution in the form of a	conse	rvation	easement on the last	
	day of the tax year					Hel	d at the End of the Tax Year	
а	Total number of co	nservation easements			. 2	a		
b		cted by conservation easements				b		
с	Number of conservent	ation easements on a certified his	oric str	ructure included on line 2a	2	c		
d	Number of conservent	ation easements included on line :	2c acqu	uired after July 25, 2006, and not				
	on a historic struct	are listed in the National Register			2	d		
3	Number of conserv	ation easements modified, transfe	rred, re	leased, extinguished, or terminated by the or	ganizati	on duri	ng the tax	
	year							
4		here property subject to conserva						
5				riodic monitoring, inspection, handling of				
-		rcement of the conservation ease						
6	Staff and voluntee	hours devoted to monitoring, insp	ecting,	, handling of violations, and enforcing conserv	ation e	asemer	its during the year	
7	Amount of ovnono		a hon	dling of violations, and enforcing conservatior	00000	vanta di	ring the year	
'	Amount of expens	s incurred in monitoring, inspecti	iy, nan	ding of violations, and enforcing conservation	Casen		ining the year	
8	Does each conser	 ation easement reported on line 2	d above	e satisfy the requirements of section 170(h)(4)	B)(i)			
•							Yes No	
9				ion easements in its revenue and expense sta				
				note to the organization's financial statements			s the	
	organization's acc	unting for conservation easement	s.					
Pa	rt III Organiza	tions Maintaining Collecti	ons o	f Art, Historical Treasures, or Othe	r Sim	ilar As	ssets.	
	Complete if	the organization answered "Yes"	on Forn	n 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB	ASC 95	58, not to report in its revenue statement and	balanco	e sheet	works	
	of art, historical tre	asures, or other similar assets held	l for pu	blic exhibition, education, or research in furth	erance	of publi	c	
	service, provide in	Part XIII the text of the footnote to	its fina	ncial statements that describes these items.				
b	If the organization	elected, as permitted under FASB	ASC 95	58, to report in its revenue statement and bala	nce sh	eet wor	ks of	
	art, historical treas	ires, or other similar assets held fo	r publi	c exhibition, education, or research in furthera	nce of	public s	service,	
	-	g amounts relating to these items						
	(i) Revenue inclu	ed on Form 990, Part VIII, line 1						
2				easures, or other similar assets for financial ga	in, prov	vide		
	-	nts required to be reported under		-				
LHA	For Paperwork Re	duction Act Notice, see the Inst	uction	s for Form 990.		Sch	edule D (Form 990) 2023	

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Scho		N MILITARY L FOUNDATI		-	R AMER	RICA	5	2-15	13535	• Page 2
	t III Organizations Maintaining Co				asures. o	r Other S				
3	Using the organization's acquisition, accessio								COntin	
Ū	collection items (check all that apply).		as, oneon any		nowing that	i marte olgi	inioarit at	50 01 100		
а	X Public exhibition			or eych	ange progra	m				
b	X Scholarly research				ange progra					
c	X Preservation for future generations			·						
4	Provide a description of the organization's co	lloctions and ovalai	in how thoy fu	thor the	organizatio	n'e ovomn	tourpos	o in Dort	VIII	
5	During the year, did the organization solicit or	•			•		· ·	enran	<u>, , , , , , , , , , , , , , , , , , , </u>	
5	to be sold to raise funds rather than to be ma								Yes	X No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		ete il tile orgai	IZALION	answereu		111 990, 1	-art iv, ii	16 9, 01	
10	Is the organization an agent, trustee, custodia		dian (for cont	ibutiona	or other on	ooto not in	aludad			
Ia									Vee	
	on Form 990, Part X?							∟	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	blowing table:						Amount	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
-	Distributions during the year						1e			
f	Ending balance						1 f		7	
	Did the organization include an amount on Fo					-	?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if						N Three ve	ara baak	(a) Four	veere beek
	-	(a) Current year	(b) Prior y	ear	(c) Two yea	IS DACK (C			(e) Four	years back
	Beginning of year balance						3	0,776.		30,770.
b	Contributions									
С	Net investment earnings, gains, and losses									6.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs						3	0,776.		
f	Administrative expenses									
g	End of year balance									30,776.
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1g, col	umn (a))	held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiz	ation that are	held and	d administer	red for the			_	
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requi	ired on Sched	ule R?					Зb	
4	Describe in Part XIII the intended uses of the	organization's endo	owment funds							
Par	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line	11a. Se	e Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or (other (I) Cost o	or other	(c) Acc	umulated	d l	(d) Book	value
		basis (invest	ment)	basis (o	other)	depr	eciation			
1a	Land									
	Buildings		29	,338	3,965.	23,85	52,43	3.	5,486	5,532.
	Leasehold improvements				5,916.	20)6,59			,323.
	Equipment				3,828.		30,72			3,099.
	Other		2		1,525.					,525.
	. Add lines 1a through 1e. (Column (d) must ed									479.
		,		- un the	-#					

Schedule D (Form 990) 2023

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 2,226,260. (1) RIGHT-OF-USE ASSETS (2) (3) (4) (5) (6) (7) (8) (9) 2,226,260. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes 141,449 ST LEASE LIABILITY (2) 2,507,107 LT LEASE LIABILITY (3) (4) (5) (6) (7) (8) (9) 2,648,556. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2.

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

WOMEN II	V	MILITARY	SEF	RVICE	FOR	AMERICA
MEMORIA		FOUNDATIC)N.	INC.		

Sche	edule D (Form 990) 2023 MEMORIAL FOUNDATION, INC.		1513535 Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		5,944,235.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	a Net unrealized gains (losses) on investments 2a1	0,787.	
b	Donated services and use of facilities 2b 1,09	0,699.	
с	Recoveries of prior year grants 2c		
d	d Other (Describe in Part XIII.) 2d 26	7,199.	
е	Add lines 2a through 2d	2e	1,368,685.
3	Subtract line 2e from line 1		4,575,550.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,575,550.
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Returr	ו
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		
2		1	6,531,309.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		6,531,309.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<u>1</u> 0,699.	6,531,309.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 1,09		6,531,309.
	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments		6,531,309.
	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses		
b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	0,699. 7,199.	1,357,898.
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	0,699. 7,199. 2e	
b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	0,699. 7,199. 2e	1,357,898.
b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	0,699. 7,199. 2e	1,357,898.
b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) a Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	0,699. 7,199. 2e	1,357,898.
b c d 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	0,699. 7,199. 2e	<u>1,357,898.</u> 5,173,411. 0.
b c e 3 4 b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) a Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.)	0,699. 7,199. 2e 3 4c	1,357,898. 5,173,411.

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

PART III, LINE 1A:

WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC. (THE
FOUNDATION) RECEIVES ITEMS OF HISTORICAL SIGNIFICANCE DONATED FOR
EXHIBITION AT THE MEMORIAL. THESE ITEMS INCLUDE MILITARY UNIFORMS AND
OTHER GEAR FROM ALL MILITARY SERVICE BRANCHES; PRIVATE DIARIES AND LETTERS
FROM WOMEN IN THE MILITARY; AND PHOTOS, POSTERS, NEWSPAPERS, AND OTHER
PUBLISHED MATERIALS RELATING TO WOMEN WHO HAVE SERVED OR ARE SERVING IN
THE MILITARY. IT IS NOT THE FOUNDATION'S POLICY TO CAPITALIZE THESE
ITEMS. THE FOUNDATION MAINTAINS DETAILED RECORDS OF ALL DONATIONS, HAS
POLICIES AND PROCEDURES ADDRESSING THE UPKEEP AND PRESERVATION OF THESE
ITEMS, AND DISPLAYS A SELECTION OF THE COLLECTION ITEMS AT THE MEMORIAL.
THE FOUNDATION HAD NO SIGNIFICANT DEACCESSIONS OR DISPOSALS OF COLLECTIONS
332054 09-28-23 Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

DURING THE YEARS ENDED DECEMBER 31, 2023 AND 2022.

PART III, LINE 4:

Schedule D (Form 990) 2023

ARTIFACTS: MILITARY-ISSUE PERSONAL ITEMS SUCH AS FIRST AID KITS AND

GROOMING SUPPLIES; ITEMS REFLECTING POPULAR CULTURE SUCH AS PAPER DOLLS,

BARBIES AND BUTTONS; PERSONAL COLLECTIBLES FROM SERVICE IN THE UNITED

STATES AND OVERSEAS; AND MEDALS, INSIGNIA AND PATCHES.

TEXTILES: UNIFORMS OF ALL SERVICES FROM WORLD WAR I TO THE PRESENT

INCLUDING SERVICE DRESS, FORMAL, FATIGUE AND EXERCISE CLOTHING.

AUDIOVISUALS: RECORDINGS OF WOMEN'S MILITARY BANDS, RECRUITING FILMS AND

VIDEOS ABOUT MILITARY WOMEN.

INSTITUTIONAL COLLECTION: FOUNDATION NEWSLETTERS AND PUBLICATIONS,

WOMEN'S MEMORIAL MEMORY BOOK PAGES AND BLUEPRINTS; AND NATIONAL DESIGN

COMPETITION ENTRIES.

IN FEBRUARY 2000, THE FOUNDATION OFFICIALLY LAUNCHED THE ORAL HISTORY PROGRAM TO COLLECT THE PERSONAL STORIES OF VETERANS AND ACTIVE DUTY SERVICEWOMEN. THE ORAL HISTORY COLLECTION NOW HOUSES OVER 1,000 NARRATIVES FROM ALL BRANCHES FROM WORLD WAR I TO THE PRESENT. OUR RESOURCES ALSO INCLUDE A RESEARCH LIBRARY OF OVER 1,000 BOOKS BY AND ABOUT MILITARY WOMEN.

THE WOMEN'S MEMORIAL FOUNDATION COLLECTION AND THE ORAL HISTORY COLLECTION ARE USED TO CREATE BOTH PERMANENT AND SPECIAL EXHIBITS IN THE WOMEN'S MEMORIAL, LOCATED AT THE GATEWAY TO ARLINGTON NATIONAL CEMETARY. THEY ARE ALSO AN IMPORTANT RESOURCE FOR THE FOUNDATION'S SPECIAL PROJECTS SUCH AS CALENDARS, BOOKS, BROCHURES, PRESENTATIONS, EDUCATIONAL MATERIALS, AND WEB-BASED PROJECTS. RESEARCHERS OF ALL KINDS-STUDENTS, BOOK AUTHORS, Schedule D (Form 990) 2023

	WOMEN IN MILITARY SERVICE FOR AMERICA	
Schedule D (Form 990) 2023	MEMORIAL FOUNDATION, INC.	52-1513535 Page 5
Part XIII Supplemental Inform	nation (continued)	
NEWSPAPERS AND MAGAZ	INES, THE MILITARY SERVICES, AND VETERA	ANS '
ORGANIZATIONS AS WEL	L AS CONSTITUENTS MAY ALSO USE THE COLI	LECTIONS AND
LIBRARY FOR SIMILAR	PURPOSES. ITEMS FROM THE COLLECTIONS A	ARE ALSO
AVAILABLE FOR LOAN T	O MUSEUMS-FROM THE NATIONAL TO THE LOCA	AL LEVEL.

PART V, LINE 4:

THE FOUNDATION HAD DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR THE PURPOSE OF GENERATING EARNINGS TO PROVIDE SCHOLARSHIPS TO WOMEN WHO HAVE BEEN ACCEPTED FOR ENROLLMENT IN AN ACCREDITED INSTITUTION OF HIGHER LEARNING. DURING 2020, AS A RESULT OF AMENDED AGREEMENTS WITH THE DONORS, THE ENDOWMENT FUNDS WERE AMENDED FORM SCHOLARSHIP FUND ENDOWMENTS TO PURPOSE AND TIME RESTRICTED NET ASSETS WITH THE PURPOSE OF FUNDING ANNUAL INTERNSHIPS, RESEARCH GRANTS, AND SUPPORT TO THE FOUNDATIONS GENERAL OPERATING FUND. THE AMENDMENT TO THE ENDOWMENT FUND WAS SHOWN AS A RECLASSIFICATION OF NET ASSETS IN 2020.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE 501(C)(3). INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE INCOME TAXES. THE FOUNDATION DID NOT INCUR ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022. THE FOUNDATION'S FEDERAL EXEMPT ORGANIZATION TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING COSTS

Schedule D (Form 990) 2023 Part XIII Supplemental Infor	MILITARY SERVIC FOUNDATION, INC	52-1513535 Page 5
PART XII, LINE 2D -		
FUNDRAISING COSTS		267 100

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990)		nplete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					or if the	2023	
Department of the Treasury		Attach to Form 990 or Form 990-EZ.						Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instru				n		Inspection	
Name of the organization								oyer identification number	
		L FOUNDATION, INC.					52-151		
	complete this part	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	. Form 990-E	Z filers are not	
 a X Mail solicitat b X Internet and c Phone solici d X In-person so 2 a Did the organization 	ions email solicitations tations licitations on have a written c		ation of ation of I fundra	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus	tees,	or XYe	es 🗌 No	
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu organization.	ant to	agree	ments under which th	he fun	draiser is to b	be	
(i) Name and addres or entity (fund		(ii) Activity fundraiser have custody from activity from activity		tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization			
LYNCH PINNACLE GROU			Yes	No	-				
BETHESDA METRO CENT	rer #430,			x	2,810,144.		279,000	. 2,531,144.	
Total		n is registered or licensed to solicit			2,810,144.		279,000		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

of fundraising event contributions and gro			IV, line 18, or reported	
	(a) Event #1 ANNIVERSARY GALA	(b) Event #2 JESSICA LYNCH & FIRE	(c) Other events	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	368,851.		63,487.	510,255
2 Less: Contributions	231,826.	77,917.	29,786.	339,529
3 Gross income (line 1 minus line 2)	137,025.		33,701.	170,726
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	34,075.	44,242.	37,646.	115,963
7 Food and beverages				
	39,609. 71,779.		<u>14,453.</u> 8,230.	92,714
Institution Institution	ne 3, column (d)			267,199 -96,473
1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
7 Direct expense summary. Add lines 2 through	5 in column (d)			
8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
s the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
	 Gross receipts	ANNIVERSARY GALA (event type) 1 Gross receipts	ANNIVERSARY JESSICA GALA LYNCH & FIRE (event type) (event type) 1 Gross receipts 368,851. 77,917. 2 Less: Contributions 231,826. 77,917. 3 Gross income (line 1 minus line 2) 137,025. 4 4 Cash prizes	ANNIVERSARY JESSICA LYNCH & FIRE 2 (event type) (event type) (total number) 1 Gross receipts 368,851. 77,917. 63,487. 2 Less: Contributions 231,826. 77,917. 29,786. 3 Gross income (ine 1 minus line 2) 137,025. 33,701. 4 Cash prizes

WOMEN IN MILITARY SERVICE FOR AMERICA

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		MILITARY SI				
Schedule G (Form 990) 2023		FOUNDATION			<u>1513535</u>	Page 3
11 Does the organization conduct					Yes	└── No
12 Is the organization a grantor, be						
to administer charitable gaming13 Indicate the percentage of gam					Yes	No
a The organization's facility					13a	%
b An outside facility					13b	<u>%</u>
14 Enter the name and address of						
		Ũ				
Name						
Address						
15a Does the organization have a co	ontract with a third p	party from whom the or	ganization receives ga	Iming revenue?	Yes	🗌 No
		ad by the exception	¢	and the amount		
b If "Yes," enter the amount of ga of gaming revenue retained by			Φ	and the amount		
c If "Yes," enter name and addres						
	ss of the time party.					
Name						
Address						
16 Gaming manager information:						
Name						
	•					
Gaming manager compensation	า \$					
Description of services provide	4					
Description of services provided						
Director/officer	Employee		endent contractor			
17 Mandatory distributions:						
a Is the organization required unc						
retain the state gaming license? b Enter the amount of distributior		to low to be distribute			· Ves	└── No
organization's own exempt acti	•		a to other exempt orga	anizations of spent in the		
Part IV Supplemental Info	ormation. Provide	e the explanations requ		columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b,						
SCHEDULE G, PART I	, LINE 2B,	LIST OF TEN	HIGHEST PA	ID FUNDRAISERS	5:	
(I) NAME OF FUNDRA	ISER: LYNCI	H PINNACLE G	ROUP LLC			
(I) ADDRESS OF FUN	DRAISER:					
3 BETHESDA METRO C	ENTER #430	, BETHESDA,	MD 20814			

	WOMEN IN	MILITARY SERVIC	CE FOR AMERICA	
Schedule G (Form 990) Part IV Supplemental Inform	MEMORIAL	FOUNDATION, INC		52-1513535 Page 4
Part IV Supplemental Inform	mation (continue	ed)		

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. WOMEN IN MILITARY SERVICE FOR AMERICA

INC.



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

MEMORIAL FOUNDATION,

THE FOUNDATION'S LARGEST PROGRAM SERVICE, THE MEMORIAL EDUCATION CENTER, IS THE ONLY NATIONAL HISTORICAL REPOSITORY DOCUMENTING THE CONTRIBUTIONS AND SERVICE OF ALL MILITARY WOMEN. WELCOMING MORE THAN 100,000 VISITORS ANNUALLY, WE EDUCATE AND INSPIRE THROUGH INNOVATIVE AND INTERACTIVE EXHIBITIONS USING OUR UNIQUE WORLD-CLASS COLLECTIONS. THE MEMORIAL EDUCATION CENTER OFFERS ENGAGING BEYOND OUR EXHIBITS, PROGRAMS AND EVENTS FOR ALL GENERATIONS. OUR THEATER HOSTS FREE EDUCATIONAL PROGRAMS AND FILM SCREENINGS OF MAJOR DOCUMENTARIES THAT HIGHLIGHT THE SERVICE OF MILITARY WOMEN, INCLUDING "THE SIX TRIPLE EIGHT: NO MAIL, LOW MORALE" THE AMAZING STORY OF THE ONLY ALL-BLACK ARMY POSTAL BATTALION IN WORLD WAR II. EDUCATIONAL TOURS, MEANWHILE, ARE OFTEN BASED ON VISITOR CHARACTERISTICS FOR INDIVIDUALS, HONOR FLIGHTS, SCHOOL GROUPS, AND BOTH DOMESTIC AND INTERNATIONAL TOUR DUE TO THE GLOBAL PANDEMIC, WE LEVERAGED DIGITAL TECHNOLOGY, GROUPS. EXPANDING OUR EDUCATIONAL PROGRAMMING TO A GLOBAL AUDIENCE. DIGITAL TECHNOLOGY ALSO ENABLED NEW PROGRAMMING, SUCH AS "HERSTORY," WHERE WE INTERVIEW AND HIGHLIGHT THE STORIES OF MILITARY WOMEN WHOSE CAREERS AND CONTRIBUTIONS PROVIDE INSPIRING AND VALUABLE LESSONS IN LEADERSHIP AND PERSEVERANCE. NATIONAL OUTREACH: IN ADDITION TO VIRTUAL/DIGITAL EFFORTS TO EXTEND

OUR OUTREACH, WE ALSO HAVE VOLUNTEER AMBASSADORS IN EACH STATE WHO ARE

ABLE TO ENGAGE LOCALLY WITH THEIR COMMUNITIES AND VETERAN ORGANIZATIONS

TO PROVIDE EDUCATION ON MILITARY WOMEN'S SERVICE AND ITS IMPACT ON OUR

NATION'S HISTORY.

THOUGHT LEADERSHIP: HIGHLIGHTS FROM OUR LEADERSHIP DEVELOPMENT

Schedule O (Form 990) 2023 Page 2 WOMEN IN MILITARY SERVICE FOR AMERICA Name of the organization Employer identification number 52-1513535 MEMORIAL FOUNDATION, INC. EFFORTS, MWM PARTNERED WITH BOOZ ALLEN HAMILTON AND WOMEN IN DEFENSE TO PRESENT AN ONLINE CONVERSATION WITH WOMEN LEADERS FROM ACROSS WITH DEFENSE SPACE TO LEARN HOW WOMEN SERVICE MEMBERS CAN TRANSITION INTO A CIVILIAN DEFENSE CAREER AND WHY IN-DEMAND TECH POSITIONS ESPECIALLY SHOULD BE CONSIDERED. WE ALSO PARTNERED WITH COMCAST/NBCUNIVERSAL, THE MEMORIAL TO HOST CNBC'S "FAST MONEY HALFTIME REPORT" WHICH BROUGHT TOGETHER A PANEL OF ACTIVE AND RETIRED MILITARY AND MILITARY FAMILIES TO DISCUSS LEADERSHIP, SERVICE AND PATHWAYS TO SUCCESSFUL PERSONAL AND FINANCIAL HEALTH.

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

PRIOR TO THE SUMMER FULL BOARD MEETING, THE AUDIT COMMITTEE HAS A MEETING WITH THE INDEPENDENT AUDITOR TO DISCUSS THE RESULTS OF THE AUDIT/FORM 990 WORK. FOLLOWING THE AUDIT COMMITTEE MEETING, THE FULL BOARD MEETS WITH THE AUDIT FIRM TO GO OVER THE SAME DOCUMENTS. DURING THIS FULL BOARD MEETING, THE BOARD VOTES TO "APPROVE" THE FORM 990 FOR SUBMISSION.

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

A WRITTEN CONFLICT OF INTEREST POLICY IS IN PLACE FOR ALL OFFICERS AND DIRECTORS OF THE FOUNDATION BOARD AND KEY FOUNDATION EMPLOYEES. IT REQUIRES THEM TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST DECLARATION PROVIDED BY THE FOUNDATION AND TO UPDATE SUCH DECLARATION AS NECESSARY TO REFLECT CHANGES DURING THE COURSE OF THE YEAR. THE POLICY IS ADMINISTERED BY THE GOVERNANCE COMMITTEE. THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE PRESIDENT ARE RESPONSIBLE FOR REVIEWING ANNUAL DECLARATIONS, RECEIVING DISCLOSURE OF POSSIBLE CONFLICTS, DOCUMENTING AND REVIEWING POSSIBLE CONFLICTS AND THEIR RESOLUTION AND REPORTING ON THE

ADMINISTRATION OF THIS POLICY TO THE BOARD.

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

IN ACCORDANCE WITH THE COMPENSATION POLICY ESTABLISHED BY THE GOVERNING BODY, THE RECOMMENDED COMPENSATION FOR THE PRESIDENT IS DEVELOPED BY THE COMPENSATION COMMITTEE, MADE UP OF INDEPENDENT DIRECTORS. THE COMPENSATION COMMITTEE DEVELOPS A COMPENSATION RECOMMENDATION BASED ON A REVIEW OF COMPARABLY SIZED, PURPOSED AND LOCATED NONPROFITS. ONCE A RECOMMENDED COMPENSATION IS DEVELOPED, IT IS REVIEWED BY AN INDEPENDENT HR CONSULTANT BEFORE IT IS PRESENTED FOR APPROVAL BY THE FULL BOARD. COMPENSATION DECISIONS ARE DOCUMENTED IN WRITING AND FORWARDED TO THE FINANCE DEPARTMENT FOR IMPLEMENTATION. COMPENSATION IS REVIEWED ANNUALLY AS A PART OF THE PRESIDENT'S PERFORMANCE EVALUATION PROCESS. ANY COMPENSATION ADJUSTMENTS ARE DOCUMENTED IN WRITING AND FILED WITH THE FINANCE DEPARTMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,CA,CO,CT,FL,GA,HI,ID,IL,IA,IN,KS,LA,KY,MD,MA,ME,MI,MN,MO,MT,MS,NC ND,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SD,SC,TN,TX,UT,VT,VA,WA,WI,WV,DE,NE,WY

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

THE LAST FOUR YEARS OF FORM 990 ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE (WOMENSMEMORIAL.ORG). THE FORM 990 IS ALSO AVAILABLE VIA PUBLIC CHARITY SITES LIKE CHARITY NAVIGATOR AND IS AVAILABLE TO ANYONE BY REQUEST.

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

THE LAST FOUR YEARS AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ON THE

ORGANIZATION'S WEBSITE, WHILE BYLAWS, CONFLICT OF INTEREST POLICY, AND

FINANCIALS ARE ALL AVAILABLE BY REQUEST.

Schedule O (Form 990) 2023	Page 2
Name of the organization WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.	Employer identification number 52-1513535
FORM 990, PART IX, LINE 11G, OTHER FEES:	
IT SERVICES:	
PROGRAM SERVICE EXPENSES	86,303.
MANAGEMENT AND GENERAL EXPENSES	13,292.
FUNDRAISING EXPENSES	8,795.
TOTAL EXPENSES	108,390.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	374,222.
MANAGEMENT AND GENERAL EXPENSES	133,143.
FUNDRAISING EXPENSES	3,538.
TOTAL EXPENSES	510,903.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	619,293.