EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change PLANET WOMEN Name change 27-0726824 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 202 834-9697 9720 COPPERTOP LOOP NE 104 1,682,060. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return BAINBRIDGE ISLAND, WA 98110-3690 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KRISTINE ZEIGLER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.PLANETWOMEN.ORG **H(c)** Group exemption number ▶ **K** Form of organization: \overline{X} Corporation Association Other > L Year of formation: 2009 M State of legal domicile: WA Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO PARTNER WITH WOMEN TO CREATE Activities & Governance A HEALTHY PLANET FOR THE BENEFIT OF ALL LIFE. if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 1,125,525. 1,678,210. Contributions and grants (Part VIII, line 1h) 8 3,850. 0. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,125,525. 1,682,060. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 239,532. 519,150. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 387,020. 929,556. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 140,131. 176,939. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 766,683. 1,625,645. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 358,842. 56,415. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 28 440,042. 509,674. 20 Total assets (Part X, line 16) 75,594. 88,811. 21 Total liabilities (Part X, line 26) 三年 364,448. 420,863 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KRISTINE ZEIGLER, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 05/12/23 self-employed P01339785 MIKE LIND, CPA MIKE LIND, CPA Paid Firm's name | HEARTHSTONE CPA GROUP P.S. Firm's EIN ▶ 91-1397083 Preparer Firm's address \blacktriangleright 4312 KITSAP WAY, SUITE 102 Use Only Phone no. 360-479-4611 BREMERTON, WA 98312 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form	n 990 (2021) PLANET WOMEN 27-0726824 Page	2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PARTNER WITH WOMEN TO CARE FOR THE FOREST, WATERS, AND COMMUNITIES	_
	ESSENTIAL TO MITIGATING CLIMATE CHANGE WHILE PREPARING WOMEN TO LEAD;	_
	AND TO HELP ENVIRONMENTAL CONSERVATION OGANIZATIONS TO BECOME MORE	_
	DIVERSE AND WELCOMING.	_
_		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	607 001 000 575 3 050	_
та	THE 100 WOMEN PATHWAY BRINGS TOGETHER A POWERFUL COMMUNITY OF RISING	- /
		_
	WOMEN LEADERS TO PROPEL THEM INTO KEY LEADERSHIP POSITIONS ACROSS THE	_
	ENVIRONMENTAL FIELD. THE GOAL IS TO DOUBLE THE NUMBER OF DIVERSE WOMEN	_
	IN C-SUITE ROLES AT U.S BASED ENVIRONMENTAL ORGANIZATIONS OVER THE	_
	NEXT FIVE YEARS. THE 100 WOMEN PATHWAY FOCUSES ON IDENTIFYING THE	
	BARRIERS AND CHALLENGES THAT ARE UNIQUE TO WOMEN, ESPECIALLY WOMEN OF	
	COLOR.	
		_
		_
		_
		_
	(Code:) (Expenses \$ 627,890 • including grants of \$ 259,575 •) (Revenue \$	_
4b		_)
	THE REGENERATIVE LEADERSHIP PROJECT IS A ONE-OF-A-KIND LEADERSHIP	_
	TRAINING BASED ON PRINCIPLES OF DECOLONIZATION AND FEMINISM. BLENDING	_
	VIRTUAL GROUP MEETINGS AND INDIVIDUAL SELF-REFLECTION PRACTICES, THIS	_
	LEARNING JOURNEY IS FOR ENVIRONMENTAL PRACTITIONERS OF ALL IDENTITIES	
	AT ANY STAGE OF THEIR CAREER TO LEARN HOW TO EMBODY ANTI-OPPRESSION AND	
	CARRY THAT OUT IN THEIR ORGANIZATIONS, TEAMS AND COMMUNITIES.	
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		-
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_		_
4c	(Code:) (Expenses \$	_)
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		_
		_
		-
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,255,781.	

Form 990 (2021) PLANET WOMEN Part IV Checklist of Required Schedules

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. Is the organization a section 501(e)(4,501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6). Bit the organization and year and yedonar divised 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 II Did the organization mention 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. 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, doth remanagement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II. 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, doth remanagement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II. If the organization asserts or any of the following questions is "Yes," then complete Schedule D, Part X VIII. If It the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X X Ind 10 Ind the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X X Ind III. Did the organization separate or consolidated financial stateme				Yes	No
2 Is the organization required to complete Schedule 8, Schedule 67 Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates to public office? #1*Yes,** complete Schedule C, Part I 3 Section 501(c)(5) organizations. Did the organization engage in libbbying activities, or have a section 501(b) election in effect during that surpair! #1*Yes,** complete Schedule C, Part II 5 Is the organization a section 501(c)(6), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Park Price, 9 Complete Schedule C, Part II 6 Did the organization analysis of the organization extraction and the organization that receives membership dues, assessments, or similar amounts as defined in Park Price, 9 Complete Schedule C, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If Yes,** complete Schedule C, Part II 8 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land rease, or historic structures? If Yes,** complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If Yes,** complete Schedule D, Part IV 10 Did the organization report an amount for Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts must listed in Part X, ine Part X. line 107; If Yes,** complete Schedule D, Part VII 11 If the organization report an amount for land, buildings, and equipment in Part X, line 107; If Yes,** complete Schedule D, Part VII 12 Did the organization report an amount for investments - orbar securities in Part X, line 107; If Yes,** complete Schedule D, Part VII 13 Did the organization report an amount for investments - organization statements for the tax year III 14 Did the organization separation answer of No 10 In In Part X, line 25; I	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "Yes," complete Schedule C, Part II 4 Section 501(c)(S) organizations. Did the organization engage in libbility activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(h)(s), 501(s)(s), 501(s), 501(s					_
public office? If "Yes," complete Schedule C, Part II Section 501(\$\text{sq}\$) arganization. Did the organization engage in lobbying activities, or have a section 501(\$\text{sq}\$) election in effect during the tax year? If "Yes," complete Schedule C, Part III Is the organization asctorin 501(\$\text{sq}\$) (3)(\$\text{sq}\$), or 501(\$\text{sq}\$) (9) organization that receives membership dues, assessments, or similar amounts as defined in Park Price, "Somplete Schedule C, Part III Did the organization maritatin any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts If "If "yes," complete Schedule D, Part II Did the organization maritatin collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide oredat courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part V	2		2	<u> X</u>	
4 Section S01(s)3 organizations. Did the organization engage in lobbying activities, or have a section 501(s) election in effect during the tax year? If "Yes," complete Schedule C, Part III is the organization a section 501(s)4), 501(s)6), or 501(s)6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99.19° If "Yes," complete Schedule C, Part III 5 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 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 II Did the organization received nobled accessory of art. historical passaries. Proventile Schedule D, Part II Did the organization maintain collections of works of art. historical breasures, or other similar assets? If "Yes," complete Schedule D, Part II 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 If the organization is answer to industry a related organization, hold assets in donor-restricted andowments or in quasil endowments? If "Yes," complete Schedule D, Part V II If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V III If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V III Did the organization report an amount for westments- program eletested in Part X, line 102, that is 5% or more of its total assets reported in Part X, line 107 If "Yes," complete Schedule D, Part V III Did the organization report an amount for other assets in Part X, line 113, that is 5% or more of its total assets reported in Par	3				l
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section Solic(all, SOl(c(a)), or SOl(c(a)), or SOl(c(a)), or SOl(c(a)), or SOl(c(a)) Bit 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment in the control of the comparization report an amount in Part X, line 2 (a) for secret or custodial account liability, serve as a custodian for amounts not listed in Part X, cor provide credit counseling, debt management, credit repair, or debt negatiation services? If "Yes," complete Schedule D, Part IV If the organization is identified to fund organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V \interest (a) as applicable. If the organization is an amount for investments - brogan related in Part X, line 10? If "Yes," complete Schedule D, Part V VII II II the organization report an amount for investments - brogan related in Part X, line 16? If "Yes," complete Schedule D, Part V VII II II II Description of the part X, line 16? If "Yes," complete Schedule D, Part V VII II		public office? If "Yes," complete Schedule C, Part I	3		X
s the organization a section \$01(c)(4), \$01(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in five, Proc. 98-197 if "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any aminal 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 II Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7, amounts not itself in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed 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 courseling, debt management, rendit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II If the organization is listed 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 courseling, debt management, rendit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II III If III III III III III III III	4				l
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6 Dit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? **I **Yes** complete Schedule D, Part I ** 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *I **Yes**, "complete Schedule D, Part II ** 8 Did the organization maintain collections of voxos of art, historical treasures, or other similar assets? *I **Yes**, "complete Schedule D, Part II ** 9 Did the organization or 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 V ** 10 Did the organization or serve to vary of the following questions is *Yes*, "then complete Schedule D, Part V," If the organization savere to any of the following questions is *Yes*, "then complete Schedule D, Part V," If the organization report an amount for land, buildings, and equipment in Part X, line 10? *If *Yes*, "complete Schedule D, Part V," If 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 V," If the Organization report an amount for investments - program related in Part X, line 16? *If *Yes*, "complete Schedule D, Part V," If 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 V," If the Organization separate in 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 X," If the Organization separate in the Organi	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II B Did the organization maintain collections of works of art, historical treasuries, or other similar assets? If "Yes," complete Schedule D, Part II B Did the organization report an amount in Part X, line 21, for escrow or outstodial 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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 1 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1 Did the organization report an amount for investments - program related 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 V 1 Did the organization report an amount for other liabilities 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 V 1 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 1 Did the organization seport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 1 Did the organization seport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 1 Did the organization seport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 1 Did the organization seport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedul			5		X
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Schedule D, Part III			7		X
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 V 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 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part VI, If If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 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 14 Did the organization report an amount for other assets 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 15 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 X 16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 17 Did the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 18 Did the organization has parate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 19 Did the organization maintain an office, employees, or ag	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
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14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 12 13 14 15 16 17 17 18 18 18 18 19 19 10 19	40		-		X
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	20-	Complete Schedule G, Part III			X
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II			200		\vdash
	۷۱		04	x	
		domestic government on Part IA, column (A), line 1: IT "Yes," complete Schedule I, Parts I and II			(0.0.5.11

Form 990 (2021) PLANET WOMEN
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			l
	Schedule L, Part I	25b		X
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%			۱
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		<u> </u>
	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?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par		•		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			000	

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Form 990 (2021) PLANET WOMEN

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g									
h									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
•	sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.								
Did the analysis and size the grades are to able the first limit of the first 10000									
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand Did the aggregation receive any payments for indeer temping continued the toy year?	44-		Х					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		\vdash					
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					
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	ıJ							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.	.5							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1					
	If "Yes," complete Form 6069.								

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 12	2							
	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	2							
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	Х						
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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
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.)								
	(The Social Diograph and Control and Contr		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	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						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	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						
	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								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶WA								
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)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.	• • •							
	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, ar	d finan	cial						
	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								
	MARY ELLEN TAYLOR - 206-319-2244								
	9720 COPPERTOP LOOP NE, SUITE 104, BAINBRIDGE ISLAND, WA 98110								

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

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

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

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

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

• 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.

(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos heck i	more	than o	one	Reportable	Reportable compensation	Estimated amount of
	hours per week	box,	unles er an	ss per d a di	son i	s both or/trus	n an tee)	compensation from	from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire	a >			ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			eusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KRISTINE ZEIGLER	40.00									
PRESIDENT				Х				188,542.	0.	0.
(2) MARISELA MARTINEZ	40.00									
DIRECTOR		Х						125,754.	0.	0.
(3) LIZA WILLIAMS	40.00									
SECRETARY				Х				125,577.	0.	0.
(4) JANET NGUYEN	30.00									
TREASURER				Х				6,698.	0.	0.
(5) HAZEL WONG	10.00									
DIRECTOR		Х						0.	0.	0.
(6) KAREN POIANI	10.00									
CHAIR, VICE PRESIDENT				Х				0.	0.	0.
(7) KAHEA PACHECO	10.00									
DIRECTOR		Х						0.	0.	0.
(8) SHANA EMILE	10.00									
TREASURER				Х				0.	0.	0.
(9) PAULINA ARROYO	10.00									
SECRETARY				Х				0.	0.	0.
(10) ANNE MARIE SCHOUW	10.00								_	_
VICE CHAIR				Х				0.	0.	0.
(11) CRAIG LEISHER	10.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) ISABELLA CORTES	10.00									_
DIRECTOR		Х						0.	0.	0.
(13) MEG CALDWELL	10.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) BRENDA BERRY	10.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) JAMIE BECHTEL	10.00							_	_	_
VICE CHAIR				Х				0.	0.	0.
										5 000 (2221)

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u> Hi</u>	ghes	st C	compensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	,	Es	timate	:d
	hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensation	- 1		ount o	
	week	offi	cer ar	nd a d	irecto	or/trus	stee)	from	from related	t l		other	
	(list any	ector						the	organization		com	pensa	tion
	hours for	or dir	9.			ated		organization	(W-2/1099-MIS			om the	
	related	stee	truste		a.	bens		(W-2/1099-MISC/	1099-NEC))		anizati	
	organizations below	ıal tr.	onal		ploye	E 00 80		1099-NEC)				d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	צוונ
		드	드	5	포	王吉	<u>E</u>			-+			
			\vdash							-			
		-											
						-				-			
		-											
						-							
			_			-	-						
						-				\longrightarrow	——		
			_								<u> </u>		
							_			\longrightarrow	<u> </u>		
										\longrightarrow	<u> </u>		
1b Subtotal								446,571.		0.			0.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								446,571.		0.	<u> </u>		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	no re	eceived more than \$100,	000 of reportable	е			
compensation from the organization													3
										ſ		Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	oye	e, or	r hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	pensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	ithin	the organization's tax y	ear.				
(A)								(B)		1	(C		
Name and business	address	NC	ONE	3				Description of s	services	С	omper	nsatior	1
										1			
										1			
										<u> </u>			
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	se lis	sted	above) who received me	ore than				
\$100,000 of compensation from the organiz	zation 🕨				()							
												~~~	

27-0726824

Form 990 (2021) PLANET
Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a res	oonse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tariotion Tovorido	Buomicos revenue	sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Ω, Œ		С	Fundraising events		1c	:					
ar A						ı					
s, G			Government grants (contri			,					
Ši			All other contributions, gifts,								
her			similar amounts not included			1,	678,210.				
풀		g	Noncash contributions included in								
Sol		-	Total. Add lines 1a-1f				<b>&gt;</b>	1,678,210.			
							Business Code				
o l	2	а	WORKSHOP				999999	3,850.	3,850.		
Ş		b									
Ser		С									
an Sve		d									
Program Service Revenue		е									
Pr		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f				<b></b>	3,850.			
	3			ling c	dividends	, intere	st, and				
		3 Investment income (including dividends, interest other similar amounts)									
	4		Income from investment of								
	5		Royalties		-	-					
			•		(i) Re	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)				<b>&gt;</b>				
	7		Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis					-			
ē			and sales expenses	7b							
enr		С		7с				-			
ther Revenue			Net gain or (loss)	$\overline{}$			<b>&gt;</b>				
ē	8		Gross income from fundraisin								
됩			including \$	•	•						
			contributions reported on								
			Part IV, line 18		•	8a					
		b	Less: direct expenses								
			Net income or (loss) from				<b>&gt;</b>				
	9		Gross income from gamin								
			Part IV, line 19								
		b	Less: direct expenses					-			
			Net income or (loss) from				<b></b>				
	10		Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from				<b></b>				
			,,			,	Business Code				
Miscellaneous Revenue	11	а									
ane Due		b									
ella		С									
lsc Be			All other revenue								
≥			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					1,682,060.	3,850.	0.	0.

### Part IX | Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiete coluitiit (A).	
Do :	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	457,250.	457,250.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,000.	6,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	55,900.	55,900.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	314,296.	213,721.	72,288.	28,287.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	509,567.	350,591.	115,396.	43,580.
8	Pension plan accruals and contributions (include	-	-	-	-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	42,367.	29,279.	9,568.	3,520.
10	Payroll taxes	63,326.	43,975.	14,021.	3,520. 5,330.
11	Fees for services (nonemployees):	•		,	•
а	Management				
b					
	Accounting	22,582.	16,936.	3,613.	2,033.
	Lobbying	,	,	,	•
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
·	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	888.	663.	112.	113.
14	Information technology	6,532.	4,906.	1,033.	593.
15	Royalties	-			
16	Occupancy	1,386.	1,039.	222.	125.
17	Travel	36,706.	25,373.	11,333.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,978.	994.	984.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,023.	118.	8,905.	
24	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	OUTSIDE CONTRACT SERVIC	46,329.	33,316.	11,397.	1,616.
b	FUNDRASING COSTS	22,915.	2,721.	3,939.	16,255.
С	MEALS & ENTERTAINMENT	7,945.	1,642.	6,303.	
d	PROGRAM EXPENSES	7,626.	7,626.		
е	All other expenses	13,029.	3,731.	8,399.	899.
25	Total functional expenses. Add lines 1 through 24e	1,625,645.	1,255,781.	267,513.	102,351.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2021)

PLANET WOMEN 27-0726824 Page 11

Form 990 (2021)
Part X Balance Sheet

Pal	IL A	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			431,265.	1	500,506.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			8,777.	4	9,168.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,428.			
	b	Less: accumulated depreciation		4,428.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	440,042.	16	509,674.		
	17	Accounts payable and accrued expenses			44,020.	17	33,550.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer office	er, director,			
<u>I</u> E		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese perso	ons		22	
	23	Secured mortgages and notes payable to unr	elated thir	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third p	arties		24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
		of Schedule D			31,574.	25	55,261.
	26	Total liabilities. Add lines 17 through 25			75,594.	26	88,811.
"		Organizations that follow FASB ASC 958, c	heck here	<b>.</b> ▶ □			
Ses		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions				28	
n n		Organizations that do not follow FASB ASC	958, che	ck here ▶ X			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fund			0.	29	0.
Se	30	Paid-in or capital surplus, or land, building, or			0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			364,448.	31	420,863.
Š	32	Total net assets or fund balances			364,448.	32	420,863.
	33	Total liabilities and net assets/fund balances			440,042.	33	509,674.

Form **990** (2021)

Form 990 (2021) PLANET WOMEN 27-0726824 Page 12

Pai	T 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	1,68					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62					
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 15.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	4,4	48.			
5	Net unrealized gains (losses) on investments							
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							
Pai	t XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit						
	Act and OMB Circular A-133?		За		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					
			Form	990	(2021)			

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **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.

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization PLANET WOMEN 27-0726824 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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	<b>Total.</b> Add lines 1 through 3						
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.						_
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the	· ·				501(c)(3)	
	organization, check this box and <b>stop</b>	here			•		
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2021 (lin	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2020. If the o	rganization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualit	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatio	n qualifies as a pu	ublicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	e facts-and-circum	nstances test, che	ck this box and st	<b>top here.</b> Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	e organization qu	alifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<u> </u>

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	Blow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	` '	. ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	249,774.	176,684.	69,816.	1125525.	1678209.	3300008.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		·	·			
3	Gross receipts from activities that are not an unrelated trade or business 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	249,774.	176,684.	69,816.	1125525.	1678209.	3300008.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	123,647.	105,934.	27,193.	62,954.	105,000.	424,728.
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	123,647.	105,934.	27,193.	62,954.	105,000.	424,728.
8	Public support. (Subtract line 7c from line 6.)						2875280.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	249,774.	176,684.	69,816.	1125525.	1678209.	3300008.
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	or loss from the sale of capital					3,850.	3,850.
13	assets (Explain in Part VI.)	249,774.	176,684.	69,816.	1125525.	1682059.	3303858.
	First 5 years. If the Form 990 is for th						
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	87.03 %
16	Public support percentage from 2020					16	74.79 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>121</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	-	-	•	•		<b>▶</b> X
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	, or 19b, check th	is box and see inst	tructions	

Schedule A (Form 990) 2021 PLANET WOMEN 27-0726824 Page 4

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	<i>a</i>		
	9b		
	<u> </u>		
	9с		
	46		
	10a		
	401-		
_	10b	~ 000\	2004

Par	t 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 or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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		
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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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		<u> </u>

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Othe	r gross income (see instructions)	3		
<b>4</b> Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
_	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
<b>a</b> Avera	age monthly value of securities	1a		
<b>b</b> Avera	age monthly cash balances	1b		
<b>c</b> Fair r	market value of other non-exempt-use assets	1c		
d Total	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
(expla	ain in detail in <b>Part VI</b> ):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subti	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
<b>5</b> Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by 0.035.	6		
<b>7</b> Reco	veries of prior-year distributions	7		
8 Minir	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
<b>1</b> Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incor	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations /acation	/\	
	on D - Distributions	uj(o) oupporting orga	inizations _{(continu}	ea)	Current Year
1	Amounts paid to supported organizations to accomplish exer	1	Guirent real		
2	Amounts paid to supported organizations to accomplish exemp				
_	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	ovide details in a size a say		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
a	Excess from 2020				

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e Excess from 2021

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

PLANET WOMEN

**Employer identification number** 27-0726824

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply)	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
	Number of conservation easements included in (c) acquired aft	*	
	listed in the National Register		2d
	Number of conservation easements modified, transferred, relea		
	year >		
4	Number of states where property subject to conservation ease	ment is located	_
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Par	Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in f	furtherance of public
	service, provide in Part XIII the text of the footnote to its financ	ial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	
	the following amounts required to be reported under FASB ASC	C 958 relating to these items:	
		o ood rolating to those items.	
	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$

	DIANEM W	OMENI		27 (	0726824 Page 2
	dule D (Form 990) 2021 PLANET W  't III Organizations Maintaining Co		orical Treasures, o		
3	Using the organization's acquisition, accession				· · · · · · · · · · · · · · · · · · ·
Ü	collection items (check all that apply):	, and other records, effect	carry or the following tha	t make significant use of	113
а	Public exhibition	d 🗌	Loan or exchange progra	am	
b	Scholarly research	e	Other		
C	Preservation for future generations	е	Otilei		
4	Provide a description of the organization's colle	actions and avalain how th	ov further the organization	on's exempt purpose in B	Part VIII
5	During the year, did the organization solicit or r				ait Aiii.
3	to be sold to raise funds rather than to be mair				Yes No
Pai	rt IV Escrow and Custodial Arrange	ements. Complete if the	organization answored	"Vos" on Form 000 Part	
ı uı	reported an amount on Form 990, Part		e organization answered	res on Form 990, Part	iv, line 9, or
12	Is the organization an agent, trustee, custodiar		contributions or other as	sots not included	
ıa	on Form 990, Part X?	•			Yes No
h	If "Yes," explain the arrangement in Part XIII ar				1es 140
b	ii res, explain the arrangement in Fart Alli ar	id complete the following	lable.		Amount
_	Paginning halance			10	, unodite
	Beginning balance				
	Additions during the year				
e	Distributions during the year				
f 20	Ending balance  Did the organization include an amount on For				Yes No
	If "Yes," explain the arrangement in Part XIII. C			•	
Par					
	·		Prior year (c) Two year		ack (e) Four years back
10	Beginning of year balance	(a) carrette year (b)	(e) Two you	(a) Throo youro se	ton (c) i our your o buon
	Contributions				
C C	5 , 5 , , , , ,				
d	Grants or scholarships Other expenditures for facilities				
е					
	and programs				
	Administrative expenses				
g					
2	Provide the estimated percentage of the currer	· ·	g, column (a)) neid as:		
	Board designated or quasi-endowment	%			
	Permanent endowment	%			
С	Term endowment   %				
0-	The percentages on lines 2a, 2b, and 2c should	3	A considerated and a color to take	on all formalisms are a second and the second	
за	Are there endowment funds not in the possess	ion of the organization tha	it are neid and administe	red for the organization	Yes No
	by:				
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				
b	If "Yes" on line 3a(ii), are the related organization				3b
4 Da:	Describe in Part XIII the intended uses of the o		runds.		
rai	t VI Land, Buildings, and Equipme		/ line 11a Cas Farm 000	) Dort V line 10	
	Complete if the organization answered	1			(4) 5
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
		basis (investment)	basis (other)	depreciation	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
	Leasehold improvements				
d	Equipment				
е	Other		4,428.	4,428.	0.
	I. Add lines 1a through 1e. (Column (d) must equal	l Form 990. Part X. colun	nn (B). line 10c.)	<b>&gt;</b>	0.

Schedule D (Form 990) 2021

(a) Deceri	<del>-</del>		11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
•	al derivatives			
2) Closely	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	Investments - Program Related.			
· are viii	Complete if the organization answered "Yes" of	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 ea	nd-of-vear market value
(1)	(a) = see process	(,	(-,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) must equal Form 990 Part Y col (R) line 13 )			
otal. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (Part IX	Other Assets.  Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description  15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8)	Other Assets.  Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description  15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columna X	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columna X	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column X X I. (1) Fed (2) P.F.	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Cold Part X	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Cold Part X)  1. (1) Fee (2) P2 (3) (4)	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column A)  (1) Fee (2) PA (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6)	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (Col	Other Assets.  Complete if the organization answered "Yes" (a)	Description  15.)		5. <b>(b)</b> Book value

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b		ed services and use of facilities			
С		eries of prior year grants			
d		(Describe in Part XIII.)	1 4 . 1		
е	Add lin	nes 2a through 2d		2e	
3	Subtra	ct line <b>2e</b> from line <b>1</b>		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (	(Describe in Part XIII.)	4b		
С	Add lin	nes <b>4a</b> and <b>4b</b>		4c	
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta		ses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total e	expenses and losses per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С	Other I	osses	2c		
d	Other (	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3	Subtra	ct line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a		
			4b		
b	Other (	(Describe in Part XIII.)	40		
	Add lin	nes <b>4a</b> and <b>4b</b>			
c 5	Add lin Total e	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18			
5 <b>Pa</b>	Add lir Total e rt XIII	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 <b>Supplemental Information.</b>	.)	5	
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 <b>Supplemental Information.</b>	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,
5 Pai	Add lin Total e rt XIII ide the d	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18 <b>Supplemental Information.</b> descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	5	,

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

	ANET WOMEN					27-072683	2.4
Pai	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ		
	Form 990, Part IV	/, line 14b.					
1				ds to substantiate the amount of its gra			] <b>(37</b> )
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
2	For grantmakers Desc	rihe in Part V the	organization's r	procedures for monitoring the use of its	arants and oth	ner assistance out	side the
_	United States.	TIDO II II GIL V LIIC	organization of	or coodains for mornioning the ase of his	granto ana oti	ici assistance sat	side the
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
			in the region	3 /		.,	In the region
							<del>                                     </del>
							+
	Subtotal	0	0				0.
b	Total from continuation	0	0				0.
c	sheets to Part I  Totals (add lines 3a						· ·
·	and 3b)	0	0				0.

Schedule F (Form 990) 2021 PLANET WOMEN 27-0726824

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			BUILDING THE CAPACITY OF BOTSWANAN WILDLIFE CONSERVATIONISTS	49,900.		0.		
		BOTSWANA	FOR WFCB TO LAY FOUNDATION FOR WOMAN'S GROUP PROJECT	6,000.		0.		
	inization by the IRS,	or for which the grantee	I recognized as charities by the f or counsel has provided a sect			<b>&gt;</b>		1

Page 2

<u>Schedule F (Form 990) 2021</u> PLANET WOMEN 27-0726824 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2021 PLANET WOMEN 27-0726824 Page 4
Part IV Foreign Forms

· uit	iv   i dieigii i dillis		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

Yes X No

132075 12-20-21

Schedule F (Form 990) 2021

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PLANET WO	MEN						27-0726824
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S	<del> </del>	•			(f) Method of	T	Γ
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ONE TREE PLANTED							
145 PINE HAVEN SHORES ROAD							   WOMEN - LED TREE PLANTING
SHELBURNE, VT 05482	46-4664562		152,000.	0.			PROJECTS IN AFRICA
CONGO EDUCATION PARTNERS							UNIVERSITY SCHOLARSHIPS
548 MARKET STREET							FOR WOMEN IN THE CONGO
SAN FRANCISCO, CA 94104	91-2166435		25,000.	0.			RAINFOREST
WOMEN FOR CONSERVATION							WOMEN'S EMPOWERMENT, JOB
6990 IVY HILL DRIVE	04 2120200		24.000	0			TRAINING, REPRODUCTIVE
WARRENTON, VA 20187	84-2139308		24,000.	0.			HEALTH
SONORAN INSTITUTE							COLORADO RIVER DELTA
100 N STONE AVE SUITE 1001							RESTORATION, WATER
TUCSON, AZ 85701	86-0684610		50,000.	0.			CONSERVATION
			,				
THE NATURE CONSERVANCY							INDIGENOUS PEOPLES'
4245 N FAIRFAX DRIVE SUITE 100							BURNING NETWORK, REVIVING
ARLINGTON, VA 22203	53-0242652		14,500.	0.			CULTURAL FIRE PRACTICES
VITAL VOICES							WOMEN'S LEADERSHIP OF
1509 16TH ST NW	E2 2151557		6 500	0			WOMEN'S LEADERSHIP ON
WASHINGTON, DC 20036	52-2151557		6,500.	0.			CLIMATE
2 Enter total number of section 501(c)(3) a							·········
3 Enter total number of other organization:	s listed itt trie illie t	table					<b>F</b>

27-0726824

Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHAPTER HOUSE							
1438 ALLESANDRO ST							SUPPORT INDIGENOUS PEOPLE
LOS ANGELES, CA 90026	83-4564456		9,000.	0.			AND ALLIES IN LOS ANGELES
RAINFOREST PARTNERSHIP							PROJECTS THAT INVOLVE
2421 E 7TH ST							INDIGENOUS WOMEN IN THE
AUSTIN, TX 78702	26-1618125		11,000.	0.			AMAZON RAINFOREST
CULTURAL SURVIVAL							COMMUNICATIONS AND LEGAL
2067 MASSACHUSETTS AVE							TRAININGS FOR INDIGENOUS
CAMBRIDGE, MA 02140	23-7182593		46,500.	0.			WOMEN & YOUTH
FOREVER OUR RIVERS							L
PO BOX 3492				_			IMPROVE EQUITABLE ACCESS
GRAND JUNCTION, CO 81502	81-3496752		9,000.	0.			TO CLEAN, HEALTHY RIVERS
INTERSECTIONAL ENVIRONMENTALIST							
3098 CHANNEL DR APT 209							JUSTICE FOR PEOPLE & THE
VENTURA, CA 93001	12-3456789		6,750.	0.			PLANET
DE WILD							GO GDELWE DROGDANSING
RE:WILD							CO-CREATE PROGRAMMING
PO BOX 129 AUSTIN, TX 78767	26-2887967		100,000.	0.			WITH MID-CAREER WOMEN THROUGH GUARDIAN PROGRAM
AUSTIN, IN 10101	20 2007307		100,000.	<u> </u>			INCOOR GUALDIAN PROGRAM

<u>Schedule I (Form 990) 2021 PLANET WOMEN 27-0726824</u>

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
SCHOLAR	SHIPS	3	6,000.	0.				
Part IV	Supplemental Information. Provide the information req	uired in Part I. lin	e 2: Part III. column	(b): and any other ac	dditional information.			
	,	,	, ,	<i>( ),</i>				

Page 2

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

Department of the Treasury

Internal Revenue Service

Part I

**Compensation Information** 

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number PLANET WOMEN 27-0726824 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year did any person listed on Form 900. Part VII. Section A line 1a, with respect to the filing			
7	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•		4a		Х
		4b		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The totally of lines has, not the possent and provide the approache amounts for each term in a trini.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		l

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 PLANET WOMEN 27-0726824 Page 2

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

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

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

		<b>(B)</b> Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISTINE ZEIGLER	(i)	161,875.	26,667.	0.	0.	0.	188,542.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 8b, 7, and 8, and for Part II. Also complete this part for any additional information.	Schedule J (Form 990) 2021	PLANET WOMEN	27-0726824	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.		ntion		
	Provide the information, explanat	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b	, 7, and 8, and for Part II. Also complete this part for any additional information	۱.

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number** 27-0726824

PLANET WOMEN	27-0726824
FORM 990, PART VI, SECTION A, LINE 2:	
TWO OF THE BOARD MEMBERS WERE PREVIOUSLY MARRIED.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TAX RETURN IS REVIEWED BY THE OFFICERS OF THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 12C:	
OFFICERS OF THE BOARD OF DIRECTORS DISCUSS CONFLICTS AT I	LEAST ONCE PER YEAR
OR WHEN A CONFLICT IS SURFACED AND REQUIRES EVERY MEMBER	TO SUBMIT A
CONFLICT OF INTEREST FORM EVERY YEAR.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD APPROVES THE SALARY OF THE CEO.	
FORM 990, PART VI, SECTION C, LINE 18:	
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AN	RE AVAILABLE TO THE
PUBLIC UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
PLANET WOMEN MAKES AVAILABLE ITS FINANCIAL STATEMENTS, GO	OVERNING DOCUMENTS,
AND CONFLICT OF INTEREST POLICY UPON REQUEST.	