

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

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	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	56,016	22	44,987
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	250	24	0
25 Total assets	56,266	25	44,987
26 Total liabilities (describe in Schedule O).	9,544	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,722	27	44,987

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

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What is the organization's primary exempt purpose?

WOMENS PROFESSIONAL FORUM'S PURPOSE IS TO SUPPORT WOMEN ON A PROFESSIONAL LEVEL; TO LEARN FROM EACH MEMBER BY SHARING PROFESSIONAL INFORMATION, EXPERIENCE, IDEAS; TO DEVELOP AND INFLUENCE CONFIDENCE AS WOMEN EXECUTIVES; AND TO EDUCATE AND ENCOURAGE WOMEN TO ASPIRE TO HIGHER CAREER GOALS.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 THE ORGANIZATION BRINGS TOGETHER PROFESSIONAL WOMEN TO SHARE INFORMATION, IDEAS AND EXPERIENCES TO ENHANCE THEIR CAREERS.

(Grants \$ 0) If this amount includes foreign grants, check here

☐

29

(Grants \$) If this amount includes foreign grants, check here

☐

30

(Grants \$) If this amount includes foreign grants, check here

☐

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

☐

32 Total program service expenses (add lines 28a through 31a)

☐

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a46,198

29a

30a

31a

3246,198

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

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(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ERICA PARKER	5.00	0	0	0
PRESIDENT				
LORRI YASKIEWICZ	2.00	0	0	0
PRESIDENT ELECT				
JASMINE BEARD	2.00	0	0	0
FIRST VICE PRESIDENT				
JENNIFER MENCARINI	2.00	0	0	0
SECOND VICE PRESIDENT				
MARLEE FOSTER	2.00	0	0	0
SECRETARY				
LEIGH ANN KLEE	2.00	0	0	0
TREASURER				
LAURA BURTON	2.00	0	0	0
MEMBERSHIP COMMITTEE CHAI				
LISA DAMES HAZLETT	2.00	0	0	0
PROGRAM COMMITTEE CHAIR				
CHANDRA HACKENBRUCH	2.00	0	0	0
WPF FORUM PRESIDENT				
ASHLEY RAPER	2.00	0	0	0
DIRECTOR				
KATE PANZER	2.00	0	0	0
DIRECTOR				
CECELIA ANDERSON	2.00	0	0	0
PAST PRESIDENT/NOMINATING				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed.		
42a	The organization's books are in care of KRISTIN A LANDRUM Telephone no. (336) 271-5243		
	Located at PO BOX 38594 GREENSBORO, NC ZIP + 4 27438		
		Yes	No
b	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)?	42b	No
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI	Yes	No
47	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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here	Signature of officer		2024-02-13				
	ERICA PARKER PRESIDENT		Date				
Paid Preparer Use Only	Print/Type preparer's name MARK WELCH		Preparer's signature		Date 2024-02-13	Check ☐ if self-employed	PTIN P01674505
	Firm's name ▶ CARR RIGGS & INGRAM PLLC					Firm's EIN ▶ 72-1396621	
	Firm's address ▶ PO BOX 10439 GREENSBORO, NC 27404					Phone no. (336) 272-9777	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
WOMENS PROFESSIONAL FORUM

Employer identification number
58-1476618

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION: INTEREST INCOME. AMOUNT: 4.
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: LATE FEES/OTHER INCOME. AMOUNT: 162.
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: LUNCHEONS. AMOUNT: 46,198. DESCRIPTION: STATIONERY & SUPPLIES. AMOUNT: 290. DESCRIPTION: MISCELLANEOUS. AMOUNT: 276. DESCRIPTION: PROGRAMS. AMOUNT: 300. DESCRIPTION: VIRTUAL MEETING HOSTING. AMOUNT: 200. DESCRIPTION: DONATIONS TO WPF FOUNDATION. AMOUNT: 6,642. DESCRIPTION: ANNUAL SOCIAL. AMOUNT: 2,524. DESCRIPTION: BOARD EXPENSES. AMOUNT: 229. DESCRIPTION: NEW MEMBER EVENT. AMOUNT: 216. DESCRIPTION: WEBSITE & MARKETING. AMOUNT: 1,746. TOTAL TO FORM 990-EZ, LINE 16: 58,621.
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: AUCTION PROCEEDS DUE. BEG. OF YEAR AMOUNT: 250. END OF YEAR AMOUNT: 0.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: TRUIST CREDIT CARD. BEG. OF YEAR AMOUNT: 1,080. END OF YEAR AMOUNT: 0. DESCRIPTION: WPF PAYABLE. BEG. OF YEAR AMOUNT: 8,139. END OF YEAR AMOUNT: 0. DESCRIPTION: PREPAID DUES. BEG. OF YEAR AMOUNT: 325. END OF YEAR AMOUNT: 0.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

TY 2023 IRS 990 e-File Render

Name: WOMENS PROFESSIONAL FORUM

EIN: 58-1476618

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.