

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOMEN FOR WOMEN INTERNATIONAL		D Employer identification number 52-1838756
	Doing business as		E Telephone number (202) 737-7705
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,856,712.
	2000 M STREET, NW	200	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: Laurie Adams SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.WOMENFORWOMEN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1993 M State of legal domicile: DC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRAINING WOMEN TO GAIN SKILLS, IMPROVE HEALTH, INFLUENCE DECISIONS, AND ACCESS NETWORKS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	70
	6 Total number of volunteers (estimate if necessary)	6	46
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	23,953,218.	21,020,463.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,926.	234,624.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	156,868.	440,652.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,267,012.	21,695,739.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,276,269.	2,316,656.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,898,636.	10,171,229.
16a Professional fundraising fees (Part IX, column (A), line 11e)		430,093.	343,467.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,252,140.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,872,921.	9,701,425.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,477,919.	22,532,777.
19 Revenue less expenses. Subtract line 18 from line 12	2,789,093.	-837,038.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,633,633.	End of Year 19,264,486.
	21 Total liabilities (Part X, line 26)	2,643,244.	2,508,384.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,990,389.	16,756,102.

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.

Sign Here	Signature of officer <i>Laurie Adams</i>	Date 7/23/2020			
	LAURIE ADAMS, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature <i>Aaron M. Fox</i>	Date 06/15/20	Check if self-employed <input type="checkbox"/>	PTIN P01365820
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323	Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036		
					Phone no. (202) 227-4000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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*** ELECTRONICALLY FILED ON 06/15/2020 ***

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IN COUNTRIES AFFECTED BY CONFLICT AND WAR, WOMEN FOR WOMEN INTERNATIONAL (WOMEN FOR WOMEN) SUPPORTS THE MOST MARGINALIZED WOMEN TO EARN AND SAVE MONEY, IMPROVE HEALTH AND WELL-BEING, INFLUENCE DECISIONS IN THEIR HOME AND COMMUNITY, AND CONNECT TO NETWORKS FOR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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] No 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 (Code:) (Expenses \$ 16,025,952. including grants of \$ 2,316,656.) (Revenue \$) TRAINING AND RELATED PROGRAMS - OUR CORE WORK IS CENTERED ON OUR HOLISTIC, RIGHTS-BASED PROGRAM TO ADDRESS THE NEEDS OF MARGINALIZED WOMEN IN CONFLICT-AFFECTED COUNTRIES AROUND THE WORLD. OUR YEAR-LONG BUNDLED INVESTMENT IN WOMEN INCLUDES INFORMATIONAL TRAINING; SKILL-BUILDING IN NUMERACY, BUSINESS SKILLS AND A CHOSEN VOCATIONAL SKILL; RESOURCE PROVISION IN THE FORM OF A MONTHLY CASH STIPEND, ASSET TRANSFERS FOR VOCATIONAL ACTIVITIES, SAVINGS CHANNEL PROVISION, AND REFERRALS TO HEALTH AND LEGAL SERVICES; AND CONNECTIONS TO LOCAL WOMEN'S NETWORKS AND GLOBAL SUPPORTERS AS WELL AS CONNECTIONS TO OTHER WOMEN, BY CREATING A SAFE AND COMFORTABLE SPACE WHERE WOMEN, IN GROUPS OF 25, LEARN, SHARE AND SUPPORT ONE ANOTHER TO INITIATE CHANGE IN THEIR LIVES.

4b (Code:) (Expenses \$ 909,037. including grants of \$) (Revenue \$) MEDIA, COMMUNICATIONS AND OUTREACH - THE MEDIA, COMMUNICATIONS, AND OUTREACH PROGRAM CULTIVATES RELATIONSHIPS WITH ALLIED ORGANIZATIONS, PARTNERS, AND MEDIA OUTLETS TO RAISE AWARENESS ABOUT THE CRITICAL DEVELOPMENT NEEDS OF MARGINALIZED WOMEN SURVIVORS OF WAR AND CONFLICT AND TO BRING ATTENTION TO THEIR RESILIENCE AND THE IMPORTANT PROGRESS AND IMPACT OF THE TRAINING PROGRAMS IN EIGHT COUNTRIES. THE PROGRAM EMPLOYS OUTREACH STRATEGIES TO INCREASE AWARENESS AND EDUCATE AUDIENCES ABOUT KEY ISSUES INCLUDING THE CRITICAL ROLE SOCIAL EMPOWERMENT PLAYS IN ADVANCING WOMEN'S ECONOMIC AND POLITICAL EMPOWERMENT AROUND THE GLOBE. THE PROGRAM'S PUBLIC EDUCATION AND OUTREACH EFFORTS SEEK TO BUILD SUPPORT AND AWARENESS FOR THE WORK THROUGH A VARIETY OF STRATEGIC ACTIVITIES INCLUDING: SUPPORTING EXECUTIVE COMMUNICATIONS, INITIATING

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,934,989.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included on line 1a, above, who are independent (28); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in 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? (X); 16b 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS
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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 BERHANU DESTA - (202) 737-7705 2000 M STREET, NW, NO. 200, WASHINGTON, DC 20036

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAN ROCK ZUBROW GLOBAL BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) ANN MARIE ETERGINO CHAIR, AUDIT COMMITTEE	1.00	X		X				0.	0.	0.
(3) DEBORAH DAVID CO-CHAIR, GOVERNANCE COMMITTEE	1.00	X		X				0.	0.	0.
(4) DANUTA E. LOCKETT CO-CHAIR, GOVERNANCE COMMITTEE	1.00	X		X				0.	0.	0.
(5) EMMA GREDE CO-CHAIR, REV. & ADV. COMMITTEE	1.00	X		X				0.	0.	0.
(6) DELANEY STEELE CO-CHAIR, REV. & ADV. COMMITTEE	1.00	X		X				0.	0.	0.
(7) GEORGE BIDDLE CO-CHAIR, PROGRAM COMMITTEE	1.00	X		X				0.	0.	0.
(8) TONY GAMBINO GLOBAL BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(9) DEBORAH L. HARMON GLOBAL BOARD SECRETARY	1.00	X		X				0.	0.	0.
(10) LEIGH COMAS TREASURER & CHAIR OF FIN. COMMITTEE	1.00	X		X				0.	0.	0.
(11) MARTIN THOMAS UK TRUSTEES CHAIR	1.00	X		X				0.	0.	0.
(12) PAULA LAIRD BOARD MEMBER & UK TRUSTEE	1.00	X		X				0.	0.	0.
(13) FARIA ABEDIN BOARD MEMBER	1.00	X						0.	0.	0.
(14) DALE G. BERGER BOARD MEMBER	1.00	X						0.	0.	0.
(15) FRAN BERMANZOHN BOARD MEMBER- UNTIL 01/2019	1.00	X						0.	0.	0.
(16) ANDI E. BERNSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
(17) ALEX DUNCAN BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTINE FISHER BOARD MEMBER	1.00	X						0.	0.	0.
(19) KAREN FITZSIMMONS BOARD MEMBER- UNTIL 01/2019	1.00	X						0.	0.	0.
(20) MARNE LEVINE BOARD MEMBER	1.00	X						0.	0.	0.
(21) SHARON MARCIL BOARD MEMBER	1.00	X						0.	0.	0.
(22) MADHURI PATEL BOARD MEMBER	1.00	X						0.	0.	0.
(23) BARBARA PERLMUTTER BOARD MEMBER	1.00	X						0.	0.	0.
(24) PAMELA REEVES BOARD MEMBER	1.00	X						0.	0.	0.
(25) CATHERINE RUSSELL BOARD MEMBER	1.00	X						0.	0.	0.
(26) RIMA SALAH BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,567,614.	0.	149,065.
d Total (add lines 1b and 1c)								1,567,614.	0.	149,065.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **13**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MAL WARWICK ASSOCIATES, INC., 2550 NINTH STREET, SUITE 103, BERKELEY, CA 94710	MARKETING, CREATIVE CONSULTING SERVICES	2,688,722.
CORPORATE TRAVELER DC 5 PARAGON DRIVE, MONTVALE, NJ 07645	TRAVEL AND HOTEL BOOKINGS	153,053.
MARAKUJA ASBL., 3F AVENUE PELICAN, Q. DU VOLCAN, GOMA, CONGO (BRAZZAVILLE)	PROGRAM CONSULTANCY	149,375.
SALESFORCE.ORG DEPARTMENT #34293, SAN FRANCISCO, CA 94139	SALESFORECE SOFTWARE AND SUPPORT	130,913.
NORTH PEAK SOLUTIONS, LLC 2766 BORDEAUX AVENUE, LA JOLLA, CA 92037	SUPPORT FOR SALESFORCE IMPLEMENT	125,250.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 13,322.			
	b	Membership dues	1b			
	c	Fundraising events	1c 366,287.			
	d	Related organizations	1d 3,285,285.			
	e	Government grants (contributions)	1e 413,565.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 16942004.			
	g	Noncash contributions included in lines 1a-1f	1g \$ 229,664.			
	h Total. Add lines 1a-1f			21020463.		
Program Service Revenue	2 a Business Code					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g Total. Add lines 2a-2f					
Other Revenue	3			184,882.		184,882.
	4					
	5					
	6 a	(i) Real				
		(ii) Personal				
	b					
	c					
	d					
	7 a	(i) Securities				
		(ii) Other				
	b					
	c					
d			49,742.		49,742.	
8 a						
b						
c			-61,895.		-61,895.	
9 a						
b						
c						
10 a						
b						
c						
Miscellaneous Revenue	11 a		Business Code			
	SUBLEASE INCOME		900099	449,963.		449,963.
	b OTHER SALES		900099	72,511.		72,511.
	c MISCELLANEOUS		900099	8,784.		8,784.
	d All other revenue		900099	-28,711.		-28,711.
e Total. Add lines 11a-11d			502,547.			
12 Total revenue. See instructions			21695739.	0.	0.	675,276.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,316,656.	2,316,656.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	918,936.	459,786.	203,312.	255,838.
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	7,682,800.	6,329,768.	542,315.	810,717.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	221,012.	167,458.	21,492.	32,062.
9 Other employee benefits	888,991.	714,943.	75,127.	98,921.
10 Payroll taxes	459,490.	335,281.	51,276.	72,933.
11 Fees for services (nonemployees):				
a Management				
b Legal	21,172.	20,269.	9.	894.
c Accounting	117,071.	89,835.	27,236.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	343,467.			343,467.
f Investment management fees	18,887.		18,887.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	422,633.	283,817.	55,223.	83,593.
12 Advertising and promotion	336,480.	94,157.		242,323.
13 Office expenses	995,554.	693,643.	48,112.	253,799.
14 Information technology	515,429.	369,119.	42,054.	104,256.
15 Royalties				
16 Occupancy	1,039,203.	766,704.	92,172.	180,327.
17 Travel	1,088,327.	942,719.	45,710.	99,898.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	35,694.	34,192.	1,502.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	578,658.	439,019.	47,213.	92,426.
23 Insurance	207,842.	144,594.	21,110.	42,138.
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 O.)				
a TRAINING FEES	2,205,502.	2,186,163.	0.	19,339.
b PRINTING & DEVELOPMENT	2,047,482.	456,757.	2,607.	1,588,118.
c OTHER EXPENSES	67,126.	90,109.	45,926.	-68,909.
d FOREIGN CURRENCY LOSS	4,365.		4,365.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,532,777.	16,934,989.	1,345,648.	4,252,140.
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)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,967,030.	1	3,275,432.
	2 Savings and temporary cash investments	2,990,062.	2	2,292,950.
	3 Pledges and grants receivable, net	3,074,670.	3	2,970,507.
	4 Accounts receivable, net	10,481.	4	86,064.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,853.	8	14,257.
	9 Prepaid expenses and deferred charges	703,046.	9	713,370.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,285,646.		
	b Less: accumulated depreciation	10b 4,740,688.		
	11 Investments - publicly traded securities	2,697,858.	10c	2,544,958.
	12 Investments - other securities. See Part IV, line 11	5,367,384.	11	5,888,299.
	13 Investments - program-related. See Part IV, line 11		12	250,845.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	809,249.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,633,633.	15	1,227,804.	
		16	19,264,486.	
Liabilities	17 Accounts payable and accrued expenses	1,247,307.	17	1,440,353.
	18 Grants payable		18	
	19 Deferred revenue	131,905.	19	28,953.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,264,032.	25	1,039,078.
	26 Total liabilities. Add lines 17 through 25	2,643,244.	26	2,508,384.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	13,187,542.	27	11,682,077.
	28 Net assets with donor restrictions	3,802,847.	28	5,074,025.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,990,389.	32	16,756,102.
	33 Total liabilities and net assets/fund balances	19,633,633.	33	19,264,486.

Part 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	21,695,739.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,532,777.
3	Revenue less expenses. Subtract line 2 from line 1	3	-837,038.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,990,389.
5	Net unrealized gains (losses) on investments	5	602,751.
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	16,756,102.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23030191.	17860272.	20952985.	23953218.	21020463.	106817129
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	23030191.	17860272.	20952985.	23953218.	21020463.	106817129
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)						20867490.
6 Public support. Subtract line 5 from line 4.						85949639.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	23030191.	17860272.	20952985.	23953218.	21020463.	106817129
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	221,641.	288,858.	572,611.	606,914.	634,845.	2324869.
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.)	30,935.	40,364.	96,186.	80,048.	81,295.	328,828.
11 Total support. Add lines 7 through 10						109470826
12 Gross receipts from related activities, etc. (see instructions)					12	439,865.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	78.51 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	78.52 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2015 AMOUNT: \$ 30,935.

2016 AMOUNT: \$ 24,656.

2017 AMOUNT: \$ 18,550.

2018 AMOUNT: \$ 5,147.

2019 AMOUNT: \$ 8,784.

OTHER SALES

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 15,708.

2017 AMOUNT: \$ 77,636.

2018 AMOUNT: \$ 74,901.

2019 AMOUNT: \$ 72,511.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

WOMEN FOR WOMEN INTERNATIONAL

Employer identification number

52-1838756

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization WOMEN FOR WOMEN INTERNATIONAL	Employer identification number 52-1838756
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WOMEN FOR WOMEN, UK 32-36 LOMAN STREET LONDON, UNITED KINGDOM SE1 0EH	\$ <u>3,904,718.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CARTIER CHARITABLE FOUNDATION 25 EAST 78TH STREET NEW YORK, NY 10075	\$ <u>1,287,220.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WOMEN FOR WOMEN INTERNATIONAL	Employer identification number 52-1838756
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization WOMEN FOR WOMEN INTERNATIONAL	Employer identification number 52-1838756
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2019
Open to Public Inspection

Name of the organization WOMEN FOR WOMEN INTERNATIONAL **Employer identification number** 52-1838756

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization 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 or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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 exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019



Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	60,750.	60,750.	60,750.	60,750.	60,750.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	60,750.	60,750.	60,750.	60,750.	60,750.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,429.		9,429.
b Buildings		1,256,521.	327,775.	928,746.
c Leasehold improvements		1,368,992.	833,371.	535,621.
d Equipment		1,807,475.	1,429,409.	378,066.
e Other		2,843,229.	2,150,133.	693,096.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,544,958.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER CURRENT ASSETS	546.
(2) INTERCOMPANY RECEIVABLE	857,470.
(3) DEPOSITS	81,170.
(4) EMPLOYEE ADVANCES	20,915.
(5) ACCRUED INTEREST RECEIVABLE	20,592.
(6) SUBLEASE RENT RECEIVABLE	247,111.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,227,804.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASE INCENTIVES	1,034,685.
(3) OTHER CURRENT LIABILITIES	4,393.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,039,078.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	22,491,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	602,751.	
b	Donated services and use of facilities	2b	70,087.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	122,739.	
e	Add lines 2a through 2d	2e		795,577.
3	Subtract line 2e from line 1	3		21,695,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		21,695,739.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	22,725,603.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	70,087.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	122,739.	
e	Add lines 2a through 2d	2e		192,826.
3	Subtract line 2e from line 1	3		22,532,777.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		22,532,777.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE MARY ZIENTS PROFESSIONAL DEVELOPMENT FUND WAS ESTABLISHED TO BE HELD IN PERPETUITY. ONLY THE INTEREST EARNED ON THE FUND MAY BE SPENT.

PART X, LINE 2:

WOMEN FOR WOMEN EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 122,739.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 122,739.

TAXPAYER COPY

**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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

WOMEN FOR WOMEN INTERNATIONAL

52-1838756

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		207,208.
MIDDLE EAST AND NORTH AFRICA	1	16	PROGRAM SERVICES	EDUCATING WOMEN ABOUT CHALLENGES FACED IN REBUILDING THEIR LIVES IN THE AFTERMATH OF WAR.	1,090,150.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		189,228.
SUB-SAHARAN AFRICA	6	156	PROGRAM SERVICES	EDUCATING WOMEN ABOUT CHALLENGES FACED IN REBUILDING THEIR LIVES IN THE AFTERMATH OF WAR.	6,585,483.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,335,814.
EAST ASIA AND THE PACIFIC	1	71	PROGRAM SERVICES	EDUCATING WOMEN ABOUT CHALLENGES FACED IN REBUILDING THEIR LIVES IN THE AFTERMATH OF WAR.	2,186,312.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		584,406.
3 a Subtotal	8	243			12,178,601.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	8	243			12,178,601.

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

Schedule F (Form 990) 2019

Part II 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)
		MIDDLE EAST AND NORTH AFRICA	STRENGTHEN PROTECTION FOR WOMEN AND IMPROVE RESPONSE FOR GBV SURVIVORS	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	10,089.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	10,466.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	12,390.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	12,586.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	12,741.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	14,179.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT SYRIAN WOMEN REFUGEES LIVING IN THE KURDISTAN REGION OF IRAQ	16,163.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **24**

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	16,606.	WIRE	0.		
		SUB-SAHARAN AFRICA	PSYCHOSOCIAL SUPPORT AND PEACE BUILDING TRAINING FOR CONFLICT AFFECTED HOST	17,227.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	17,961.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT SYRIAN WOMEN REFUGEES LIVING IN THE KURDISTAN REGION OF IRAQ	19,912.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	20,483.	WIRE	0.		
		SUB-SAHARAN AFRICA	PSYCHOSOCIAL SUPPORT AND PEACE BUILDING TRAINING FOR CONFLICT AFFECTED HOST	22,297.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT SYRIAN WOMEN REFUGEES LIVING IN THE KURDISTAN REGION OF IRAQ	29,457.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	29,964.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PSYCHOSOCIAL SUPPORT AND PEACE BUILDING TRAINING FOR CONFLICT AFFECTED HOST	29,994.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO ENGAGE WOMEN AS AGENTS OF CHANGE AGAINST VAW AND POVERTY	38,990.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	TO STIMULATE CHANGE AMONG SOCIALLY EXCLUDED YOUNG WOMEN LIVING IN BOSNIA	40,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DEVELOPING VOCATIONAL SKILLS FOR FEMALE ROYINGYA YOUTH	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PSYCHOSOCIAL SUPPORT AND PEACE BUILDING TRAINING FOR CONFLICT AFFECTED HOST	40,872.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT SYRIAN WOMEN REFUGEES LIVING IN THE KURDISTAN REGION OF IRAQ	61,481.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	INTEGRATED SOCIAL AND ECONOMIC EMPOWERMENT FOR MARGINALIZED WOMEN IN KOSOVO	167,208.	WIRE	0.		

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
DIRECT HUMANITARIAN AID	EAST ASIA AND THE PACIFIC	4,040	484,839.	CASH PAYMENT	0.		
DIRECT HUMANITARIAN AID	SUB-SAHARAN AFRICA	8,315	997,756.	CASH PAYMENT & WIRE TRANSFER	0.		
DIRECT HUMANITARIAN AID	MIDDLE EAST AND NORTH AFRICA	847	101,584.	CASH PAYMENT	0.		

Part IV Foreign Forms

- 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 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 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 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 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 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)* Yes No

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

WOMEN FOR WOMEN ENGAGES LOCAL ACCOUNTANTS TO AUDIT COUNTRY PROGRAMS ON AN ANNUAL BASIS AND WOMEN FOR WOMEN UNDERGOES A GLOBAL AUDIT ANNUALLY WITH A US-BASED AUDIT FIRM. DEPENDING UPON WHERE THE GRANT IS ADMINISTERED, GRANT FINANCIAL REPORTS ARE EITHER PREPARED LOCALLY AT THE COUNTRY OFFICE AND REVIEWED BY HQ FINANCE, OR BY HQ FINANCE DIRECTLY. WOMEN FOR WOMEN STAFF WORKS JOINTLY WITH LOCAL STAFF TO PRODUCE BUDGETS FOR COUNTRY OFFICES OUTSIDE THE US. THESE BUDGETS INCLUDE GRANT FUNDED AND NON-GRANT FUNDED ACTIVITIES. EXPENDITURES ARE MONITORED AGAINST THE APPROVED BUDGET BY BOTH LOCAL COUNTRY OFFICE STAFF AND US-BASED FINANCE STAFF. THE COUNTRY OFFICES SUBMIT MONTHLY DETAILED EXPENSE REPORTS TO THE US OFFICE AND US FINANCE STAFF REVIEW SPENDING REPORTS AND PERIODICALLY REQUEST BACKUP FOR SIGNIFICANT OR UNUSUAL EXPENSES. MONTHLY EXPENSE REPORTS ARE REVIEWED AND APPROVED BY LOCAL FINANCE STAFF AND THE COUNTRY DIRECTOR.

PART I, LINE 3:

WOMEN FOR WOMEN REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PSYCHOSOCIAL SUPPORT AND PEACE BUILDING TRAINING FOR CONFLICT AFFECTED HOST COMMUNITY AND INTERNALLY DISPLACED WOMEN AND THEIR FAMILIES IN YEI, RIVER STATE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PSYCHOSOCIAL SUPPORT AND PEACE BUILDING TRAINING

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FOR CONFLICT AFFECTED HOST COMMUNITY AND INTERNALLY DISPLACED WOMEN AND THEIR FAMILIES IN YEI, RIVER STATE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PSYCHOSOCIAL SUPPORT AND PEACE BUILDING TRAINING FOR CONFLICT AFFECTED HOST COMMUNITY AND INTERNALLY DISPLACED WOMEN AND THEIR FAMILIES IN YEI, RIVER STATE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PSYCHOSOCIAL SUPPORT AND PEACE BUILDING TRAINING FOR CONFLICT AFFECTED HOST COMMUNITY AND INTERNALLY DISPLACED WOMEN AND THEIR FAMILIES IN YEI, RIVER STATE

PART III, COL (C):

THE NUMBER OF WOMEN RECEIVING TRAINING STIPENDS IS TRACKED IN A DATABASE MAINTAINED BY WOMEN FOR WOMEN. THIS DATABASE OF ENROLLED WOMEN IS THE SOURCE FOR THE MONTHLY TRAINING STIPEND DISTRIBUTION LIST PROVIDED TO THE COUNTRY OFFICES.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NY LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	427,131.			427,131.
	2	366,287.			366,287.
	3	60,844.			60,844.
Direct Expenses	4	0.			
	5	0.			
	6	0.			
	7	60,844.			60,844.
	8	1,825.			1,825.
	9	60,070.			60,070.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				122,739.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-61,895.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 2550 9TH STREET, SUITE 103, BERKELEY, CA 94710

PART I, LINE 2B, COLUMN (V):

DURING THE YEAR ENDED DECEMBER 31, 2019 MAL WARWICK ASSOCIATION WAS PAID

A TOTAL OF \$2,688,722 OF THIS AMOUNT, \$335,079 WAS RELATED TO PROFESSIONAL FUNDRAISING AND CONSULTING.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

TAXPAYER COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **WOMEN FOR WOMEN INTERNATIONAL**
 Employer identification number: **52-1838756**

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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**

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- 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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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**

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**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURIE ADAMS CHIEF EXECUTIVE OFFICER	(i)	282,233.	0.	0.	14,112.	1,820.	298,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE GUILLERMIN CHIEF ADMINISTRATIVE OFFICER	(i)	220,008.	20,000.	0.	11,000.	7,218.	258,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER MAUK CHIEF OF STAFF	(i)	140,017.	0.	0.	7,001.	6,553.	153,571.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARY O'CONNOR VP MD&C	(i)	185,000.	0.	0.	9,250.	14,724.	208,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEBRA BOWERS SR. DIR., PLANNING AND GRANTS MSMT.	(i)	165,135.	500.	0.	8,257.	9,600.	183,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) IAN GOTTESMAN DIRECTOR, IT	(i)	150,296.	0.	0.	7,515.	1,322.	159,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JANET COFFEY DIRECTOR, FIELD OPERATIONS	(i)	140,897.	0.	0.	7,045.	8,823.	156,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) WILNIE PETRASH DIRECTOR, FIN. PLANNING/ANALYSIS	(i)	130,588.	0.	0.	6,529.	13,133.	150,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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.

PART I, LINE 7:

MICHELLE GUILLERMIN, CHIEF ADMINISTRATIVE OFFICER, RECEIVED A BONUS BASED ON HER PERFORMANCE DURING THE YEAR ENDING DECEMBER 31, 2019.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **WOMEN FOR WOMEN INTERNATIONAL** Employer identification number **52-1838756**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	33	229,664.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

WOMEN FOR WOMEN REPORTS THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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

2019

Open to Public
Inspection

Name of the organization

WOMEN FOR WOMEN INTERNATIONAL

Employer identification number

52-1838756

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT. BY UTILIZING SKILLS, KNOWLEDGE, AND RESOURCES, WOMEN ARE THEN
ABLE TO CREATE SUSTAINABLE CHANGE FOR THEMSELVES, THEIR FAMILIES, AND
COMMUNITY.

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

THIS BUNDLED APPROACH SUPPORTS THE MOST MARGINALIZED WOMEN TO MAKE
PROGRESS IN FOUR KEY AREAS OF SOCIAL AND ECONOMIC EMPOWERMENT: EARN AND
SAVE; HEALTH AND WELLNESS; RIGHTS AND DECISION MAKING; SOCIAL NETWORKS
AND SAFETY NETS. WOMEN LEARN NUMERACY AND BASIC BUSINESS SKILLS THEY
CAN USE TO START SELF-MANAGED BUSINESSES. WE PROVIDE HANDS-ON
PROFESSIONAL AND VOCATIONAL TRAINING IN 1 OF 5 INCOME GENERATION
SECTORS: AGRICULTURE, LIVESTOCK, FOOD PROCESSING, TRADE AND SERVICES,
OR HANDICRAFTS AND MANUFACTURING. WOMEN LEARN HOW SAVING MONEY IS
ESSENTIAL TO ESCAPE THE CYCLE OF POVERTY AND DISCUSS DIFFERENT WAYS TO
SAVE, WHETHER IN SAVINGS GROUPS OR FORMALLY THROUGH BANKS OR CREDIT
UNIONS.

OUR PROGRAM PROVIDES EACH PARTICIPANT A TRAINING STIPEND OF \$10 PER
MONTH, WHICH CAN COVER TRAINING-RELATED EXPENSES, CONTRIBUTE TO
HOUSEHOLD NEEDS, SUCH AS EDUCATION FOR GIRLS, AND HELP WOMEN START TO
BUILD SAVINGS. WE ALSO ENCOURAGE WOMEN TO POOL THEIR KNOWLEDGE, SKILLS
AND RESOURCES AND PROVIDE THEM WITH INFORMATION ON ESTABLISHING GROUP
BUSINESSES AND COOPERATIVES, AND CONNECT WOMEN TO MICROCREDIT
PROVIDERS.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization WOMEN FOR WOMEN INTERNATIONAL	Employer identification number 52-1838756
---	--

BECAUSE ACCESS TO INFORMATION ABOUT HEALTH IS A PRIMARY STEP IN BUILDING CONFIDENCE AND INCREASING USE OF HEALTH SERVICES, WE PROVIDE INFORMATION ON THE PREVENTION, TREATMENT, AND MANAGEMENT OF KEY HEALTH CONCERNS, INCLUDING COMMUNICABLE DISEASES, NUTRITION, SEXUAL AND REPRODUCTIVE HEALTH, MENTAL HEALTH AND STRESS, HYGIENE, AND ENVIRONMENTAL HEALTH. WE WORK TO MAKE IT EASIER FOR OUR PARTICIPANTS TO ACCESS SUCH HEALTH SERVICES, PARTICULARLY IN REMOTE AREAS, THROUGH MAPPING PROVIDERS, CREATING PARTNERSHIPS WITH HEALTH CARE FACILITIES, PROVIDING REFERRALS AND NEGOTIATING LOWER RATES FOR CARE.

WOMEN LEARN ABOUT GENDER EQUALITY AND THEIR FUNDAMENTAL RIGHTS. THEY LEARN ABOUT ASSET MANAGEMENT AND HOUSEHOLD DECISION MAKING. OUR CURRICULUM DISCUSSES THE IMPORTANCE OF CIVIC PARTICIPATION AND VOTING, AS WELL AS TEACHING CRITICAL SKILLS SUCH AS NEGOTIATION AND CONFLICT MANAGEMENT. WOMEN LEARN WHAT THEY CAN DO AS INDIVIDUALS AND AS A GROUP TO EXERCISE THEIR OWN RIGHTS IN THEIR FAMILIES AND COMMUNITIES. THEY ARE ENCOURAGED TO EDUCATE OTHER WOMEN ABOUT WHAT THEY LEARN.

THE PROGRAM HELPS WOMEN LEARN HOW TO WORK TOGETHER TO ADVOCATE FOR AND MAKE TRANSFORMATIVE CHANGE IN THEIR HOMES AND COMMUNITIES. AS A WOMAN MOVES THROUGH THE PROGRAM IN CLASSES OF 25, SHE SHARES IDEAS, RESOURCES, AND INFORMATION. SHE FORMS CLOSE BONDS WITH OTHER WOMEN, BUILDING STRONG SUPPORT NETWORKS. IN COMMUNITIES AFFECTED BY CONFLICT, THESE NETWORKS ARE PARTICULARLY IMPORTANT AS THEY GIVE A WOMAN A PLACE TO GO FOR HELP AND SOMETIMES SURVIVAL. WOMEN USE THEIR NETWORKS TO SOLVE PROBLEMS AND OFTEN BUILD BUSINESSES TOGETHER.

BY ENGAGING WITH MEN AND COMMUNITY STRUCTURES, WE ADDRESS

Name of the organization WOMEN FOR WOMEN INTERNATIONAL	Employer identification number 52-1838756
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DISCRIMINATORY NORMS AND PRACTICES AND ENHANCE THE OPPORTUNITIES FOR WOMEN TO DETERMINE THE COURSE OF THEIR LIVES AND REACH THEIR FULL POTENTIAL. WE AIM TO SENSITIZE MEN TO ISSUES OF SEXUAL AND GENDER-BASED VIOLENCE, THE VALUE OF WOMEN'S WORK, REPRODUCTIVE HEALTH, GIRLS' EDUCATION, AND WOMEN'S PARTICIPATION IN COMMUNITY ACTIVITIES. IN EACH COUNTRY, MEN'S ENGAGEMENT ACTIVITIES AND TRAINING CONTENT ARE TAILORED TO THE CULTURAL AND RELIGIOUS CONTEXT. WE CONNECT GRADUATED WOMEN WITH ADVANCED TRAINING TO HELP THEM GROW AND SCALE PROMISING INDIVIDUAL AND GROUP BUSINESSES, PARTICULARLY IN MORE COMPLEX AND LUCRATIVE SECTORS, SUCH AS THE SPECIALTY COFFEE SECTOR IN RWANDA. WE ARE DEVELOPING A GRASSROOTS COMMUNITY ADVOCACY APPROACH TO TRAIN WOMEN GRADUATES AS "CHANGE AGENTS" AND EQUIPPING THEM WITH THE SKILLS AND OPPORTUNITIES TO ADVOCATE FOR WOMEN'S RIGHTS, VIOLENCE PREVENTION AND ECONOMIC OPPORTUNITIES. OUR WORK SHOWS THAT EVEN THE MOST TRAUMATIZED WOMAN, WHEN SUPPORTED BY HER PEERS AND GIVEN THE RIGHT RESOURCES AND OPPORTUNITIES, CAN BUILD HER SELF-CONFIDENCE, GAIN FINANCIAL KNOWLEDGE TO MANAGE ENTREPRENEURIAL ACTIVITIES THAT YIELD BETTER PROFIT, CONTRIBUTE TO HOUSEHOLD DECISIONS, AND DEFEND HER RIGHTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ENGAGEMENT CAMPAIGNS ON SOCIAL MEDIA, PUBLISHING MONTHLY DIGITAL NEWSLETTERS, AND CONVENING SPECIAL EVENTS AND MEETINGS. IN ADDITION, THE PROGRAM PRODUCES MATERIALS AND PUBLISHES REPORTS THAT PROVIDE UPDATES AND IN-DEPTH ANALYSIS ON THE OPPORTUNITIES AND STRATEGIES FOR INCREASING POSITIVE OUTCOMES FOR WOMEN. THE PUBLICATIONS INCLUDE: ANNUAL REPORTS, COUNTRY BRIEFS, AND ISSUE PAPERS, IN ADDITION TO DIGITAL UPDATES ON THE WEBSITE. THROUGH ONLINE, OFFLINE, AND ENGAGEMENT ACTIVITIES, THE PROGRAM STRIVES TO INFORM AND EDUCATE THE PUBLIC AND

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Name of the organization WOMEN FOR WOMEN INTERNATIONAL	Employer identification number 52-1838756
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CURRENT SUPPORTERS ABOUT THE IMPORTANT DEVELOPMENT GAINS AND PROGRESS

THAT CAN BE ATTAINED BY INVESTING IN WOMEN. ENGAGING PROGRAM

PARTICIPANTS AND GRADUATES TO SHARE THEIR STORIES, THE PROGRAM BRINGS

INSPIRING EVIDENCE AND POWERFUL MESSAGES FROM WOMEN EMPOWERED TO

IMPROVE THEIR LIVES, THEIR FAMILIES, AND THEIR COMMUNITIES.

COLLECTIVELY, THE PROGRAM'S EFFORTS SEEK TO UNDERSCORE THE IMPORTANT

ROLE OF HOLISTIC TRAINING PROGRAMS, INCREASE SUPPORT FOR INTERNATIONAL

DEVELOPMENT APPROACHES THAT SERVE WOMEN, AND INCREASE AWARENESS ABOUT

THE NEED TO ADOPT POLICIES THAT EMPOWER WOMEN IN THE REBUILDING OF

COUNTRIES AND REGIONS IMPACTED BY WAR AND CONFLICT.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AFGHANISTAN, CONGO, DEM REP, RWANDA, SOUTH SUDAN,

NIGERIA, IRAQ, GERMANY

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

WOMEN FOR WOMEN'S FINANCE STAFF REVIEWS THE FINANCIAL ASPECTS OF THE

FEDERAL FORM 990 TO MAKE SURE RESULTS ARE PROPERLY STATED AND RECONCILE TO

THE AUDITED FINANCIAL STATEMENTS. THE GLOBAL LEADERSHIP TEAM REVIEWS BOTH

THE FINANCIAL AND NON-FINANCIAL CONTENT FOR ACCURACY AND COMPLETENESS. ONCE

THE FEDERAL FORM 990 IS REVIEWED AND APPROVED BY MANAGEMENT IT IS REVIEWED

BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE OF

THE BOARD OF DIRECTORS IS COMPRISED OF A SEGMENT OF THE GOVERNING BODY, AND

HAS BEEN CHARGED WITH THE DUTY OF REVIEWING THE FEDERAL FORM 990 DUE TO

THEIR EXPERIENCE AND KNOWLEDGE WITH FINANCIAL MATTERS. THE FEDERAL FORM 990

IS THEN EMAILED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW, PRIOR TO

FILING WITH THE INTERNAL REVENUE SERVICE.

Name of the organization WOMEN FOR WOMEN INTERNATIONAL	Employer identification number 52-1838756
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FORM 990, PART VI, SECTION B, LINE 12C:

WOMEN FOR WOMEN ADDRESSES, AND ENFORCES, CONFLICTS OF INTEREST BASED ON THE WOMEN FOR WOMEN CODE OF CONDUCT POLICY. ON AN ANNUAL BASIS, WOMEN FOR WOMEN CONDUCTS A SURVEY OF THE MEMBERS OF THE BOARD OF DIRECTORS TO DETERMINE WHETHER ANY CONFLICTS EXIST. IF A POTENTIAL CONFLICT ARISES, THE GOVERNANCE COMMITTEE OF THE BOARD OF THE DIRECTORS WOULD EVALUATE ANY CONFLICTS AND DETERMINE IF ANY ACTION IS NECESSARY. IF THE GOVERNANCE COMMITTEE DETERMINED THAT A CONFLICT EXISTED, IT WOULD TAKE STEPS TO LIMIT THE ACTIVITIES AND AUTHORITY OF THE DIRECTOR, OFFICER, OR KEY EMPLOYEE BASED ON THE NATURE OF THE CONFLICT. ADDITIONALLY, TO INCREASE AWARENESS AND COMPLIANCE, WOMEN FOR WOMEN IS IMPLEMENTING THE REQUIREMENT FOR ALL EMPLOYEES AND BOARD MEMBERS TO RECEIVE ANNUAL CODE OF BUSINESS CONDUCT REFRESHER TRAINING.

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

WOMEN FOR WOMEN'S HUMAN RESOURCES WORKS WITH MANAGEMENT TO REVIEW THE POSITION REQUIREMENTS. WOMEN FOR WOMEN THEN DETERMINES COMPARABLE MARKET RATES USING: VIS-A-VIS BENCHMARKED SALARY & BENEFITS DATA FOR SIMILAR NGO AND NON-PROFIT ORGANIZATIONS, REVIEW OF PUBLISHED COMPENSATION STUDIES, AND REVIEW OF SALARY HISTORIES FOR CANDIDATES WHO MEET THE STATED REQUIREMENTS. THE VP OF HUMAN RESOURCES MAKES A REASONABLE SALARY RANGE RECOMMENDATION WHICH IS REVIEWED AND DISCUSSED BY THE CHIEF EXECUTIVE OFFICER AND/OR EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE REQUEST IS APPROVED OR MODIFIED AS NEEDED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, ND, NH, NJ, NY, OH, OK, PA, RI, SC, TN, UT, VA, WA, WI, WV, OR

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Name of the organization WOMEN FOR WOMEN INTERNATIONAL	Employer identification number 52-1838756
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FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **WOMEN FOR WOMEN INTERNATIONAL** Employer identification number **52-1838756**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WFWI EMPOWERMENT CENTER, LLC 3411 SILVERSIDE ROAD, RODNEY BUILDING #104 WILMINGTON, DE 19810	MANAGE WFWI EMPOWERMENT CENTER IN RWANDA	DELAWARE	0.	0.	WFWI

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WOMEN FOR WOMEN, UK 32-36 LOMAN STREET LONDON, UNITED KINGDOM SE1 OEH	EDUCATION	UNITED KINGDOM			WFWI	X	
WOMEN FOR WOMEN INTERNATIONAL DE GGMBH POSTSTRABE 6 HAMBURG, GERMANY 20354	EDUCATION	GERMANY			WFWI	X	

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

Schedule R (Form 990) 2019

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WOMEN FOR WOMEN, UK	C	3,904,718.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. H-1: QUALIFIED TRANSP. FRINGE BENEFITS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of BERHANU DESTA Telephone number (202) 737-7705

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows 14-31.

Part III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 0.
33	Amounts paid for disallowed fringes 0.
34	Charitable contributions (see instructions for limitation rules) 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 0.

Part IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 0.
42	Proxy tax. See instructions 0.
43	Alternative minimum tax (trusts only) 0.
44	Tax on Noncompliant Facility Income. See instructions 0.
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 0.

Part V Tax and Payments	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a
b	Other credits (see instructions) 46b
c	General business credit. Attach Form 3800 46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d
e	Total credits. Add lines 46a through 46d 46e
47	Subtract line 46e from line 45 0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 48
49	Total tax. Add lines 47 and 48 (see instructions) 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 0.
51a	Payments: A 2018 overpayment credited to 2019 51a 135.
b	2019 estimated tax payments 51b 3,900.
c	Tax deposited with Form 8868 51c
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d
e	Backup withholding (see instructions) 51e
f	Credit for small employer health insurance premiums (attach Form 8941) 51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total 51g
52	Total payments. Add lines 51a through 51g 4,035.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 4,035.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> 4,035.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 1	Yes No X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$	

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Laurie Adams* Date: 07/23/2020 Title: **CHIEF EXECUTIVE OFFICER**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature <i>Aaron M. Fox</i>	Date 06/15/20	Check <input type="checkbox"/> if self-employed	PTIN P01365820
	Firm's name MARCUM LLP			Firm's EIN 11-1986323	
	Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036			Phone no. (202) 227-4000	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0. <small>Enter here and on page 1, Part I, line 11, col. (A).</small>	0. <small>Enter here and on page 1, Part I, line 11, col. (B).</small>				0. <small>Enter here and on page 1, Part II, line 26.</small>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

AFGHANISTAN
CONGO, DEM REP
RWANDA
SOUTH SUDAN
NIGERIA
IRAQ
GERMANY

International Boycott Report

**Attachment
Sequence No. 123**

**Paper filers must file in
duplicate (see When and Where
to File in the instructions)**

For tax year beginning 1/1/2019,
and ending 12/31/2019.
▶ **Controlled groups, see instructions.**

Name
WOMEN FOR WOMEN INTERNATIONAL Identifying number
52-1838756

Number, street, and room or suite no. If a P.O. box, see instructions.
2000 M STREET, NW, SUITE 200

City or town, state, and ZIP code
WASHINGTON DC 20036

Address of service center where your tax return is filed
OGDEN, UTAH

Type of filer (check one):
 Individual Partnership Corporation Trust Estate Other

1 Individuals—Enter adjusted gross income from your tax return (see instructions)

2 Partnerships and corporations:

- a Partnerships—Enter each partner's name and identifying number.
- b Corporations—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.

Name	Identifying number

If more space is needed, attach additional sheets and check this box

	Code	Description
c Enter principal business activity code and description (see instructions)	813000	EXEMPT ORG. 501(C)(3)
d IC-DISCs—Enter principal product or service code and description (see instructions)	N/A	

3 Partnerships—Each partnership filing Form 5713 must give the following information:

- a Partnership's total assets (see instructions)
- b Partnership's ordinary income (see instructions)

4 Corporations—Each corporation filing Form 5713 must give the following information:

- a Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.) **FORM 990**
- b Common tax year election (see instructions)
 - (1) Name of corporation ▶ **WOMEN FOR WOMEN INTERNATIONAL**
 - (2) Employer identification number
 - (3) Common tax year beginning 1/1/2019, and ending 12/31/2019
- c Corporations filing this form enter:
 - (1) Total assets (see instructions) **19,264,486**
 - (2) Taxable income before net operating loss and special deductions (see instructions)

5 Estates or trusts—Enter total income (Form 1041, page 1)

6 Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

- a Foreign tax credit
- b Deferral of earnings of controlled foreign corporations
- c Deferral of IC-DISC income
- d FSC exempt foreign trade income
- e Foreign trade income qualifying for the extraterritorial income exclusion

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Laurie Adams
Signature

07/23/2020
Date

CEO
Title

7a Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	Yes	No
b If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		X
c Do you own any stock of an IC-DISC?		X
d Do you claim any foreign tax credit?		X
e Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?		X
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
f Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?		X
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
g Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		X
h Are you a partner in a partnership that has reportable operations under section 999(a)?		X
i Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		X
j Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		X

Part I Operations in or Related to a Boycotting Country (see instructions)

8 Boycott of Israel —Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See Boycotting Countries in the instructions.)	Yes	No
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box.	X	

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a Iraq	52-1838756	813000	EXEMPT ORGANIZATION 501(C)(3)	N/A
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

9 Nonlisted countries boycotting Israel—Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

Yes	No
	X

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

10 Boycotts other than the boycott of Israel—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

Yes	No
	X

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

11 Were you requested to participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

Yes	No
	X

12 Did you participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

	X
--	---

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Part II Requests for and Acts of Participation in or Cooperation With an International Boycott

Requests		Agreements	
Yes	No	Yes	No
	X		X
	X		X
X			X
	X		X
	X		X

- 13a** Did you receive requests to enter into, or did you enter into, any agreement (see instructions):
- (1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—
 - (a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
 - (b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
 - (c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?
 - (d) Refrain from employing individuals of a particular nationality, race, or religion?
 - (2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?

b Requests and agreements—if the answer to any part of 13a is "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only—Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								

2019 D-20 SUB Corporation Franchise Tax Return



* 1 9 0 2 0 3 S 1 1 8 3 3 *

Taxpayer Identification Number (TIN)
521838756

Number of business locations
In DC 1 Outside DC:

SOFTWARE DEVELOPER USE ONLY
VENDOR ID #1833

Name of corporation
WOMEN FOR WOMEN INT'L

Tax period ending (MMDDYYYY)
12312019

- Mark if: QHTC located in DC Ballpark TIF area
- Mark if: AMENDED RETURN
- Mark if: FINAL RETURN
- Mark if: CERTIFIED QHTC
- Mark if: COMBINED REPORT*

Business mailing address #1
2000 M STREET NW SUITE 200

Business mailing address #2

*You must fill in the Designated Agent info below

City
WASHINGTON

State
DC

Zipcode+4
20036

- Mark if: WORLDWIDE**
- **Worldwide form must be filed with this return

Designated Agent Name

Designated Agent TIN

• READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank. If minus, enter amount and mark X in oval.

GROSS INCOME	1	Gross receipts, minus returns and allowances		1	\$	.00
	2	Cost of goods sold (from Form D-20 Schedule A) and/or operations (attach statement)		2	\$	.00
	3	Gross profit from sales and/or operations <i>Line 1 minus Line 2</i>	Mark if minus	3	\$	.00
	4	Dividends from Form D-20, Schedule B		4	\$	.00
	5	Interest (attach statement)		5	\$	.00
	6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6	\$	.00
	7	Gross royalties (attach statement)		7	\$	.00
	8	(a) Net capital gain (loss) (attach a copy of your federal Schedule D)	Mark if minus	8(a)	\$	.00
		(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus	8(b)	\$	.00
	9	Other income (loss) (attach statement)	Mark if minus	9	\$	.00
10	Total gross income Add Lines 3 - 9	Mark if minus	10	\$	.00	
11	Compensation of officers from Form D-20, Schedule C		11	\$	.00	
12	Salaries and wages		12	\$	.00	
13	Repairs		13	\$	.00	
14	Bad debts		14	\$	.00	
15	Rent		15	\$	.00	
16	Taxes From Form D-20, Schedule D		16	\$	.00	
DEDUCTIONS	17	(a) Interest payments	.00			
		(b) Minus nondeductible payments to related entities	.00 =	17(c)	\$	.00
	18	Contributions and/or gifts (attach statement)		18	\$	.00
	19	Amortization (attach a copy of your federal Form 4562)		19	\$	.00
	20	Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)		20	\$	.00
	21	Depletion (attach statement)		21	\$	.00
	22	(a) Enter royalty payments made	.00			
	(b) Minus nondeductible payments to related entities	.00 =	22(c)	\$	.00	

Taxpayer Name: WOMEN FOR WOMEN INT'L



Taxpayer Identification Number (TIN) 521838756

* 1 9 0 2 0 3 S 2 1 8 3 3 *

Enter dollar amounts only

DEDUCTIONS	23	Pension, profit-sharing plans		23	\$		.00
	24	Other deductions (attach statement)		24	\$		.00
	25	Total deductions Add Lines 11 - 24		25	\$		.00
	26	Net income Line 10 minus Line 25	Mark if minus	26	\$		.00
	27	Net operating loss deduction for years before 2000		27	\$		.00
	28	Net income after net operating loss deduction Line 26 minus Line 27	Mark if minus	28	\$		.00
	29	(a) Non-business income/state adjustment (attach statement)	Mark if minus	29a	\$		.00
		(b) Expense related to non-business income (attach statement)		29b	\$		.00
	(c) 29(a) minus 29(b)	Mark if minus	29c	\$		.00	
	30	Net income subject to apportionment Line 28 minus Line 29(c)	Mark if minus	30	\$		.00
	31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5 if Combined Report, from Combined Reporting Schedule 2A, Col. 1 Line 9.		31		1.000000	
	32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor.	Mark if minus	32	\$		.00
TAXABLE INCOME	33	Other income/deductions attributable to DC (attach statement - see instructions)	Mark if minus	33	\$		.00
	34	Total taxable income <i>before</i> apportioned NOL deduction Line 32 plus or minus Line 33	Mark if minus	34	\$		.00
	35	Apportioned NOL deduction (Losses occurring in year 2000 and later) * *(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)		35	\$		.00
	36	Tentative DC taxable income. Line 34 minus Line 35.	Mark if minus	36	\$		.00
	37	Allocated/apportioned net capital gain from sale or exchange of an eligible investment in a DC QHTC, from Schedule QCGI, Line 3		37	\$		.00
	38	DC taxable income. Line 36 minus Line 37. If QHTC, skip Lines 39-43. Complete QHTC Schedule on Page 4, Lines 1-13.	Mark if minus	38	\$		.00
TAX - PAYMENTS AND CREDITS	39	Tentative tax 8.25% of Line 38.		39	\$		.00
	40	3% tax on eligible QHTC capital gain income, from Schedule QCGI, Line 4.		40	\$		.00
	41	Total tax. Add Line 39 and Line 40.		41	\$		.00
	42	Minus nonrefundable credits from Schedule UB, Line 9		42	\$		.00
	43	Total DC gross receipts from Line '4' MTLGR Worksheet	\$			.00	
	44	Net tax. Line 41 minus Line 42. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M.		44	\$		250.00
	45	Payments and refundable credits:					
		(a) Tax paid, if any, with request for an extension of time to file.		45a	\$		.00
		(b) Tax paid, if any, with original return if this is an amended return		45b	\$		.00
		(c) 2019 estimated franchise tax payments		45c	\$		1858.00
	(d) Refundable credits <i>from Schedule UB, Line 12</i>		45d	\$		.00	
46	If this is an amended 2019 return, enter refund requested with original return.		46	\$		.00	
47	Total payments and credits. Add Lines 45(a) through 45(d). Do not include Line 46.		47	\$		1858.00	
48	Estimated tax interest (Mark if D-2220 attached)		48	\$		.00	
49	Total Amount Due. If Line 47 is smaller than the total of Lines 44 and 48, enter amount due. <i>Will this payment come from an account outside of the U.S.? Yes No See instructions</i>		49	\$		.00	
50	Overpayment. If Line 47 is larger than the total of Lines 44 and 48, enter amount overpaid.		50	\$		1608.00	
51	Amount you want to apply to your 2020 estimated franchise tax		51	\$		.00	
52	Amount to be refunded Line 50 minus Line 51		52	\$		1608.00	



Taxpayer Name: WOMEN FOR WOMEN INT'L
 Taxpayer Identification Number (TIN) 521838756

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
	AMOUNT	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
1. Inventory at beginning of year	\$ 0		
2. Merchandise bought for manufacture or sale		DIVIDENDS FROM FED FORM	\$ 0
3. Salaries and wages			
4. Other costs per books (attach statement)			
(Additional federal depreciation and additional IRC § 179 expenses are not allowable.)			
5. Total	\$ 0		
6. Minus: Inventory at end of tax year			
7. Cost of goods sold (Enter here and on D-20 Line 2.)	\$ 0		

Method of inventory valuation:		Total Dividends	
		Minus deduction for Subpart F Income.	\$ 0
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	\$ 0

Schedule C - Compensation of officers (See specific instructions for Line 11. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$ 0	\$ 0
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$ 0	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$ 0		\$ 0
		TOTAL (Enter here and on D-20, Line 16.)	\$ 0

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$ 0	7. Total DC taxable income reported (from D-20, Line 36).	\$ 0
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16).		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			
(b) _____			
6. TOTAL of Lines 1-5.	\$ 0	10. TOTAL of Lines 7, 8 and 9.	\$ 0

Taxpayer Name: WOMEN FOR WOMEN INT'L

Taxpayer Identification Number (TIN) 521838756



Schedule F - DC apportionment factor (See instructions.) Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar. If an amount is zero, leave the line blank. Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
1. SALES FACTOR: All gross receipts of the business other than gross receipts from non-business income.	\$.00	\$.00	.00

For Financial Institutions:

2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income.	\$.00	\$.00	.00
3. PAYROLL FACTOR: Total compensation paid or accrued by the financial institution.	\$.00	\$.00	.00

4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Col. 3. Enter on D-20, Line 31

For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31.

Qualified High Technology Companies Tax, Exemption and Credits Schedule (See instructions)

1	Initial Date of Certification as QHTC (MMDDYYYY)			
2	Initial Date Of Taxable Income (MMDDYYYY)			
3	Cumulative Amount of QHTC Franchise Tax Exemption Previously Used	\$	.00	
4	DC taxable income. D-20 Line 38.	Mark if minus:	4 \$	.00
5	Tentative QHTC Franchise Tax 6.0% of Line 4		5 \$	.00
6	3% tax on eligible QHTC capital gains income From Line 4 of Schedule QCGI		6 \$	.00
7	Total QHTC Franchise Tax. Add Line 5 and Line 6.		7 \$	.00
8	Minus nonrefundable credits from Schedule UB, Line 9		8 \$	.00
9	QHTC tax due. Subtract Line 8 from Line 7		9 \$	.00
10	Minus QHTC Franchise Tax Exemption This Return		10 \$	.00
11	Total DC gross receipts from Line '4' MTLGR Worksheet	\$	.00	
12	Net tax. Line 9 minus Line 10. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Enter here and on page 2, Line 44. Complete page 2, Lines 45 through 52.		12 \$	.00
13	Amount of QHTC Franchise Tax Exemption Remaining	\$	.00	

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

Designee's name _____ Phone number _____

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

PLEASE SIGN HERE	<i>Laurie Adams</i>	CEO	07/23/2020	2022274000
	Officer's signature	Title	Date	Telephone number of person to contact
PAID PREPARER ONLY	<i>[Signature]</i>	06/15/20	MARCUM LLP	1899 L STREET NW WASHI
	Preparer's signature (if other than taxpayer)	Date	Firm name	Firm address
	Preparer's PTIN P01365820			If you want to allow the preparer to discuss this return with the Office of tax and Revenue fill in the oval <input checked="" type="checkbox"/>

Taxpayer Name: WOMEN FOR WOMEN INT'L

Taxpayer Identification Number (TIN) 521838756

Schedule G - Balance Sheets

	Beginning of Taxable Year		End of Taxable Year	
	(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS				
1. Cash				
2. Trade notes and accounts receivable				
(a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations: (a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc.				
5. Other current assets (attach statement)				
6. Loans to stockholders		SEE ATTACHED		
7. Mortgage and real estate loans		BALANCE SHEET		
8. Other investments (attach statement)		FROM FORM 990		
9. Buildings and other fixed depreciable assets				
(a) MINUS: Accumulated depreciation				
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)				
14. TOTAL ASSETS				
LIABILITIES AND CAPITAL				
15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities (attach statement)				
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)				
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
25. MINUS: Cost of treasury stock		()		()
26. TOTAL LIABILITIES AND CAPITAL				

Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return

1. Net income per books	\$ 234,287	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest \$ _____	\$ 22,491,316
2. Federal income tax			
3. Excess of capital losses over capital gains			
4. Taxable income not recorded on books this year (itemize)			
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation \$ _____ (b) Depletion \$ _____		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation \$ _____ (b) Depletion \$ _____	
6. TOTAL of Lines 1 through 5	\$ 22725603	9. TOTAL of Lines 7 and 8	\$ 22,491,316
	\$ 22,491,316	10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	\$ 0

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of year	\$ 16,990,389	5. Distributions: (a) Cash	\$ 0
2. Net income per books	234287	(b) Stock	
3. Other increases (itemize)		(c) Property	
		6. Other decreases (itemize).	
4. TOTAL of Lines 1, 2 and 3.	\$ 16,756,102	7. TOTAL of Lines 5 and 6	\$ 0
		8. Balance at end of year (Line 4 minus Line 7)	\$ 16,756,102

TAXPAYER COPY

Taxpayer Name: WOMEN FOR WOMEN INT'L



Taxpayer Identification Number (TIN) 521838756

Schedule I – Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.		\$	\$	\$	\$
2.					
3.					
4.					
5.					
6. TOTAL (Enter the total of Column 3 on D-20, Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)		\$	\$	\$	\$

*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION DISTRICT OF COLUMBIA	2.(a) DATE OF INCORPORATION 06141993	2.(b) DATE BUSINESS BEGAN IN DC 06141993	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: OGDEN, UTAH
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF – LAURIE ADAMS		5. LOCATED AT – 2000 M STREET, NW, NO. 2000, WASHINGTON DC 20036	
6. During 2019, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES NO X		If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY	
7. Is this corporation unitary with another entity? YES X NO		If yes, explain:	
8. Is this return made on the accrual basis? X YES NO		If no, indicate basis used: Cash Basis Other (specify)	
9. Did you file a franchise tax return with DC for the year 2018? YES X NO		If no, state reason:	
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2019? X YES NO		If no, state reason:	
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2019? YES X NO			
12 (a) Has the business been terminated? YES X NO		If yes, explain and give date:	
(b) Have you moved out of DC? YES X NO			
13 Did you file an annual ballpark fee return? YES X NO			

Line 45c (DC D-20) - Estimated Franchise Tax Payments

	<u>Date</u>		<u>Amount</u>
1 Credit from prior year return	12/31/2019	1	58
2 First quarter estimated tax payment	4/15/2019	2	1,800
3 Second quarter estimated tax payment		3	
4 Third quarter estimated tax payment		4	
5 Fourth quarter estimated tax payment		5	
6 Other payments		6	
7 Total		7	1,858