** PUBLIC DISCLOSURE COPY ** 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.

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2023 calendar year, or tax year beginning	and	l ending						
	Check if applicable	C Name of organization		_	D Employer ic	dentifica	ation number			
	Addre	e WOMEN FOR WOMEN INTERNAT	CIONAL							
	Name chang	Doing business as	52-1838756							
	Initial return Final return	Number and street (or P.O. box if mail is not delive 2000 M STREET, NW		Room/suite 750A	E Telephone r		-7705			
	termin ated				G Gross receipts \$		25,629,082.			
	Ameno				H(a) Is this a gi					
	Applic tion		IE ADAMS		for subord					
	pendir	SAME AS C ABOVE			H(b) Are all subord					
T	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," at	tach a li	st. See instructions			
J	Websit	te: WWW.WOMENFORWOMEN.ORG			H(c) Group exe					
K	Form of	organization: X Corporation Trust Asso	ciation Other	L Year	of formation: 19	93 м	State of legal domicile: DC			
	art I	Summary								
	1	Briefly describe the organization's mission or most significant	gnificant activities: PROV	IDE TR	AINING F	OR W	OMEN TO			
Governance		GENERATE INCOME, IMPROVE HE	EALTH, AND INFI	LUENCE	DECISION	s.				
rna	2	Check this box if the organization disconti	nued its operations or dispo	sed of more	than 25% of its r	net asse	assets.			
o ve	3	Number of voting members of the governing body (Pa	art VI, line 1a)				20			
		Number of independent voting members of the gover	ning body (Part VI, line 1b)				20			
Se	5	Total number of individuals employed in calendar yea	r 2023 (Part V, line 2a)				56			
Z i	6	Total number of volunteers (estimate if necessary)					41			
Activities &	7 a	Total unrelated business revenue from Part VIII, colur	nn (C), line 12			7a	0.			
_	<u> b</u>	Net unrelated business taxable income from Form 99	0-T, Part I, line 11			7b	0.			
					Prior Year	-	Current Year			
<u>o</u>	8				21,675,1		23,255,420.			
Revenue	9					88.	0.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, ar			164,1		521,723.			
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			1,068,8		-53,955.			
		Total revenue - add lines 8 through 11 (must equal Pa			22,908,5		23,723,188.			
		Grants and similar amounts paid (Part IX, column (A),			2,183,9		2,469,095.			
		Benefits paid to or for members (Part IX, column (A), I			11 160 0	0.	12 000 505			
es	15	Salaries, other compensation, employee benefits (Par			11,162,0		12,909,505.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)	75	399,2	00.	417,982.			
ΩX	_b	Total fundraising expenses (Part IX, column (D), line 2	-		13,696,8	11	11 620 160			
	''	Other expenses (Part IX, column (A), lines 11a-11d, 1			27,442,1		11,629,168. 27,425,750.			
		Total expenses. Add lines 13-17 (must equal Part IX, o			-4,533,6		-3,702,562.			
		Revenue less expenses. Subtract line 18 from line 12			ginning of Current		End of Year			
Net Assets or		Total assets (Dort V. line 16)		- DC	22,581,7		18,394,909.			
Asse Posts	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			2,936,1		3,466,562.			
let/	22	Net assets or fund balances. Subtract line 21 from lin			19,645,5		14,928,347.			
	art II	Signature Block	6 20		10,010,0	7	11,520,517.			
		Ities of perjury, I declare that I have examined this return, inc	cluding accompanying schedule	s and stateme	ents, and to the bes	st of my k	cnowledge and belief, it is			
		et, and complete. Declaration of preparer (other than officer)					memeage and zener, it is			
	,, 001100	, and sompletor becautation of property (career mail simost)		mon proparor		-				
Sig	ın	Signature of officer			Date					
He		LAURIE ADAMS, CHIEF EXECUTI	VE OFFICER							
		Type or print name and title	-							
		Print/Type preparer's name	reparer's signature] [Date g	heck	PTIN			
Pai	d		ARON M. FOX	1	.1/07/24 s	elf-employed	P01365820			
	parer	Firm's name CBIZ ADVISORS, LLC		· · · · · · · · · · · · · · · · · · ·	Firm's E		3-1478669			
	only	Firm's address 1899 L STREET, NW #	1 850							
_	_	WASHINGTON, DC 2003			Phone r	10.202	2-227-4000			
Ma	v tha II	RS discuses this return with the preparer shown above	2 See instructions		•		X Ves No			

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$12,854,028. including grants of \$2,469,095.) (Revenue \$5,144,992.)
	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 5 NETWORKS AND GLOBAL SUPPORTERS AS WELL AS CONNECTIONS TO OTHER WOMEN, BY CREATING A SAFE AND COMFORTABLE SPACE WHERE WOMEN, LEARN,
	SHARE AND SUPPORT ONE ANOTHER TO INITIATE CHANGE IN THEIR LIVES.
	DIAKE AND BULLOKI ONE ANOTHER TO INTITATE CHANGE IN THEIR BIVED:
4b	(Code:) (Expenses \$ 7,285,861. including grants of \$) (Revenue \$ 18,558,588.)
	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 OUR TRAINING PROGRAMS. 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 ENGAGEMENT
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 20,139,889.
	Form 990 (2023)

12391107 150872 193623

Form 990 (2023) WOMEN FOR WOMEN INTERNATIONAL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
ч		11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d	Х	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f		116	- 21	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
ıza		120		x
L	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	Х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	21	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41:	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Λ	<u> </u>
15		4-	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_ v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	(2222)
332003	12-21-23	Form	シシひ	(2023)

Form 990 (2023) WOMEN FOR WOMEN INTERNATIONAL Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 22	
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
02	Cabadida N. Dart II	32		х
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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				77
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
	5. "		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
С		10	X	
	(gambling) winnings to prize winners?	1c	77	ь

332004 12-21-23

Form **990** (2023) 2023.05000 WOMEN FOR WOMEN INTERNATI 193623_1

023) WOMEN FOR WOMEN INTERNATIONAL
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d		10		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 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			
	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	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NORMAN GACHOKA - (202) 737-7705			
	2000 M STREET, NW, NO. 750A, WASHINGTON, DC 20036			
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

hours per box, unless person is both an officer and a director/trustee) week (list any list a	imated count of other censation om the nization related nizations
hours per box, unless person is both an officer and a director/trustee) from from related (list any list any list any list and list any list and li	other pensation om the nization related
(list any list and li	ensation om the nization related
hours for jab the organizations complete hours for jab organization (W-2/1099-MISC/ from the organization from the organization from the organization from the organizations complete hours for jab jab organization from the organizations complete hours for jab jab jab organization jab	m the nization related
	nization related
related ਙ ॾ 월 (W-2/1099-MISC/ 1099-NEC) orga	related
organizations $\frac{1}{2}$ $\frac{1}{8}$ \frac	nizations
related organizations below line) li	
(1) LAURIE ADAMS 40.00	
	<u>,552.</u>
(2) RAMONE SEGREE 40.00	
	,491.
(3) MARIE CLARKE 40.00	
	,642.
(4) DEBRA BOWERS 40.00	- 4 -
	,545.
(5) MATIAS AVERBUJ 40.00	000
	,027.
(6) NORMAN GACHOKA 40.00	701
	,721.
(7) BEN CARTER 40.00	265
	,265.
(8) JANET COFFEY 40.00	760
DIRECTOR, FIELD OPERATIONS (9) NIDHI DAGUR 40.00	,769.
	,027.
(10) ANJALI VOGELSANG 40.00	,047.
	,231.
(11) AMJAD ATALLAH 1.00	, 431.
INTERIM CHAIR X X X 0.	0.
(12) DELANEY STEELE 1.00	<u> </u>
SECRETARY X X X 0.	0.
(13) TONY GAMBINO 1.00	
SECRETARY - UNTIL 05/2023 X X X 0.	0.
(14) ANN MARIE ETERGINO, AUDIT COMM 1.00	
CHAIR, TREASURER X X X 0.	0.
(15) GEORGE BIDDLE 1.00	
CHAIR OF PROGRAM COMMITTEE X X X 0.	0.
(16) ANOUSHKA MEHTA 1.00	
CHAIR OF REVENUE X X X 0.	0.
(17) JAN ROCK ZUBROW 1.00	
CHAIR OF FINANCE COMMITTEE X X X 0.	0.

332007 12-21-23

	OK WOMEN								JZ 1030	750 Fage 0
Continued Silvestors, mustees, they Employees, and migreest compensated Employees (Continued)										I
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		1 than (one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any		1			T	100,	from	from related	other
	hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		99	npen		1099-NEC)	1099-1420)	and related
	below	dual t	riona	_	nploy	st col	<u></u>	1000 (120)		organizations
	line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former			
(18) ALEX DUNCAN	1.00									
BOARD MEMBER, UK TRUSTEE CHAIR		Х		Х				0.	0.	0.
(19) PREETI MALKANI	1.00									
BOARD MEMBER, DE BOARD CHAIR		Х		Х				0.	0.	0.
(20) FARIA ABEDIN	1.00									
BOARD MEMBER - UNTIL 01/2023		Х						0.	0.	0.
(21) RANIA ATALLA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) DALE G. BERGER	1.00									
BOARD MEMBER - UNTIL 06/2023		Х						0.	0.	0.
(23) DEBORAH A. DAVID	1.00									
BOARD MEMBER - UNTIL 06/2023		Х						0.	0.	0.
(24) JEREMI GORMAN	1.00									
BOARD MEMBER - UNTIL 06/2023		Х						0.	0.	0.
(25) MONIQUE MCKENZIE	1.00									
BOARD MEMBER - UNTIL 01/2023		Х						0.	0.	0.
(26) CHAMPA PATEL	1.00									
BOARD MEMBER, UK TRUSTEE CHAIR		X						0.	0.	0.
1b Subtotal								1,959,923.	0.	117,270.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								1,959,923.	0.	117,270.

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

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
MAL WARWICK & ASSOCIATES, INC., 2550 NINTH	CONSULTING,	
STREET, SUITE 103, BERKELEY, CA 94710	MARKETING, CREATIVE	2,313,522.
M&R STRATEGIC SERVICES, INC., 1101	RELATIONS AND	
CONNECTICUT AVENUE NW, 7TH FLOOR,	CONSULTING COMPANY	192,765.
SAGE INTACCT, INC.		
PO BOX 123237, DALLAS, TX 75312-3237	ACCOUNTING SOFTWARE	168,420.
JACKSON RIVER, LLC	SPRINGBOARD PLATFORM	
PO BOX 931604, ATLANTA, GA 31193-1604	FEE AND SUPPORT	142,054.
SALESFORCE.COM INC.		
PO BOX 203141, DALLAS, TX 15320-3141	MARKETING SOFTWARE	129,229.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 6		
		222

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 WOMEN FOR	R WOMEN	IN	ľΈ	RN	ľΑΊ	'IO	NA	<u>.L</u>	52-183	8756
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C)								(D)	(E)	(F)
Name and title Average						1		Reportable	Reportable	Estimated
Tamo and the	hours	(cl				app	ly)	compensation	compensation	amount of
	per					ΓĖ	ĺ	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				old we		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		96	Suedi				and related
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	_			organizations
	line)	ndivic	nstitu	Officer	ey en	lighes	Former			
(27) BARBARA PERLMUTTER	1.00	_	=		×	┷	ш.			
	1.00	Х						0.	0.	^
BOARD MEMBER - UNTIL 01/2023	1 00	Λ						0.	0.	0.
(28) RIMA SALAH	1.00	3,7							_	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(29) SHERYL SANDBERG	1.00								•	•
BOARD MEMBER - UNTIL 01/2023	1 22	Х	_			_		0.	0.	0.
(30) MARY ZIENTS	1.00									_
CHAIR EMERITUS	1	Х						0.	0.	0.
(31) NABILA AGUELE	1.00									_
INTERNATIONAL BOARD MEMBER		Х						0.	0.	0.
(32) HONORE DAINHI	1.00							_		
INTERNATIONAL BOARD MEMBER		Х						0.	0.	0.
(33) YASMEEN HASSAN	1.00									
INTERNATIONAL BOARD MEMBER		Х						0.	0.	0.
(34) LEYLA HUSSEIN	1.00									
INTERNATIONAL BOARD MEMBER		Х						0.	0.	0.
(35) ROYA MAHBOOB	1.00									
INTERNATIONAL BOARD MEMBER		Х						0.	0.	0.
(36) ALAA MURABIT	1.00									
INTERNATIONAL BOARD MEMBER		Х						0.	0.	0.
(37) NUNU NTSHINGILA-NJEKE	1.00									
INTERNATIONAL BOARD MEMBER		Х						0.	0.	0.
(38) RAMESH SINGH	1.00									
INTERNATIONAL BOARD MEMBER		Х						0.	0.	0.
-										
		-								
-			\vdash	\vdash						
		1								
			\vdash							
		1								
	<u> </u>	I		l	l		I			
Total to Dort VII. Continue A. line 4 -										
Total to Part VII, Section A, line 1c								<u> </u>		

Form 990 (2023) WOMEN F Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		•		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
		Membership dues 1b					
		Fundraising events 1c	010 010				
			919,018.				
	е	Government grants (contributions)	444,438.				
	f	All other contributions, gifts, grants, and					
the the			8891964.				
ΈÓ	g	Noncash contributions included in lines 1a-1f 1g \$	261,527.				
a So	h	Total. Add lines 1a-1f		23255420.			
			Business Code				
	2 a	(<u> </u>					
Š	2 b						
jer ue							
m S	C						
Jra Be	d						
Program Service Revenue	е						
т		All other program service revenue					
\longrightarrow		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere		4=0 060			450 060
		other similar amounts)		170,863.			170,863.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2256715.	39.				
	h	Less: cost or other basis	331				
a)		and sales expenses	29.				
ğ	_	Gain or (loss) 7c 350,850.	10.				
ther Revenue				350,860.			350,860.
ě		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	330,000.			330,800.
the	8 a	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	ı				
\neg		the state of t	Business Code				
sna	11 a	MISCELLANEOUS REVENUE	900099	-53,955.			-53,955.
neo Me	ii a						
Miscellaneous Revenue	C						
Sce	ن ام	All other revenue					
Σ	·	Total. Add lines 11a-11d		-53,955.			
	12	Total revenue. See instructions		23723188.	0.	0.	467,768.
		TOTAL TOTAL OUT HIGH GUILDING			,	, ,	,,

332009 12-21-23

Form 990 (2023) WOMEN FOR WOMEN INTERNATIONAL Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
20011	Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 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	0 460 005			
	individuals. See Part IV, lines 15 and 16	2,469,095.	2,469,095.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 020 500	762 200	200 502	267 701
	trustees, and key employees	1,239,592.	763,388.	208,503.	267,701.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	9,584,630.	7 107 067	993,006.	1 102 757
7	Other salaries and wages	J,304,03U.	7,187,867.	773,000.	1,403,757.
8	Pension plan accruals and contributions (include	293,444.	233,873.	59,571.	
_	section 401(k) and 403(b) employer contributions)	1,267,045.		24,331.	273,427.
9	Other employee benefits	524,794.	376,041.	148,753.	413,441
10	Payroll taxes	324,734.	370,041.	140,733.	
11	Fees for services (nonemployees):				
a	Management	104,973.	95,567.	9,406.	
b	Legal	124,359.	106,358.	18,001.	
	Accounting	124,337.	100,330.	10,001.	
d	,	417,982.			417,982.
e	Professional fundraising services. See Part IV, line 17 Investment management fees	411,5021			417,5026
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	1,308,112.	617,627.	294,311.	396,174.
12	Advertising and promotion	234,360.		28,034.	158,459.
13	Office expenses	1,446,587.		106,961.	460,180.
14	Information technology	568,071.	391,367.	92,987.	83,717.
15	Royalties	000,0120	00=70070	5=75573	007.27
16	Occupancy	680,415.	519,606.	160,809.	
17	Travel	1,098,709.	943,207.	69,936.	85,566.
18	Payments of travel or entertainment expenses	, ,	,	,	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,422.	25,592.	2,242.	1,588.
20	Interest	•			•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	285,190.	178,613.	41,075.	65,502.
23	Insurance	199,779.	134,601.	64,824.	354.
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.)				
а	PROGRAM TRAINING SVCS	3,837,307.	3,834,907.	445.	1,955.
b	PRINTING & DEVELOPMENT	1,694,033.	355,240.	196,383.	1,142,410.
C	SPECIAL EVENTS	17,851.	10,340.	6,608.	903.
d		•	,	,	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	27,425,750.	20,139,889.	2,526,186.	4,759,675.
26	Joint costs. Complete this line only if the organization				<u>.</u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

332010 12-21-23

Par	Part X Balance Sheet						
		Check if Schedule O contains a response or note to any line in this Part X					
			(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing	9,777,722.	1	2,727,003.		
	2	Savings and temporary cash investments	1,004,345.	2	3,049,797.		
	3	Pledges and grants receivable, net		3	1,786,243.		
	4	Accounts receivable, net		4	28,654.		
	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	2,906.	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			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	8,596.	8	8,322.		
As	9	Prepaid expenses and deferred charges	307,114.	9	628,578.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10a 7,101,939	•				
	b	Less: accumulated depreciation 10b 5,762,816		10c	1,339,123.		
	11	Investments - publicly traded securities	6,464,277.	11	7,682,757.		
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,535,235.	15	1,144,432.		
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	18,394,909.		
	17	Accounts payable and accrued expenses	2,185,465.	17	1,868,045.		
	18	Grants payable		18			
	19	Deferred revenue		19	155,693.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
es	22	Loans and other payables to any current or former officer, director,					
ij		trustee, key employee, creator or founder, substantial contributor, or 35%					
Liabilities		controlled entity or family member of any of these persons		22			
_	23	Secured mortgages and notes payable to unrelated third parties		23	1 252 264		
	24	Unsecured notes and loans payable to unrelated third parties		24	1,359,864.		
	25	Other liabilities (including federal income tax, payables to related third					
		parties, and other liabilities not included on lines 17-24). Complete Part X	712 202		02.060		
		of Schedule D	713,202.		82,960.		
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	2,930,100.	26	3,466,562.		
ű		,					
nce	07	and complete lines 27, 28, 32, and 33.	15,473,105.	27	10,159,736.		
ala	27	Net assets without donor restrictions	4,172,474.	28	4,768,611.		
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	4,1/2,4/4.	20	4,700,011.		
-E		and complete lines 29 through 33.					
ō	20	· · · · · · · · · · · · · · · · · · ·		29			
Net Assets or Fund Balances	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30			
\ss(30	Retained earnings, endowment, accumulated income, or other funds		31			
et A	31 32	Total net assets or fund balances		32	14,928,347.		
Ž	33		22,581,745.	33	18,394,909.		
	JJ	Total liabilities and net assets/fund balances	ZZ,JUI,/IJ.	JJ	10,394,909.		

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	23,72	3,1	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	27,42	5,7	50.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	3,70	2,5	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	.9,64	5,5	79.
5	Net unrealized gains (losses) on investments	5		43	9,3	98.
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	-	1,45	4,0	68.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	4,92	8,3	47.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			. 3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WOMEN FOR WOMEN INTERNATIONAL

Employer identification number 52-1838756

Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	see instructions.	
The	organ	ization is not a private found						
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	一	A school described in sect					-76-76-7	
3	Ħ	A hospital or a cooperative		•)/b)/1)/Δ)/ii	ii\	
4	H	A medical research organiz					•	the hospital's name
7		city, and state:	anon operated in con	njanotion with a noophar	400011004	000110	71 17 0(3) (1)(7)(11): 2:1101	the respitate riams,
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ad in
3		section 170(b)(1)(A)(iv). (C		inege of difficulty owned	or operati	ca by a gc	Verrimental unit describe	SG III
6				anntal unit denovibed in	aastian 17	70/6\/4\/A\	(.)	
6	T	A federal, state, or local gov	•				• •	
7	X	An organization that norma	•	ntial part of its support if	om a gove	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		//// 1 /O				
8	Н	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
		university:						
10		An organization that norma	•	• •			· ·	•
		activities related to its exen	-	•				-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	aπer June 30, 1975.
		See section 509(a)(2). (Con	-			=	201 1141	
11	\mathbb{H}	An organization organized a	•	•	•			
12		An organization organized a	· ·	•	-		•	
		more publicly supported or	•					Sheck the box on
_		lines 12a through 12d that	* *			-		air in a
ē	·		· · · · · · · · · · · · · · · · · · ·			_		
		the supported organization			majority o	or the direc	tors or trustees of the st	apporting
L		organization. You must o	-		ion with it		ad arganization(a) by bay	ina
t	,		•					-
		control or management o			ine perso	iis iiiai co	nitroi or manage the supp	Jorted
,		organization(s). You mus Type III functionally inte			in connoct	tion with	and functionally intograte	od with
C	, L	its supported organization	-				•	with,
		Type III non-functionally		·				zation(s)
٠	•	that is not functionally int	= ::				• • • •	
		requirement (see instructi	-		•		•	VC11033
6		Check this box if the orga	•					
٠	, <u> </u>	functionally integrated, or					Type i, Type ii, Type iii	
1	Ente	er the number of supported of		nany integrated supportin	ig organiz	ation.		
		vide the following information	•	d organization(s).				
_		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see mondono))				
Tot	al							
							i	<u>i </u>

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21020463.	<u> 19875799.</u>	28959354.	21675184.	23255420.	114786220
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	21222152		0005054	04655404	00055400	111705000
	Total. Add lines 1 through 3	21020463.	19875799.	28959354.	21675184.	23255420.	114786220
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)						14519208.
	Public support. Subtract line 5 from line 4.						100267012
	ction B. Total Support	1		T		1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	21020463.	198/5/99.	28959354.	216/5184.	<u> 23255420.</u>	114/86220
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	624 045	FEO 00E	F20 661	612 100	150 060	0520404
	and income from similar sources	634,845.	5/2,92/.	538,661.	613,108.	1/0,863.	2530404.
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	01 005	105 700	205 225	150 067		705 107
	assets (Explain in Part VI.)	81,295.	105,700.	385,335.	152,867.		725,197.
	Total support. Add lines 7 through 10						118041821
	Gross receipts from related activities	•	,			12	70,076.
13	First 5 years. If the Form 990 is for the						
800	organization, check this box and sto						
	ction C. Computation of Publ					44	84.94 %
	Public support percentage for 2023 (15	
	Public support percentage from 2022						
Ioa	33 1/3% support test - 2023. If the	-					77
L	stop here. The organization qualifies		-		line 15 in 22 1/20/		
D	33 1/3% support test - 2022. If the						
47.	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact					_	
1-	meets the facts-and-circumstances to	_	•		-	170 and line 15 in	
O	10% -facts-and-circumstances test	-					10% OF
	more, and if the organization meets the						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	on ala not check a l	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, cneck this box a		
						Schedule A	(Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	etion D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A (Form 990) 2023

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
01		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		
ile A (Forn	n 990)	2023

332024 12-21-23

Schedule A (Form 990) 2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	_	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200	suppo	orted organizations played in this regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	I ' I	N
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
h		hese activities constituted substantially all of its activities.	۷d		
ü		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3		activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below.	20		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	เเนอเฮเ	los of cash of the supported organizations: If yes of No provide details in Fait VI.	Ja	-	

3b Schedule A (Form 990) 2023

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

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. Part VI (See instructions.)

SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER SALES	
2019 AMOUNT: \$	72,511.
2020 AMOUNT: \$	94,352.
2021 AMOUNT: \$	72,813.
2022 AMOUNT: \$	141,919.
2023 AMOUNT: \$	0.
MISCELLANEOUS	
2019 AMOUNT: \$	8,784.
2020 AMOUNT: \$	11,348.
2021 AMOUNT: \$	312,522.
2022 AMOUNT: \$	10,948.
2023 AMOUNT: \$	0.

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

WOMEN FOR WOMEN INTERNATIONAL 52-1838756 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Page 2 Schedule B (Form 990) (2023)

Name of organization	Employer identification number

" CITLI	1 010	MOLILLIA	T1/1 D1(1/1/1 T O1/1/1D

WOMEN FOR WOMEN INTERNATIONAL 52-1838756 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 700,360. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person **Payroll** 1,500,000. Noncash (Complete Part II for noncash contributions.) (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 2,636,738. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

WOMEN FOR WOMEN INTERNATIONAL

52-1838756

Dood II	Name of Description		2 1030730
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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26	1-23		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** WOMEN FOR WOMEN INTERNATIONAL 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

Name of the organization

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.

WOMEN FOR WOMEN INTERNATIONAL

OMB No. 1545-0047 Inspection

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

Employer identification number 52-1838756

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or	Accounts. Complete if the
		(a) Donor advise	d 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 w	riting that the assets he	ld in donor advised	funds
	are the organization's property, subject to the organization's ex	~		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•		
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a	historically important land area
	Protection of natural habitat	,	7	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ution in the form of	a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure	cture included on line 2	a	2c
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006, a	and not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			ganization during the tax
	year			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it $\boldsymbol{\boldsymbol{h}}$			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, ar	d enforcing conserv	vation easements during the year
_	According to the state of the s	an africalations and an	.	and the state of t
7	Amount of expenses incurred in monitoring, inspecting, handli	ng or violations, and en	lording conservation	reasements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)	n(B)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	3-		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Tre	asures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in further	ance of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>
				•
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial ga	ain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	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) 2023

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Par	rt III Organizations Maintainin	g Collections of Art	, Historical Tre	asures, or Otl	her S	imilar <i>l</i>	Assets	(contin	nued)	
3	Using the organization's acquisition, acc	ession, and other records	s, check any of the f	ollowing that mak	e signi	ficant us	e of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization	s collections and explain	how they further th	e organization's e	xempt	purpose	in Part XI	III.		
5	During the year, did the organization soli	cit or receive donations o	f art, historical treas	ures, or other sim	ilar ass	sets				
	to be sold to raise funds rather than to be							Yes		No
Par	rt IV Escrow and Custodial Arr		e if the organization	answered "Yes"	on For	m 990, P	art IV, line	9, or		
	reported an amount on Form 990,	Part X, line 21.								
1a	Is the organization an agent, trustee, cus	todian, or other intermed	iary for contribution	s or other assets	not inc	luded				_
	on Form 990, Part X?						🔲	Yes		No
b	If "Yes," explain the arrangement in Part	XIII and complete the foll	owing table:							
								Amoun	t	
С	• • • • • • • • • • • • • • • • • • • •					1c				
d	d Additions during the year									
е	3 ,					1e				
f	Ending balance					1f				
	3				-		Ш	Yes	L	No
_	If "Yes," explain the arrangement in Part									
Pai	rt V Endowment Funds Comple					Thusa	un land.	/ - \		la a al c
		(a) Current year	(b) Prior year	(c) Two years bac			rs back	(e) Four		
1a	3 3 ,								60,	750.
b										
С	Net investment earnings, gains, and loss	es								
d	Grants or scholarships									
е										
_	and programs									
f		60 750	60.750	60.75	_	6.0	750		60	750
g	End of year balance	· · · · · ·	60,750.	60,75	٠.	61	750.		60,	750.
2	Provide the estimated percentage of the) neid as:						
a	4.0	.0000	_%							
b	0.00									
С										
2-	The percentages on lines 2a, 2b, and 2c	•	tion that are hald an	d administered fo	r tha					
Sa	Are there endowment funds not in the po	ossession of the organiza	lion that are nelu an	u auministereu io	ır une			ſ	Yes	No
	organization by: (i) Unrelated organizations?							3a(i)	100	X
								3a(ii)		X
h	If "Yes" on line 3a(ii), are the related orga							3b		
4	Describe in Part XIII the intended uses of							_ JU		
	rt VI Land, Buildings, and Equi		villette fatias.							
	Complete if the organization answ	-	, Part IV, line 11a. S	ee Form 990, Parl	t X, line	e 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c	Accu	ımulated	1	d) Bool	k valu	—— е
	Decemplion of property	basis (investm	, ,	1 ,	,	ciation	'	u, 200.	it valu	
	Land	· · · · · · · · · · · · · · · · · · ·		9,429.					9,4	29.
b				3,452.	39	7,83	4.		5,6	
						8,990				10.
d			1,70			4,400		262	2,2	
	Other					1,592			1,1	
	ıl. Add lines 1a through 1e. <i>(Column (d) mu</i>	•						, 339		
_		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_			_	_	

Schedule D (Form 990) 2023

Part VII	Investm	nents -	Other	Securitie	S

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		

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

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

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	1,007,283.
(2) OPERATING RIGHT-OF-USE ASSET	29,414.
(3) DEPOSITS	86,136.
(4) EMPLOYEE ADVANCE	20,845.
(5) OTHER CURRENT ASSET	754.
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,144,432.

Other Liabilities Part X

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)	OPERATING LEASE LIABILITY	26,205. 56,755.
(3)	OTHER CURRENT LIABILITIES	56,755.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	82,960.

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

Schedule D (Form 990) 2023

Pa	Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			04 460 506
1	Total revenue, gains, and other support per audited financial statements			1	24,162,586.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а			439,398.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	439,398.
3	Subtract line 2e from line 1			3	23,723,188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) art XII Reconciliation of Expenses per Audited Financial Stat			5	23,723,188.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per R	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	27,425,750.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b		l I			
С	- · · ·				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	27,425,750.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-
а		4a			
b					
	Add lines 4a and 4b	<u>-</u>		4c	0.
5				5	27,425,750.
	rt XIII Supplemental Information	,			, , , , , , , , , , , , , , , , , , , ,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•		; Part :	X, line 2; Part XI,
PAI	RT V, LINE 4:				
TH	E MARY ZIENTS PROFESSIONAL DEVELOPMENT F	UND WAS E	STABLISHED	то	BE HELD
IN	PERPETUITY. ONLY THE INTEREST EARNED ON	THE FUND	MAY BE SP	ENT	•
PAI	RT X, LINE 2:				
WOI	MEN FOR WOMEN EVALUATED ITS UNCERTAINTY	IN INCOME	TAXES FOR	TH:	E YEAR
ENI	DED DECEMBER 31, 2023, AND DETERMINED TH	AT THERE	WERE NO MA	TTE:	RS THAT
WOI	ULD REQUIRE RECOGNITION IN THE CONSOLIDA	TED FINAN	CIAL STATE	MEN'	TS OR THAT
	Y HAVE ANY EFFECT ON ITS TAX-EXEMPT STAT				

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 WOMEN FOR WOMEN INTERNATIONAL	52-1838756 Page 5
Schedule D (Form 990) 2023 WOMEN FOR WOMEN INTERNATIONAL Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization

Employer identification number

WOMEN FOR WOMEN					52-183875	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV	', line 14b.					
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other		
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?X	Yes No
2 For grantmakers. Descri	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
United States.						
			n be duplicated if additional space is n			1
(a) Region	(b) Number of	(c) Number of employees,	1, ,		vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to		gram service, e specific type	for and
	iii tile region	independent contractors	recipients located in the region)		(s) in the region	investments
		in the region	redipionie located in the region)	01 301 1100	(a) in the region	in the region
				EDUCATING W	OMEN ABOUT	
				CHALLENGES	FACED IN	
				REBUILDING	THEIR LIVES	
SUB-SAHARAN AFRICA	5	161	PROGRAM SERVICES	IN THE AFTE	RMATH OF WAR.	6,728,682.
				EDUCATING W	OMEN ABOUT	
				CHALLENGES	FACED IN	
				REBUILDING	THEIR LIVES	
SOUTH ASIA	1	46	PROGRAM SERVICES	IN THE AFTE	RMATH OF WAR.	1,093,857.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			1,415,703.
				EDUCATING W	OMEN ABOUT	
				CHALLENGES	FACED IN	
MIDDLE EAST AND				REBUILDING	THEIR LIVES	
NORTH AFRICA	1	29	PROGRAM SERVICES	IN THE AFTE	RMATH OF WAR.	1,558,348.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTMAKING			504,093.
MIDDLE EAST AND						
NORTH AFRICA	0	0	GRANTMAKING			288,211.
SOUTH ASIA	0	0	GRANTMAKING			261,086.
3 a Subtotal	7	236				11,849,980.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						<u> </u>
and Ob	7	236				11 849 980

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

Schedule F (Form 990) 2023



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)
			SUPPORTING WOMEN WITH					
			SOCIAL AND ECONOMIC					
		SUB-SAHARAN	SKILLS TO TRANSFORM					
		AFRICA	THEIR OWN LIVES	594,268.	WIRE	0.		
			SUPPORTING	,				
		EUROPE (INCLUDING	MARGINALIZED WOMENS					
		ICELAND AND	RESILIENCE IN BOSNIA					
		GREENLAND)	AND HERZEGOVINA AND	334,225.	WIRE	0.		
			SUPPORTING WOMEN AND	,				
		EUROPE (INCLUDING	ADOLESCENT GIRLS IN					
		ICELAND AND	MARE'A, ALEPPO,					
		GREENLAND)	NORTHWEST SYRIA	183,086.	WIRE	0.		
			TO SUPPORT WOMEN FOR	,				
		EUROPE (INCLUDING	WOMEN INTERNATIONAL					
		ICELAND AND	(DE) IN THE					
		GREENLAND)	DEVELOPMENT OF ITS	96,000.	WIRE	0.		
			TO SUPPORT WOMEN'S					
			RIGHTS ORGANIZATIONS					
		MIDDLE EAST AND	IN YEMEN, SOUTH					
		NORTH AFRICA	SUDAN, NIGERIA, AND	80,224.	WIRE	0.		
			TO SUPPORT WOMEN'S					
			RIGHTS ORGANIZATIONS					
		SUB-SAHARAN	IN YEMEN, SOUTH					
		AFRICA	SUDAN, NIGERIA, AND	80,224.	WIRE	0.		
			ENHANCING LITERACY					
			AND MEANINGFUL					
		EAST ASIA AND THE	PARTICIPATION OF					
		PACIFIC	WOMEN AND ADOLESCENTS	78,000.	WIRE	0.		
			SUPPORT					
		EUROPE (INCLUDING	CONFLICT-AFFECTED					
		ICELAND AND	WOMEN SOCIALLY AND					
		GREENLAND)	ECONOMICALLY THROUGH	73,868.	WIRE	0.		

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

0 Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (D) DESCRIPTIONS

3 Enter total number of other organizations or entities

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(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)
			EXPANSION OF STRONGER					
			WOMEN STRONGER					
		SUB-SAHARAN	NATIONS (SWSN)					
		AFRICA	PROGRAMME THROUGH	68,247.	WIRE	0.		
			DISTRIBUTION OF					
			EMERGENCY KITS TO					
		SUB-SAHARAN	DISPLACED WOMEN IN					
		AFRICA	SUDAN	45,000.	WIRE	0.		
			PROMOTING WOMEN'S					
			SOCIAL AND ECONOMIC					
		SUB-SAHARAN	EMPOWERMENT AND A					
		AFRICA	MORE EQUITABLE AND	40,000.	WIRE	0.		
			LEAD PROGRAM AND					
			ADVOCACY ON					
		SUB-SAHARAN	PEACEBUILDING, GENDER					
		AFRICA	EQUALITY, WOMEN'S	36,004.	WIRE	0.		
			LEAD PROGRAM AND					
			ADVOCACY ON					
		SUB-SAHARAN	PEACEBUILDING, GENDER					
		AFRICA	EQUALITY, WOMEN'S	36,004.	WIRE	0.		
			LEAD PROGRAM AND					
			ADVOCACY ON					
		SUB-SAHARAN	PEACEBUILDING, GENDER					
		AFRICA	EQUALITY, WOMEN'S	36,004.	WIRE	0.		
			LEAD PROGRAM AND					
			ADVOCACY ON					
		SUB-SAHARAN	PEACEBUILDING, GENDER					
		AFRICA	EQUALITY, WOMEN'S	36,004.	WIRE	0.		
			LEAD PROGRAM AND					
			ADVOCACY ON					
		SUB-SAHARAN	PEACEBUILDING, GENDER					
		AFRICA	EQUALITY, WOMEN'S	35,415.	WIRE	0.		
			SUPPORTING WOMEN'S				<u> </u>	
			RIGHTS ORGANIZATIONS					
		SUB-SAHARAN	IN NIGERIA TO					
		AFRICA	INCREASE THEIR	35,415.	WIRE	0.		

Scriedule F (FOITH 990)		TOR WORLD I			32 10	00.00		raye z
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	T
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	1	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
	,		ű			assistance	assistance	appraisai, otner)
			SUPPORTING WOMEN WITH					
			SOCIAL AND ECONOMIC					
		SUB-SAHARAN	SKILLS TO TRANSFORM					
		AFRICA	THEIR OWN LIVES	35,000.	WIRE	0.		
			PROJECT TO COMBAT					
			FOOD INSECURITY					
		SUB-SAHARAN	GENDER-BASED VIOLENCE					
		AFRICA	AGAINST INTERNALLY	35,000.	WIRE	0.		
			PROJECT TO IMPROVE					
			FOOD SECURITY AND					
		SUB-SAHARAN	RESILIENCE OF					
		AFRICA	VULNERABLE	35,000.	WIRE	0.		
			PROTECTION AND	,				
			LIVELIHOOD SUPPORT					
		SUB-SAHARAN	FOR VULNERABLE WOMEN					
		AFRICA	IN THE	35,000.	WIRE	0.		
			SUPPORT ECONIMIC	, -		-		
			RESILIENCE AND					
		SUB-SAHARAN	RECOVERY OF IDP WOMEN					
		AFRICA	AND GIRLS AND THEIR	35,000.	WIRE	0.		
			FOOD SECURITY AND	13,133.				
			PROTECTION TO PROJECT					
		SUB-SAHARAN	TO MEET THE NEEDS OF					
		AFRICA	DISPLACED AND	35,000.	WTRE	0.		
			TO SUPPORT THE	10,000.		j.		1
			DELIVERY OF FREE,					
		MIDDLE EAST AND	REMOTE PRIMARY					
		NORTH AFRICA	PSYCHOSOCIAL SUPPORT	34,000.	WIRE	0.		
			TO SUPPORT GIRLS,	52,500.	r: -	, · · · · · · · · · · · · · · · · · · ·		
			WOMEN, AND THEIR					
		MIDDLE EAST AND	CHILDREN OF					
		NORTH AFRICA	GENDER-BASED VIOLENCE	32,300.	WIRE	0.		
		MORTH AFRICA	SHAPHY DASED ATCHENCE	32,300.	HILL	· · ·		
			SUPPORTING WOMEN AND					
		SUB-SAHARAN	ADOLESCENT GIRLS IN					
		AFRICA	DRC	30,000.	WIDE	0.		
		MEKTCA	prc	30,000.	MIVT	J 0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r ago z
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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			STRENGTHENING THE					
			PARTICIPATION OF					
		MIDDLE EAST AND	WOMEN IN THE PROCESS					
		NORTH AFRICA	OF PEACE AND	29,619.	WIRE	0.		
			TO PROMOTE RESPECT					
			FOR HUMAN RIGHTS,					
		SUB-SAHARAN	GENDER EQUALITY,					
		AFRICA	EQUITY, THE RULE OF	26,930.	WIRE	0.		
			TO SUPPORT SOCIALLY					
			AND ECONOMICALLY					
		MIDDLE EAST AND	MARGINALIZED WOMEN					
		NORTH AFRICA	AND INTEGRATE THEM	26,318.	WIRE	0.		
			INTEGRATED SOLUTIONS					
			FOR SEXUAL VIOLENCE					
		SUB-SAHARAN	AGAINST WOMEN AND					
		AFRICA	GIRLS IN TIGRAY,	25,000.	WIRE	0.		
			PROVIDING SEXUAL &					
			REPRODUCTIVE HEALTH					
		SUB-SAHARAN	SERVICES TO					
		AFRICA	INTERNALLY DISPLACED	25,000.	WIRE	0.		
			FACILITATING WOMEN					
			ACCESS TO REACH A					
		MIDDLE EAST AND	POSITION THAT ENABLES					
		NORTH AFRICA	THEM TO MAKE	24,398.	WIRE	0.		
			TO PROVIDE CASH					
			TRANSFERS TO 100					
		MIDDLE EAST AND	WOMEN AND THEIR					
		NORTH AFRICA	FAMILIES IN 10 TARGET	20,852.	WIRE	0.		
			SUPPORTING WOMEN AND					
			GIRL SURVIVORS OF					
		SUB-SAHARAN	VIOLENCE IN THE					
		AFRICA	AMHARA REGION OF	20,000.	WIRE	0.		
			SUPPORT THE BUILDING					
			OF LOCAL ACCESSIBLE					
		MIDDLE EAST AND	WOMEN LED GBV					
		NORTH AFRICA	INFORMED COMMUNITIES	19,000.	WIRE	0.		

Scriedule F (FOITH 990)	WOILE	TOIL WOILDIN T	14 1 11 11 11 11 11 11 11 11 11 11 11 11		52 10	30730		raye z
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	1	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
	,			J		assistance	assistance	appraisal, other)
			SUPPORTING ASKAR					
			REFUGEE WOMEN'S					
		MIDDLE EAST AND	ACCESS TO FOOD					
		NORTH AFRICA	VOUCHERS, FIRST AID	11,500.	WIRE	0.		
			TO SUPPORT WOMEN FROM					
			SHUFAT REFUGEE CAMP					
		MIDDLE EAST AND	TO BECOME MORE AWARE					
		NORTH AFRICA	OF THE RISKS AND	10,000.	WIRE	0.		
			TO CONTRIBUTE TO					
			ENHANCING PROTECTION					
		SUB-SAHARAN	AND RESILIENCE OF					
		AFRICA	CONFLICT AFFECTED	10,000.	WIRE	0.		
			TO CONTRIBUTE TO					
			ENHANCING PROTECTION					
		SUB-SAHARAN	AND RESILIENCE OF					
		AFRICA	CONFLICT AFFECTED	8,000.	WIRE	0.		
			SUPPORTING WOMENS					
			RIGHTS ORGANIZATIONS					
		SUB-SAHARAN	(WROS) IN NIGERIA TO					
		AFRICA	INCREASE THEIR	5,828.	WIRE	0.		
			1	ı	1	1		1

				ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.		
(a) Type of grant or assistance		dditional space is neede	(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)	

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 the Instructions for Form 926)	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

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 UNDERGOES A GLOBAL AUDIT ANNUALLY WITH A US-BASED AUDIT FIRM. EXPENDITURES ARE MONITORED ON A MONTHLY BASIS AGAINST THE APPROVED BUDGET BY BOTH COUNTRY OFFICE STAFF AND HO STAFF. SENIOR PROGRAM TEAM STAFF WORK WITH THE FINANCE TEAM TO MAKE SURE PROGRAM OBJECTIVES ARE MET AND THAT FINANCIAL RESOURCES ARE UTILIZED IN ACCORDANCE WITH DONOR REQUIREMENTS.

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: EUROPE (INCLUDING ICELAND AND GREENLAND)

(D) PURPOSE OF GRANT: SUPPORTING MARGINALIZED WOMENS RESILIENCE IN

BOSNIA AND HERZEGOVINA AND

KOSOVO

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(D) PURPOSE OF GRANT: TO SUPPORT WOMEN FOR WOMEN INTERNATIONAL (DE) IN THE DEVELOPMENT OF ITS FUNDRAISING/BUSINESS DEVELOPMENT AND ADVOCACY CAPACITY BY CONTRIBUTING TO THE COST OF TWO KEY POSITIONS ON CORPORATE FUNDRAISING AND ON BUSINESS DEVELOPMENT AND ADVOCACY

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT WOMEN'S RIGHTS ORGANIZATIONS IN YEMEN

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.

SOUTH SUDAN, NIGERIA, AND AFGHANISTAN TO INCREASE THEIR INDEPENDENT ROLE IN LEADING PROGRAMMING AND ADVOCACY ON PEACEBUILDING, GENDER EQUALITY, WOMEN'S EMPOWERMENT AND PARTICIPATION, GBV PREVENTION AND RESPONSE, AND COVID-19 REPSONSE AND PREPAREDNESS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT WOMEN'S RIGHTS ORGANIZATIONS IN YEMEN, SOUTH SUDAN, NIGERIA, AND AFGHANISTAN TO INCREASE THEIR INDEPENDENT ROLE IN LEADING PROGRAMMING AND ADVOCACY ON PEACEBUILDING, GENDER EQUALITY, WOMEN'S EMPOWERMENT AND PARTICIPATION, GBV PREVENTION AND RESPONSE, AND COVID-19 REPSONSE AND PREPAREDNESS

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ENHANCING LITERACY AND MEANINGFUL PARTICIPATION OF WOMEN AND ADOLESCENTS GIRLS IN NORTHERN RAKHINE STATE, MYANMAR

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(D) PURPOSE OF GRANT: SUPPORT CONFLICT-AFFECTED WOMEN SOCIALLY AND ECONOMICALLY THROUGH THE SWSN, GRADUATE SUPPORT, ADVANCED ECONOMIC ACTIVITIES, AND ADVOCACY OPPORTUNITIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EXPANSION OF STRONGER WOMEN STRONGER NATIONS (SWSN) PROGRAMME THROUGH PARTNERSHIP IN BAUCHI STATE, NIGERIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROMOTING WOMEN'S SOCIAL AND ECONOMIC EMPOWERMENT

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.

AND A MORE EQUITABLE AND ENABLING ENVIRONMENT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LEAD PROGRAM AND ADVOCACY ON PEACEBUILDING, GENDER EQUALITY, WOMEN'S EMPOWERMENT AND PARTICIPATION, GBV PREVENTION AND RESPONSE, AND COVID-19 RESPONSE AND PREPAREDNESS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LEAD PROGRAM AND ADVOCACY ON PEACEBUILDING, GENDER EQUALITY, WOMEN'S EMPOWERMENT AND PARTICIPATION, GBV PREVENTION AND RESPONSE, AND COVID-19 RESPONSE AND PREPAREDNESS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LEAD PROGRAM AND ADVOCACY ON PEACEBUILDING, GENDER EQUALITY, WOMEN'S EMPOWERMENT AND PARTICIPATION, GBV PREVENTION AND RESPONSE, AND COVID-19 RESPONSE AND PREPAREDNESS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LEAD PROGRAM AND ADVOCACY ON PEACEBUILDING, GENDER EQUALITY, WOMEN'S EMPOWERMENT AND PARTICIPATION, GBV PREVENTION AND RESPONSE, AND COVID-19 RESPONSE AND PREPAREDNESS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LEAD PROGRAM AND ADVOCACY ON PEACEBUILDING, GENDER EQUALITY, WOMEN'S EMPOWERMENT AND PARTICIPATION, GBV PREVENTION AND RESPONSE, AND COVID-19 RESPONSE AND PREPAREDNESS.

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING WOMEN'S RIGHTS ORGANIZATIONS IN NIGERIA TO INCREASE THEIR INDEPENDENT ROLE IN LEADING PROGRAMMING AND ADVOCACY ON PEACEBUILDING, GENDER EQUALITY, WOMEN'S EMPOWERMENT AND PARTICIPATION, GBV PREVENTION AND RESPONSE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROJECT TO COMBAT FOOD INSECURITY GENDER-BASED VIOLENCE AGAINST INTERNALLY DISPLACED AND VULNERABLE WOMEN IN MALI

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROJECT TO IMPROVE FOOD SECURITY AND RESILIENCE OF VULNERABLE

WOMEN AND GIRLS FACING THE SECURITY AND HUMANITARIAN CRISIS IN FIVE

(05) COMMUNES IN THE SOUTH-WEST REGION OF BURKINA FASO

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROTECTION AND LIVELIHOOD SUPPORT FOR VULNERABLE

WOMEN IN THE

COMMUNE OF BANFORA, CASCADES REGION, BURKINA FASO

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT ECONIMIC RESILIENCE AND RECOVERY OF IDP

WOMEN AND GIRLS AND THEIR HOST COMMUNITIES AFFECTED BY CONFLICT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FOOD SECURITY AND PROTECTION TO PROJECT TO MEET

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.

THE NEEDS OF DISPLACED AND VULNERABLE WOMEN IN MOPTI REGION, MALI

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT THE DELIVERY OF FREE, REMOTE PRIMARY PSYCHOSOCIAL SUPPORT TO VICTIMS OR SURVIVORS OF GENDER-BASED VIOLENCE

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE PARTICIPATION OF WOMEN IN THE PROCESS OF PEACE AND RECONSTRUCTION IN IRAQ

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE RESPECT FOR HUMAN RIGHTS, GENDER EQUALITY, EQUITY, THE RULE OF LAW, ACCOUNTABILITY, AND SOCIAL JUSTICE IN NIGERIA.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT SOCIALLY AND ECONOMICALLY MARGINALIZED WOMEN AND INTEGRATE THEM INTO SOCIETY IN ORDER TO REDUCE CASES OF VIOLENCE WITHIN SOCIETY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED SOLUTIONS FOR SEXUAL VIOLENCE AGAINST WOMEN AND GIRLS IN TIGRAY, ETHIOPIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDING SEXUAL & REPRODUCTIVE HEALTH SERVICES TO INTERNALLY DISPLACED PERSONS IN THE SUDANESE STATES OF NORTH CARFUR AND

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.

PORT SUDAN

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: FACILITATING WOMEN ACCESS TO REACH A POSITION THAT

ENABLES THEM TO MAKE DECISIONS AND TO DEVELOP THEIR LEADERSHIP SKILLS

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE CASH TRANSFERS TO 100 WOMEN AND THEIR

FAMILIES IN 10 TARGET COMMUNITES THAT ARE SEVERELY FOOD INSECURE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING WOMEN AND GIRL SURVIVORS OF VIOLENCE IN

THE AMHARA REGION OF ETHIOPIA

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SUPPORT THE BUILDING OF LOCAL ACCESSIBLE WOMEN LED

GBV INFORMED COMMUNITIES VIA ESTABLISHING TWO GROUPS OF WOMEN FROM THE

VILLAGE AREAS OF BEIT SURIK AND QATANNA

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SUPPORTING ASKAR REFUGEE WOMEN'S ACCESS TO FOOD

VOUCHERS, FIRST AID TRAINING AND PROVISION OF FIRST AID KITS

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT WOMEN FROM SHUFAT REFUGEE CAMP TO

BECOME MORE AWARE OF THE RISKS AND EFFECTS OF DRUG ABUSE ON THEMSELVES,

THEIR FAMILIES, AND THE COMMUNITY WHILST PROVIDING THEM WITH THE TOOLS TO

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. HELP COMBAT THE ISSUE FROM A GRASSROOTS ORIGIN REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: TO CONTRIBUTE TO ENHANCING PROTECTION AND RESILIENCE OF CONFLICT AFFECTED WOMEN AND GIRLS IN KHARTOUM STATE, SUDAN REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: TO CONTRIBUTE TO ENHANCING PROTECTION AND RESILIENCE OF CONFLICT AFFECTED WOMEN AND GIRLS IN KHARTOUM STATE, SUDAN REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: SUPPORTING WOMENS RIGHTS ORGANIZATIONS (WROS) IN NIGERIA TO INCREASE THEIR INDEPENDENT ROLE IN LEADING PROGRAMMING AND ADVOCACY ON PEACEBUILDING, GENDER EQUALITY, WOMENS EMPOWERMENT AND PARTICIPATION, GBV PREVENTION AND RESPONSE

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection													
Name of the organization	WOMEN F	OR WOMEN INTERNA	∆ФТОΝ	ΔТ.				Employer ide	entification number				
Part I Fundraisi		Complete if the organization a				Form 990 Part IV li	ine 1						
	complete this part		anowered		.5 01	11 01111 000, 1 are 10, 11		7. 1 OIIII 000 E2	- more are not				
		sed funds through any of the fol											
a X Mail solicitation						overnment grants							
b X Internet and e	email solicitations		olicitation pecial fun			nment grants							
d X In-person soli		g [<u>21</u>] S ₁	Jeciai iuri	urais	siriy (events							
		or oral agreement with any indiv	/idual (inc	ludir	ng of	ficers, directors, trus	tees,	or					
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No													
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be													
compensated at least \$5,000 by the organization.													
(i) Name and address or entity (fundr		(ii) Activity	hav	(iii) D undrai ve cus contro ntributi	stody rol of			Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
MAL WARWICK ASSOCIA	res - 2550		Y	es	No								
9TH STREET, SUITE 10	03,	FUNDRAISING CONSULTANT		\supset	X	10,368,273.		397,028.	9,971,245.				
				+									
				+									
			-	+									
				\perp									
-				+									
				T									
				\dashv									
Total						10,368,273.		397,028.	9,971,245.				
3 List all states in which or licensing.	h the organizatio	n is registered or licensed to so	olicit cont	ribut	tions	or has been notified	it is e	exempt from re	egistration				
AL, AK, AZ, AR, C	A,CO,CT,I	DE,DC,FL,GA,HI,I	D,IL	, II	N,I	A,KS,KY,LA	, ME	E,MD,MA,	MI,MN,MO				
MT, NE, NV, NH, N	J,NM,NY,I	NC, ND, OH, OK, OR, P	'A,RI	<u>, sc</u>	C,S	D,TN,TX,UT	, VI	',VA,WV,	WI,WY				

332081 09-13-23

Schedule G (Form 990) 2023

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

SEE PART IV FOR CONTINUATIONS

Pai			OR WOMEN INT			1838756 Page 2 more than \$15,000
_		of fundraising event contributions and gros				
T			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
\dashv	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2.1 (1)			
		Direct expense summary. Add lines 4 through 9				
Pai	_	Net income summary. Subtract line 10 from line Gaming. Complete if the organization ar		990 Part IV line 19 or re		
-		\$15,000 on Form 990-EZ, line 6a.	iswered res offrom	990, 1 art 1V, line 19, 01 10	sported more than	
Revenue		-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
S		Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7 f	rom line 1, column (d)			
9	Ent	er the state(s) in which the organization conduc	ts gaming activities:			

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

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 WOMEN FOR WOMEN INTERNATIONAL	27-1	030	00	Page 3
11 Does the organization conduct gaming activities with nonmembers?			/es	☐ 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?		\ `	es/	No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility		13a		<u>%</u>
b An outside facility		13b		<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:			
Name				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es/	∟ No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the am	ount			
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?		<u></u>	es/	∟ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n 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):	I DI		- 0 0	l- 40l-
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	: III, IIne	es 9, 9	b, 10b,
155, 156, 16, and 175, as applicable. Also provide any additional information. See instructions.				
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	SERS	:		
(I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES				
(I) ADDRESS OF FUNDRAISER: 2550 9TH STREET, SUITE 103, BERKEI	ĿΥ,	CA_	94	710
PART I, LINE 2B, COLUMN (V):				
DURING THE YEAR ENDED DECEMBER 31, 2023, MAL WARWICK ASSOCIAT	ION	WAS	PA:	[D
3 MOMAT OF 40 071 045 OF MYTA AMOTOM 4005 000 TO 5				
A TOTAL OF \$9,971,245 OF THIS AMOUNT, \$397,028 WAS RELATED TO PROFESSIONAL FUNDRAISING AND CONSULTING.	<u>, </u>			

332083 09-13-23

Schedule G	(Form 990)	WOMEN FOR	WOMEN	INTERNATIONAL	52-1838756	Page 4
Part IV	i (Form 990) Supplemental Infor	mation /	./\			
. artii	Cuppiementai imor	(continued	1)			
						-
-						

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

WOMEN FOR WOMEN INTERNATIONAL

Employer identification number 52-1838756

Pa	art I Questions Regarding Compensation									
			Yes	No						
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,									
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or charter travel Housing allowance or residence for personal use									
	Travel for companions Payments for business use of personal residence									
	Tax indemnification and gross-up payments Health or social club dues or initiation fees									
	Discretionary spending account Personal services (such as maid, chauffeur, chef)									
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or									
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b								
2										
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?									
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.									
	X Compensation committee Written employment contract									
	X Independent compensation consultant X Compensation survey or study									
	X Form 990 of other organizations X Approval by the board or compensation committee									
4	During the year did any never listed on Form 000 Part VIII Section A line to with respect to the filing									
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:									
•		4a		х						
h	a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan?									
c	Participate in or receive payment from an equity-based compensation arrangement?	4b 4c		X						
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10								
	The state of the s									
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
	contingent on the revenues of:									
а	The organization?	5a		X						
b	Any related organization?	5b		Х						
	If "Yes" on line 5a or 5b, describe in Part III.									
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
	contingent on the net earnings of:									
а	The organization?	6a		X						
b	Any related organization?	6b		Х						
	If "Yes" on line 6a or 6b, describe in Part III.									
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments									
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X							
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			3.7						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in									
	Regulations section 53.4958-6(c)?	9								

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



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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LAURIE ADAMS	(i)	327,931.	0.	0.	15,036.	516.	343,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAMONE SEGREE	(i)	254,732.	0.	0.	12,587.	2,904.	270,223.	0.
EXECUTIVE DIRECTOR, US	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARIE CLARKE	(i)	212,700.	0.	0.	9,610.	6,032.	228,342.	0.
CHIEF OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBRA BOWERS	(i)	187,909.	0.	0.	9,565.	3,980.	201,454.	0.
DEPUTY VICE PRESIDENT OF GLOBAL PROG	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATIAS AVERBUJ	(i)	187,063.	0.	0.	8,907.	120.	196,090.	0.
DIRECTOR, GLOBAL BUSINESS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NORMAN GACHOKA	(i)	170,167.	0.	0.	8,508.	7,213.	185,888.	0.
SR. DIRECTOR, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BEN CARTER	(i)	150,972.	0.	0.	7,713.	4,552.	163,237.	0.
DIRECTOR, MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JANET COFFEY	(i)	155,387.	0.	0.	7,769.	0.	163,156.	0.
DIRECTOR, FIELD OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) NIDHI DAGUR	(i)	154,858.	0.	0.	7,682.	345.	162,885.	0.
DIRECTOR, GLOBAL COMM & EXTERNAL REL	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANJALI VOGELSANG	(i)	157,454.	750.	0.	1,646.	2,585.	162,435.	0.
DIRECTOR, GLOBAL BUSINESS	(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:										
ANJALI VOLGELSANG BONUS WAS FOR RECOGNITION OF OUTSTANDING SERVICE TO THE										
ORGAINZATION FOR \$750.										

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number 52-1838756

	WOMEN FOR WOI	MEN IN	TERNATION	$_{ m AL}$	52-18	38756				
Par	t 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 dete noncash contribution	•	ts			
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	27	261,527.	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 organiz	ation during	the tax year for co	ontributions						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29						
					_	Yes	No			
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it					
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used t	or					
	exempt purposes for the entire holding period?					30a	X			
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	X			
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
	contributions?				;	32a	Х			
b	If "Yes," describe in Part II.		•							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	ked,					
	describe in Part II.									
Eor D	aperwork Reduction Act Notice see the Inst	ructions for	Form 000	<u> </u>	Schedule M (Farm 000	1 2022			

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.														
SCHE	OULE M	, :	PART	I,	COL	UMN	(B):								
WFWI	REPOR	rs	THE	NU	MBER	OF	CONTR	IBUTIO	NS	IN	PART	I,	COLUMN	(B).	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

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.

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

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

Schedule O (Form 990) 2023 Page 2

WOMEN FOR WOMEN INTERNATIONAL 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

Employer identification number

Name of the organization

Schedule O (Form 990) 2023 Page 2

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

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. WE USE 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: 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 CURRENT SUPPORTERS ABOUT THE IMPORTANT DEVELOPMENT GAINS AND PROGRESS THAT CAN BE ATTAINED

Schedule O (Form 990) 2023 Page 2

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

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

AFGHANISTAN, CONGO, DEM REP, IRAQ, NIGERIA,

RWANDA, SOUTH SUDAN

CONFLICT.

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

WOMEN FOR WOMEN HAS A FOUR-STEP REVIEW AND APPROVAL PROCESS. THE FIRST REVIEW IS PERFORMED BY FINANCE STAFF, FOLLOWED BY THE SENIOR MANAGEMENT TEAM INCLUDING CEO. ONCE THE FEDERAL FORM 990 IS APPROVED BY MANAGEMENT IT IS REVIEWED BY THE AUDIT COMMITTEE.

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

WOMEN FOR WOMEN CONDUCTS AN ANNUAL SURVEY OF THE MEMBERS OF THE BOARD OF DIRECTORS TO DETERMINE IF A CONFLICT EXISTS. IF THE GOVERNANCE COMMITTEE DETERMINES THAT A CONFLICT EXISTS, IT WOULD TAKE STEPS TO LIMIT THE ACTIVITIES AND AUTHORITY OF THE DIRECTOR, OFFICER, OR EMPLOYEE BASED ON THE NATURE OF THE CONFLICT. TO INCREASE AWARENESS AND COMPLIANCE, WOMEN FOR WOMEN REQUIRES EMPLOYEES AND BOARD MEMBERS TO REVIEW AND SIGN THE CODE OF

CONDUCT EACH YEAR.

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** 52-1838756 WOMEN FOR WOMEN INTERNATIONAL FORM 990, PART VI, SECTION B, LINE 15: WOMEN FOR WOMEN'S FINANCE COMMITTEE REVIEWS EXECUTIVE COMPENSATION. WOMEN FOR WOMEN THEN DETERMINES COMPARABLE MARKET RATES USING 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. EVERY TWO YEARS WOMEN FOR WOMEN ENGAGES AN EXTERNAL CONSULTANT TO REVIEW SALARY RANGES FOR OFFICERS AND KEY EMPLOYEES. 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, NM NY, OH, OK, PA, RI, SC, TN, UT, VA, WA, WI, WV, OR 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. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: FOREIGN CURRENCY TRANSLATION LOSS -336,755. TRANSFER OF MICROFINANCE LOANS -1,117,313. TOTAL TO FORM 990, PART XI, LINE 9 -1,454,068.

SCHEDULE R (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** 52-1838756 WOMEN FOR WOMEN INTERNATIONAL 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, SUITE	MANAGE WFWI EMPOWERMENT				
WILMINGTON, DE 19810	CENTER IN RWANDA	DELAWARE	0.	0.	WFWI

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled :ity?
		501(c				Yes	No
WOMEN FOR WOMEN, UK	_						
49-51 EAST ROAD							
LONDON, UNITED KINGDOM N1 6AH	EDUCATION	UNITED KINGDOM		WFWI		Х	
WOMEN FOR WOMEN INTERNATIONAL DE GGMBH							
SCHUMANNSTRASSE 9	1						
BERLIN, GERMANY 10117	EDUCATION	GERMANY			WFWI	Х	
	_						
]						

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage	
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)		er? OW	ercentage ownership	
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No		
										\vdash			
-													
										\vdash			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
WFWI AFGHANISTAN MICROFINANCE									
2000 M STREET, NW, #200 WASHINGTON, DC 20036	MICROFINANCE	AFGHANIST	WFWI	C CORP	0.	0.	96.00%		х

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with	th one or more rel	ated organizations listed ir	า Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
	Gift, grant, or capital contribution from related organization(s)				1c	X			
	Loans or loan guarantees to or for related organization(s)				1d		_X_		
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		Х		
a	Sale of assets to related organization(s)				1g		X		
	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
•	, , , , , , , , , , , , , , , , , , , ,								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
-1	Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)									
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
					10		X		
р	Reimbursement paid to related organization(s) for expenses				1p		X		
	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who m	must complete thi	s line, including covered re	elationships and transaction thresholds.					
	(a) (b) (c) (d) Name of related organization Transaction type (a·s) Amount involved Method of determining amount involved								
		_	0 606 500						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WOMEN FOR WOMEN UK	С	2,636,738.	CASH
(2) WOMEN FOR WOMEN INTERNATIONAL DE GGMBH	С	258,750.	CASH
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

332165 09-28-23 66