Form 990

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public

A F	or th	e 2019 calendar year, or tax year beginning , 2019,	and ending				, 20	
B c	heck if ap	C Name of organization WOMEN DELIVER, INC		D	Employer id	entifica	tion numbe)r
	Addre	SS Doing Business As			26-4462	2256		
	chang		Room/suite	E	Telephone n			
	+	return 588 BROADWAY	905		646) 69	5-91	0.0	
	Termi	City or town atotal or province country and 7ID or foreign model and			010, 00			
	Amen			l _G	Gross receip	ts \$	8.0	60,193.
	returr Applic	F Name and address of principal officer: KAT.TA TVERSEN			a) Is this a gro			res X No
	pendi	588 BROADWAY, SUITE 905, NEW YORK, NY 10012			subordinates b) Are all subord	?		res No
_	Tay-ey		r 527		•		(see instructio	
÷		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1) of te: \blacktriangleright WWW . WOMENDELIVER . ORG	r 527	—				113)
			1 Van of fo		c) Group exem : 2009 M			icile: DE
		of organization: X Corporation Trust Association Other Summary	L Year of to	ormation	: 2009 W	State o	r iegai dom	.cile: DE
Г	art I	Briefly describe the organization's mission or most significant activities: SEE OR	CANTTATT	7NI ! S	MTSSTON	STA	темеит	1
Governance	2	IN SCHEDULE ○ Check this box ▶ if the organization discontinued its operations or disposed.	d of more than	 25% of	its net asset			
		Number of voting members of the governing body (Part VI, line 1a)				3		8.
త క్ర		Number of independent voting members of the governing body (Part VI, line 1b) \Box				4		7.
Activities	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				5		82.
cţì	1	Total number of volunteers (estimate if necessary)				6		300.
⋖		Total unrelated business revenue from Part VIII, column (C), line 12				7a		0
	b	Net unrelated business taxable income from Form 990-T, line 34				7b		0
					Prior Year			nt Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)	/ FOR		2,971,03			171 , 938
Revenue	9	Program service revenue (Part VIII, line 2g) PUBLIC INS	- 1		1,533,94	15.	3,	717,977
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	SPECTION		10,41			23,224
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-884,37	_		147,054
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		13	3,631,01			060,193
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			260,74	10.		458,404
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L			0.		0
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4	4,268,74	18.	5,	804,476
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.		0
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 253,575.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4	4,245,76	55.	13,	278,101
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3	B , 775 , 25	53.	19,	540,981
	19	Revenue less expenses. Subtract line 18 from line 12		4	4,855,76	52.	-11,	480,788
or		·		Beginnin	g of Current	Year	End o	f Year
ets	20	Total assets (Part X, line 16)		26	6,324,00	0.0	14,	028,564
Ass I Ba	21	Total liabilities (Part X, line 26)			588,22	27.		581,509
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		25	5,735,77	73.	13,	447,055
	rt II	Signature Block						
Un	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedul ct, and co pplete பெதுக்குந்த of preparer (other than officer) is based on all information of whicl	es and stateme	nts, and	to the best o	f my kn	owledge ar	nd belief, it is
true	e, corre	ct, and complete வெளியாகர்கள் of preparer (other than officer) is based on all information of whicl	h preparer has a	any know	/ledge.			
Sig	ın	katuleen a. Sherwin			08/3 Date	1/20	20	
He	re	KATHLEEN SHERWIN COO						
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature	Date		Ch1	:r PT	īN	
Paid	t	CATHERINE BENDALL CPA CATHERINE BENDALL CPA	08/31/	2020	Check self-employ	J "'	2005211	96
Pre	parer	CATHENINE DENDALL CIA	1 00/31/				027092	
Use	Only	1411 PROPERTY OFFICE PLOOP WELL WORK AND 16	nn18				751-91	
Mar	the !!				none no.		7.7	
		rwork Reduction Act Notice, see the separate instructions.		<u></u>				990 (2019)
1 01	rape	work Neugotion Act Notice, see the septiale ilistiuctions.					רטוווו	(ZUI9)

For	m 990 (2019) Page 2
Pá	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE ORGANIZATION'S MISSION STATEMENT IN SCHEDULE O
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
2	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$10,230,454. including grants of \$) (Revenue \$3,835,777.)
	WOMEN DELIVER CONFERENCE- SEE DETAILED DESCIPTION IN SCHEDULE O.
4b	(Code:) (Expenses \$ 6,211,347. including grants of \$ 265,884.) (Revenue \$ 29,254.)
	GLOBAL POLICY AND ADVOCACY- SEE DETAILED DESCIPTION IN SCHEDULE O.
4c	(Code:) (Expenses \$1,826,866. including grants of \$192,520.) (Revenue \$)
	YOUTH ENGAGEMENT - SEE DETAILED DESCIPTION IN SCHEDULE O.
_	
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 18,268,667.

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

WOMEN DELIVER, INC 26-4462256 Form 990 (2019) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? Χ 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II....... Χ Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Χ "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Χ c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Χ Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 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 Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 51 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 82			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	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		X
	If "Yes," see 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		X
	If "Yes," complete Form 4720, Schedule O.			

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Part VI

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

	Check it Schedule O contains a response of note to any line in this Part VI			• • •		Λ
Sect	ion A. Governing Body and Management				Vaa	Na
		1 . 1	,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.			_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other particles.	ersor	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?	• /		7b		X
8	Did the organization contemporaneously document the meetings held or written actions und					
	the year by the following:		3			
а	The governing body?			8a	X	
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					
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			Code) .)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?		_	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
·	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?		-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			_		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990	and 990-	T (Sed	ction 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	ply.	000	, 23,		. (-)
	X Own website Another's website X Upon request Other (explain on Sc) O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the organization made its governing do	nents	conflict	of inte	rest r	olicv
-	and financial statements available to the public during the tax year.	,			1	,
20	State the name, address, and telephone number of the person who possesses the organization's KATHLEEN SHERWIN 588 BROADWAY, SUITE 905 NEW YORK, NY 10012 646-695-9100	ooks	and recor	ds ▶		
	KATHLEEN SHERWIN 588 BROADWAY, SUITE 905 NEW YORK, NY 10012 646-695-9100					

Form **990** (2019)

rm 990 (2019) WOMEN DELIVER, INC 26-4462256

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

	Check this box if neither	the organization nor	anv related	l organization	compensated a	nv current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unle	Pos check ess pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)KATJA IVERSEN	35.00									
PRESIDENT & CEO	0.	Х		X				294,171.	0.	34,590.
(2) KATHLEEN SHERWIN	35.00									
COO EFFECTIVE AUGUST 2019	0.	-		X				199,294.	0.	28,193
(3) SUSAN PAPP	35.00							,		,
MANAGING DIRECTOR	0.				X			168,753.	0.	26,324
(4) CARRIE SIMON	35.00									<u> </u>
SENIOR ADVISOR	0.					X		168,462.	0.	13,351
(5) HANNAH AUGUST	35.00									
DIRECTOR, COMMUNICATIONS	0.					X		152,422.	0.	18,084
(6) OLIVIER QUESSY	35.00									
DIRECTOR, FINANCE & ADMIN	0.					X		135,882.	0.	18,296
(7) TAMARA WINDAU-MELMER	35.00									
SENIOR MANAGER, YOUTH	0.					X		105,729.	0.	39,879
(8) KATHERINE HOLLAND	35.00									
FORMER COO (JAN TO AUG 2019)	0.			X				110,693.	0.	32,700
(9) MARCY ROBINSON	35.00									
SENIOR MANAGER, HUMANITARIAN	0.					Х		109,323.	0.	33,168
(10) KRISTIN HETLE	1.00									
CHAIR	0.	X		Х				0.	0.	0
(11) WALLACE D'SOUZA	1.00									
TREASURER	0.	Х		Х				0.	0.	0
(12) JOTHAM MUSINGUZI, MD	1.00									
SECRETARY	0.	Х		Х				0.	0.	0
(13) RT. HON HELEN CLARK	1.00									
DIRECTOR	0.	Х						0.	0.	0
(14) CECILIA GARCIA RUIZ	1.00									
DIRECTOR	0.	X						0.	0.	0

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Part VII Section A. Officers, Directors, T	ruetone Ko	w En	anlo		06	and l	Jia	host Component	od Employ	1005 (0	ontinue		Page 8
		y ⊑n	ipic			anu r	ııg	1		rees (c	ontinue		
(A) Name and title	Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reporta compensatio	on from	an	(F) stimated nount of other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		froorg and	om the anizatio d relate anizatio	on ed
15) VIVIAN ONANO	1.00									_			
DIRECTOR 16) DAKSHITHA WICKREMARATHNE DIRECTOR	1.00	X						0		0.			(
		-											
		-											
		1											
								1 111 700		0		244	<u> </u>
1b Sub-total c Total from continuation sheets to Part VII.	Section A							1,444,729.		0.		244,	585 0
d Total (add lines 1b and 1c)	-							1,444,729.		0.	2	244,	
2 Total number of individuals (including but no reportable compensation from the organizati		hose		d a	bove	e) who	o re	eceived more than	\$100,000 c	of			
reportable compensation from the organizati	OII P		т									Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche	dule J for su	ch ina	livid	ual							3		X
4 For any individual listed on line 1a, is the organization and related organizations of individual	reater than	\$15	50,0	00?) If	"Yes	3, "	complete Schedu	le J for s	such	4	X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or indivi	dual	5		Х
Complete this table for your five highest co compensation from the organization. Report year.													
(A) Name and business a	ddress							(B) Description of se	ervices	C	(C)		
ATTACHMENT 1								.p 31 90			F		
							+						
							+						
							+						

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more than \$100,000 in compensation from the organization ▶ 5

2 Total number of independent contractors (including but not limited to those listed above) who received

WOMEN DELIVER, INC Form 990 (2019)

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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f		4,171,938.			
Ф			Business Code	2 717 077	2 717 077		
Program Service Revenue	2a b c	CONFERENCE REVENUE	900099	3,717,977.	3,717,977.		
Rev	d						
or l	е						
ш.	f	All other program service revenue Total. Add lines 2a-2f		3,717,977.			
	3	Investment income (including dividends, other similar amounts)		23,224.			23,224.
	4	Income from investment of tax-exempt bond	•	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c d	Rental income or (loss) 6c Net rental income or (loss)	•	0.			
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
		other than inventory 7a					
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
Re	С	Gain or (loss) 7c					
er	d	Net gain or (loss)	<u> </u>	0.			
Other	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line 1c) See Part IV line 18 8a	0.				
	, h	1c). See Part IV, line 18 8a Less: direct expenses 8b	0.				
	b	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold Net income or (loss) from sales of inventory					
	С	recented of (1055) from sales of inventory.	Business Code	0.			
sno		OTHER INCOME	900099	147,054.	147,054.		
Miscellaneous Revenue	11a		33333	117,054.	111,004.		
ella	b						
ဒ္ဓ	c d	All other revenue					
Σ	e	Total. Add lines 11a-11d		147,054.			
	12	Total revenue. See instructions		8,060,193.	3,865,031.		23,224.

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Part IX Statement of Functional Expenses

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

(C) Management and (A) Total expenses (B) Program service (**D**) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 40,000. 40,000. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 418,404 418,404. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 894,719. 771,382. 87,173. 36,164. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,801,006. 3,434,449. 332,808. 33,749. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 14,937 174,221. 157,001. 2,283. section 401(k) and 403(b) employer contributions) 561,813. 502,519. 48,225 11,069. 372,717. 331,718. 33,545. 7,454. 11 Fees for services (nonemployees): \cap a Management 23,899. 23,899 117,900. 117,900. c Accounting 0 d Lobbying 0. e Professional fundraising services. See Part IV, line 17, 0 . f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 66,979. 3,325,580. 3,208,332. 50,269. (A) amount, list line 11g expenses on Schedule O.) $\ensuremath{\text{ATCH}}$ 234,351. 30,572. 3,092. 687. 12 Advertising and promotion 643,933. 584,242. 49,979. 9,712. 13 Office expenses 284,438. 253,150. 25,599. 5,689. 14 Information technology 0 15 Royalties 464,896. 413,757. 41,841 9,298. 16 101,490. 4,327,423. 4,160,451. 65,482. 17 Travel Payments of travel or entertainment expenses 0. for any federal, state, or local public officials 3,959,731. 3,877,558. 79,077. 3,096. Conferences, conventions, and meetings 19 0 . 21 Payments to affiliates 31,063. 27,646. 2,796 621. Depreciation, depletion, and amortization 22 64,591. 57,486. 5,813. 1,292. 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.) aBAD DEBT EXPENSE 296. 296. e All other expenses 19,540,981 18,268,667. 1,018,739 253,575. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) 0.

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,182,054.	1	5,343,451.
	2	Savings and temporary cash investments	3,446,281.	2	5,676,464.
	3	Pledges and grants receivable, net	13,815,359.	3	2,706,296.
	4	Accounts receivable, net	535,000.	4	0.
	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	0.	5	0.
	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)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges ATCH . 3	1,611,595.	9	50,714.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 140,017.			
	b	Less: accumulated depreciation	90,961.	10c	64,785.
	11	Investments - publicly traded securities	460,834.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	181,916.	15	186,854.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	26,324,000.	16	14,028,564.
	17	Accounts payable and accrued expenses	588,227.	17	247,372.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	334,137.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.		0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	588,227.		581,509.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	8,101,957.	27	7,255,915.
Ва	28	Net assets with donor restrictions.	17,633,816.	28	6,191,140.
pu		Organizations that do not follow FASB ASC 958, check here ▶	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
Net Assets or Fund Balances		and complete lines 29 through 33.			
ls c	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
det	32	Total net assets or fund balances	25,735,773.	32	13,447,055.
_	33	Total liabilities and net assets/fund balances	26,324,000.	33	14,028,564.
					Form 990 (2019)

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26-4462256 orm 990 (2019)

Form 98	0 (2019)				Pa	ge IZ		
Part :	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			60,1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			40,9			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	1,4	80,7	88.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,735,773.					
5	Net unrealized gains (losses) on investments	5				0.		
6	· ' '							
7	Investment expenses	7				0.		
8	Prior period adjustments	8		-7	84,4	45.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	23,4	85.		
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	3,4	47,0	55.		
Part								
	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 in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	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 audi	ted on	n a					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight		2c	Х			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, ex	крlain	on					
	Schedule O.							
3 a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Single Audit Act and OMB Circular A-133?		· · ⊢	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b				

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NOI	MEN	DELIVER, INC					26-44622	56		
Pa	rt I	Reason for Public Cl	narity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	i.		
The	orga	anization is not a private fo	oundation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of c	hurches, or associa	tion of churches descri	ribed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in sec	tion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)			
3		A hospital or a cooperative	e hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical research orgai	nization operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and	state:							
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in		
		section 170(b)(1)(A)(iv).	v). (Complete Part II.)							
6	Щ	A federal, state, or local					, , , , , ,			
7	Х	An organization that nor	-	·	pport fr	om a go	vernmental unit or fro	om the general public		
		described in section 170(·						
8	Щ	A community trust descri	•		,					
9		An agricultural research o	_			-	=	-		
		or university or a non-land	d-grant college of aલ્	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or		
		university:								
10 11		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
12	\vdash	An organization organize	•	,	•		` ' ' '	earry out the nurnoses		
12		of one or more publicly s	•	•			•			
		Check the box in lines 12a								
а		Type I. A supporting or	_	= -			· · · · · · · · · · · · · · · · · · ·	_		
u		the supported organiza	•	•	•		•			
		supporting organization	. , .	• • • • • • • • • • • • • • • • • • • •		ajority of				
b		Type II. A supporting o	•			with its	supported organization	on(s), by having		
-		control or management	•					. , ,		
		organization(s). You mu		-						
С		Type III functionally int			ated in c	onnectio	n with, and functional	lv integrated with.		
		its supported organizati						,		
d		Type III non-functional						ted organization(s)		
		that is not functionally in			-					
		requirement (see instru	ctions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.			
е		Check this box if the or	ganization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III		
		functionally integrated,	or Type III non-funct	tionally integrated sup	porting o	organizat	ion.			
f	En	ter the number of supporte	ed organizations							
g		ovide the following informa		` ` `				I		
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
·-·										
(E)										
	-1									
Tota	aı									

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

Schedule A (Form 990 or 990-EZ) 2019 Page **2**

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,442,829.	4,889,123.	17,087,269.	12,971,031.	4,171,938.	47,562,190.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	8,442,829.	4,889,123.	17,087,269.	12,971,031.	4,171,938.	47,562,190.
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)						7,891,713.
6	Public support. Subtract line 5 from line 4						39,670,477.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	8,442,829. 1,851.	4,889,123. 4,621.	17,087,269. 6,287.	12,971,031.	4,171,938.	47,562,190.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	-402,771.	59,342.	358,877.	-909,151.	147,054.	-746,649.
11	Total support. Add lines 7 through 10						46,864,228.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (lin		-			14	84.65%
15	Public support percentage from 2018					15	85.26 %
16a	33 1/3 % support test - 2019. If the org	•		•		•	
	box and stop here . The organization qu						
b	331/3% support test - 2018. If the org						
470	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_					
	Part VI how the organization meets t					•	•
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
D			•				
	15 is 10% or more, and if the organization						•
	Explain in Part VI how the organization				_		
10	supported organization						
18	9						
	instructions						· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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.)

Sec	tion A. Public Support	,		, р.с.доо о		,	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(3)	(1)		(1)	(4)	
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>i</i> a	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						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
0							
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 6	(4) 20:0	(3) 20 : 0	(0) 20	(4) 20 10	(0) 20 10	(1) 1010.
9 10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	·						
4.6	or not the business is regularly carried on		+				+
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is form	or the organize	tion's first seco	nd third fourth	or fifth tax v	lear as a section	501(c)(3)
	organization, check this box and stop here .	0	*	, ,	•		` ` ` `
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8)			mn (f))		15	%
16	Public support percentage from 2018 Sche						%
	tion D. Computation of Investmen					10	70
17	Investment income percentage for 2019 (lin			13 column (f))		17	%
18	Investment income percentage for 2019 (in		•	. ,,			
	331/3% support tests - 2019. If the or						
ı J a	17 is not more than 331/3%, check th	-					
h	331/3% support tests - 2018. If the orga			•			
Ü	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization of		•	•	. ,	0	

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79. If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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 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
ng <i>by</i>			
	1		
us ed			
	2		
er	3a		
nd he			
В)	3b		
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	4b		
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dy	5b		
	5c		
to ed or			
	6		
or ity			
	7		
7?	8		
re ed			
	9a		
ch	9b		
fit	9c		
on ed			
to	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2019 Page 5 Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization. describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 a 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Iu		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).	_		

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
<u>а</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j			
ı	and 4c.			
8	Breakdown of line 7:			
o a	Excess from 2015			
a b	Excess from 2016			
- 0	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2019

Excess from 2018....
Excess from 2019....

26-4462256 Schedule A (Form 990 or 990-EZ) 2019

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

ATTACHMENT 1										
SCHEDULE A, PART II - OTHER INCOME										
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL				
OTHER INCOME	-402,771.	59,342.	358,877.	-909,151.	147,054.	-746,649.				
TOTALS	-402,771.	59,342.	358,877.	-909,151.	147,054.	-746,649.				

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number Name of the organization WOMEN DELIVER, INC 26-4462256 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(**3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization WOMEN DELIVER, INC

Employer identification number 26-4462256

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization WOMEN DELIVER, INC Employer identification number 26-4462256

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization WOMEN DELIVER, INC Employer identification number 26-4462256

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$83,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WOMEN DELIVER, INC Employer identification number 26-4462256

art II Nonc	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _		 \$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _		 \$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization WOMEN DELIVER, INC Employer identification number 26-4462256 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. 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 (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 (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number WOMEN DELIVER, INC 26-4462256 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: ▶ \$

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

Schedule D (Form 990) 2019

26-4462256

WOMEN DELIVER, INC Schedule D (Form 990) 2019

	rt Organizations Maintainin	a Calla	otiono of	Aut LI	iotorical Tr		0 " (Othor Cimil	or Accete /	ontinuo	Page Z
	<u> </u>						<u> </u>		,		
3	Using the organization's acquisition		sion, and o	otner re	ecoras, che	ck any or	the	ronowing th	at make sign	illicant u	se or its
_	collection items (check all that apply	'):									
a	Public exhibition			d		or excha	inge p	orogram			
b	Scholarly research			е	Othe	r					
С	Preservation for future genera										
4	Provide a description of the organi.	zation's (collections	and e	explain now	they fur	ther ti	he organiza	tion's exemp	t purpose	e in Part
_	XIII.										
5	During the year, did the organization								_	 ,	
	assets to be sold to raise funds rathe			ained a	s part of the	organiza	ation's	collection?		Yes	No_
Pa	rt IV Escrow and Custodial Ar					D (D (
	Complete if the organizati	ion ansv	vered "Ye	s" on	Form 990,	Part IV,	line 9	, or reporte	ed an amour	nt on Fo	rm
	990, Part X, line 21.						_				
1a	Is the organization an agent, trustee				-				_	_	
	included on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII	and comp	lete th	e following ta	able:					
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amo									Yes	No
b	If "Yes," explain the arrangement in	Part XIII	. Check he	ere if th	ne explanatio	n has bee	en pro	vided on Par	t XIII		<u></u>
Pa	rt V Endowment Funds.										
	Complete if the organizat	ion ansv	vered "Ye	s" on	Form 990,	Part IV,	line 1	10.			
		(a) Curr	ent year	(b)	Prior year	(c) Two	years	back (d) Th	ree years back	(e) Four y	years back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	· -										
q	End of year balance										
2	Provide the estimated percentage of	of the cur	rent vear	and ha	lance (line 1	r column	(a)) h	eld as:			
a	Board designated or quasi-endowme		Tent year e	%	iance (iine ng	y, coluitiii	(a)) III	ciu as.			
b	Permanent endowment >	%									
C	Term endowment ▶ 9										
	The percentages on lines 2a, 2b, ar	-	ould equal 1	100%							
3 a	Are there endowment funds not in the				nization tha	t are held	d and	administered	for the		
	organization by:			9						Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related									3b	
4	Describe in Part XIII the intended us	•			•						
_	rt VI Land, Buildings, and Equi	pment.									
	Complete if the organizat	tion ans				Part IV,	line 1	11a. See Fo	orm 990, Pa	ırt X, line	e 10.
	Description of property		(a) Cost or (invest			t or other ba other)	sis	(c) Accumulate depreciation	ed (c	l) Book valu	re
	Land		(IIIVest	inont)		oaioi)		acpicolation			
b	Buildings										
2	Leasehold improvements					49,19	3.	24,7	30.	2	4,463.
d						41,54		30,6			0,939.
u	Equipment					49,28		19,9			9,383.
Tota	Other		equal Forn	200	Part X colum						4.785

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4)(5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4)(5)(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

JSA 9E1270 1.000

26-4462256 Schedule D (Form 990) 2019

	e D (Form 990) 2019		Page 4
Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	8,036,708.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-23,485.
3	Subtract line 2e from line 1	3	8,060,193.
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	- 1	
b	Other (Describe in Part XIII.)	.	
С	Add lines 4a and 4b	4c	0.060.102
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,060,193.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	19,540,981.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	- 1	
d	Other (Describe in Part XIII.)	.	
е	Add lines 2a through 2d	2e	10 540 001
3	Subtract line 2e from line 1	3	19,540,981.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- 1	
b	Other (Describe in Part XIII.)	.	
С	Add lines 4a and 4b	4c	10 540 001
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	19,540,981.
Provide	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation	
SEE	PAGE 5		

Schedule D (Form 990) 2019

WOMEN DELIVER, INC

26-4462256

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

FOREIGN EXCHANGE LOSS OF \$23,485

SCHEDULE D, PART X, LINE 2

WOMEN DELIVER IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. WOMEN DELIVER HAS

EVALUATED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME

TAX POSITIONS AND HAS CONCLUDED THAT THERE ARE NO SUCH POSITIONS AT

DECEMBER 31, 2019. WOMEN DELIVER HAS NOT INCURRED ANY TAX RELATED

INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31,

2019.

Schedule D (Form 990) 2019

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.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

WOM	EN DELIVER, INC				26-446225	56
Par	<u>'</u>		Outside the	United States. Compl		
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or a		ction criteria used to	X Yes No
2	For grantmakers. Describe in I outside the United States.		·		-	d other assistance
3	Activities per Region. (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	975,706.
(2)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	GLOBAL CONFERENCE	526,130.
(3)	EUROPE	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	1,491,871.
(4)	NORTH AMERICA	1.	82.	GRANTMAKING	GLOBAL CONFERENCE	2,502,236.
(5)	RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	590,203.
(6)	SOUTH AMERICA	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	473,888.
(7)	SOUTH ASIA	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	919,747.
(8)	SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	7,792,384.
(9)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	1,000,981.
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b		1.	82.			16,273,146.

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

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2019

16,273,146.

Part II

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

26-4462256

(4) EUROPE JERNARIA ARTUCA ARTY 32,200, WITE (3) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (4) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (5) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (6) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (7) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (10) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (11) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (12) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (13) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (14) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (14) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (15) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (16) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (17) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (18) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (19) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (10) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (11) EURO-ENANDAR ARTUCA ARTY 6,190, WITE (12) EURO-ENANDAR ARTUCA ARTUCA ARTH 6,190, WITE (14) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (15) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (16) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (17) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (18) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (19) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (10) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (11) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (14) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (15) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (16) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (17) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (18) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (18) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (19) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (10) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (17) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (18) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (18) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (19) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (19) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (10) EURO-ENANDAR ARTUCA ARTH 6,190, WITE (10) EURO-ENANDAR ARTUCA ARTH 6,190, WITE EURO-ENANDAR ARTUCA ARTH 6,190, WITE (10) EURO-ENANDAR ARTUCA ARTH 6,190, WITE EURO-ENANDAR ARTUCA	(a) Name of organization	(a) Name of (b) IRS code (c) organization and EIN (if applicable)		(d) Purpose of grant	Region (d) Purpose of (e) Amount of (f) Manner of (g) Amgrant cash nonc cash disbursement assist	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
SUB-SALADAN APRICA POLITY 6 ADV 12,480. WIRE SUB-SALADAN APRICA YOUTE CARC: 9,900 WIRE SUB-SALADAN APRICA YOUTE CARC: 10,000. WIRE SUB-SALADAN APRICA YOUTE CARC: 10,000. WIRE	(1)		EUROPE/ICELAND/GREENLAND	৺	32,200.	WIRE			FMV
STUR-SABROAN AFRICA YOUTH CARACT 181,204, WIRE STUR-SABROAN AFRICA YOUTH CARACT 10,000, WIRE STUR-SABROAN AFRICA Y	(2)		SUB-SAHARAN AFRICA	৬	12,480.	WIRE			FMV
SUB-SAURON APRICA 2007S CARA 181,204. NIRE SUB-SAURON APRICA 2007S CARACI 10,000. NIRE SUB-SAURON APRICA 2007S CARACI 10,000. NIRE	(3)			YOUTH CAPACI	.066,6	WIRE			FMV
SUB-SABARAN AFRICA	(4)			৬	181,204.	WIRE			FMV
(4) (12) (14) (15) (16)	(5)		SUB-SAHARAN AFRICA	YOUTH CAPACI	10,000.	WIRE			FMV
(1) (10) (11) (12) (13) (14) (16)	(9)								
(10) (11) (12) (13) (14) (15)	(2)								
(10) (11) (12) (13) (14) (14) (16)	(8)								
(10) (11) (12) (13) (14) (14) (15)	(6)								
(12) (13) (14) (15)	(10)								
(12) (13) (14) (15) (16)	(11)								
(14)	(12)								
(14)	(13)								
(15)	(14)								
(16)	(15)								
	(16)								

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

Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

26-4462256

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) YOUTH CAPACITY BUILDING & ENGAGEMENT	SUB-SAHARAN AFRICA	12.	64,010.	WIRE			FMV
(2) YOUTH CAPACITY BUILDING & ENGAGEMENT	MIDDLE EAST/NORTH AFRICA	2.	10,000.	WIRE			FMV
(3) YOUTH CAPACITY BUILDING & ENGAGEMENT	SOUTH AMERICA	1.	5,000.	WIRE			FMV
(4) YOUTH CAPACITY BUILDING & ENGAGEMENT	SOUTH ASIA	4.	18,000.	WIRE			FMV
(5) YOUTH CAPACITY BUILDING & ENGAGEMENT	EUROPE/ICELAND/GREENLAND	1.	10.	WIRE			FMV
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Scho	Schedule F (Form 990) 2019

26-4462256 Schedule F (Form 990) 2019 Page 4

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	o
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes	D
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	o
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes X	o
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	o
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	o

Schedule F (Form 990) 2019

JSA

Schedule F (Form 990) 2019 Page **5**

Part V Supplemental Information

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

PART 1, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING

ALL POTENTIAL SUBGRANTS GO THROUGH A DUE DILIGENCE AND SELECTION PROCESS

THAT INCLUDES COMPETITIVE BIDDING OR A COMPETITIVE APPLICATION PROCESS,

REVIEW OF ORGANIZATION'S OR INDIVIDUAL'S CAPACITY TO ADMINISTER AND

IMPLEMENT FUNDS, AND BACKGROUND CHECK. ONCE A RECIPIENT IS SELECTED, AN

AGREEMENT IS SIGNED BY BOTH PARTIES THAT INCLUDES A BUDGET, WORKPLAN, AND

PAYMENT SCHEDULE. THE SUBGRANT AGREEMENT ALSO INCLUDES TERMS AND

CONDITIONS FOR PERFORMANCE TO ENSURE COMPLIANCE REQUIREMENTS FROM PRIMARY

DONORS FLOW DOWN TO SUBGRANTEES. REGULAR MONITORING IS PERFORMED ON

IMPLEMENTATION OF THE GRANT AND USE OF FUNDS AND ANY SUBSEQUENT PAYMENTS

MADE AFTER THE INITIAL ADVANCE UNDER THE GRANT ARE CONTINGENT ON

SUBMITTED AND APPROVED PROGRESS REPORTS DEMONSTRATING ACTIVITIES ARE ON

TRACK IN ACCORDANCE WITH WORKPLAN AND BUDGET.

PART I, LINE 3

EXPENSES ATTRIBUTABLE TO THE WOMEN DELIVER 2019 GLOBAL CONFERENCE, HELD IN VANCOUVER, CANADA, WERE ALLOCATED ACCORDING TO THE HOME REGION OF CONFERENCE ATTENDEES.

26-4462256

SCHEDULEI (Form 990)

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

► Attach to Form 990.

Employer identification number 26-4462256

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. General Information on Grants and Assistance INC Department of the Treasury Internal Revenue Service WOMEN DELIVER, Name of the organization Part I

the selection criteria used to award the grants or assistance?	art II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
2 t	art	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTERNATIONAL WOMEN'S MEDIA FOUNDATION							
165 K STREET NW, SUITE 1275	52-1648942	501(C)3	40,000.		FMV		POLICY & ADVOCACY
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organization 3 Enter total number of other organizations listed in the line 1 table.	government o	rganizations lis 1 table	izations listed in the line 1 table	ple			
	ions for Form 99	90.	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	·l			Schedule I (Form 990) (2019)

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WOMEN DELIVER, INC

Schedule I (Form 990) (2019)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

26-4462256 Page 2

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_						
l π						
4						
2						
9						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation rec	quired in Part I,	line 2, Part III, c	olumn (b); and any o	ther additional

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN DELIVER, INC

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

Employer identification number 26-4462256

Part	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. 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)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract			
	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 person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6				
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
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	7		Х
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	'-		21
o	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		
J	Regulations section 53.4958-6(c)?	9		
				l

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

Schedule J (Form 990) 2019

WOMEN DELIVER, INC

Page 2

Schedule J (Form 990) 2019

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

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.

(i) Base compensation (ii) 294, 199, 168, 152, 152, 135,				717	(a)	(a) (b) (b) (b)	
VERSEN		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(l)(a)	in column (B) reported as deferred on prior Form 990
## CEDO ## SHERWINN ## SHERWINN ## ANGUST 2019 ## ANGUST ## ANGUST ## ANGUST ## COMMUNICATIONS ## ANGUST #	,033.	0	138.	22,296.	12,294.	328,761.	
IN SHERWIN (I) 199, IVE AUGUST 2019 (II) 168, INCEPTOR (II) 168, INCEPTOR (II) 168, INCEPTOR (II) 168, INCEPTOR (II) 152, INCOMMUNICATIONS (II) 135, INTERPORT (II) 135, INTERPORT (III) 135, INTERPORT (IIII) 135, INTERPORT (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	0	0	0				
INE AUGUST 2019 (I) 168, IRECTOR (II) 168, ISOR ISOR AUGUST (II) 152, COMMUNICATIONS (II) 135, FINANCE & ADMIN (II)	,240.	0	54.	14,867.	13,326.	227,487.	
APP IRECTOR (II) SIMON (II) ISOR AUGUST (II) COMMUNICATIONS (II) COUNTINICE & ADMIN (II) (II) (II) (II) (III) (III) (III) (IIII) (IIII) (IIIIIIII	0	0	0				
SIMON	,693.	0	.09	13,600.	12,724.	195,077.	
SIMON (1) 168, 150R (11) 160R (12) (13) 152, 152, 152, 152, 152, 152, 152, 152,	0	0	0				
150R	,066.	0	396.		13,351.	181,813.	
AUGUST (I) 152, conmunications (II) 152, (II) 155, ETNANCE & ADMIN (II) (II)	0	0	0				
COMMUNICATIONS (II) 135, ELNANCE & ADMIN (II) (II)	,368.	0	54.	13,294.	4,790.	170,506.	
(ii) 135, (iii)	0	0	0				
	,834.	0	48.	6,502.	11,794.	154,178.	
(1)	0	0	0				
(ii)							
(1)							
(ii)							
(1)							
(ii) 6							
(i)							
10 (ii)							
(1)							
11 (ii)							
(i)							
12 (ii)							
(i)							
13 (ii)							
(1)							
14 (ii)							
(i)							
15 (ii)							
(1)							
16 (ii)							

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JSA

Schedule J (Form 990) 2019

Page 3

Part | | Supplemental Information

Schedule J (Form 990) 2019

WOMEN DELIVER, INC

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.

Schedule J (Form 990) 2019

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JSA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection
Employer identification number

Name of the organization
WOMEN DELIVER, INC

26-4462256

FORM 990, PART III, LINE 1 ORGANIZATION MISSON

FOUNDED IN 2007, AND INCORPORATED AS A DELAWARE NON-STOCK CORPORATION IN

2009, AND AWARDED 501(C)3 STATUS IN 2009, WOMEN DELIVER, INC. (WOMEN

DELIVER) IS A LEADING GLOBAL ADVOCATE THAT CHAMPIONS GENDER EQUALITY AND

THE HEALTH AND RIGHTS OF GIRLS AND WOMEN. OUR ADVOCACY DRIVES INVESTMENT

- POLITICAL AND FINANCIAL - IN THE LIVES OF GIRLS AND WOMEN WORLDWIDE. WE

HARNESS EVIDENCE AND UNITE DIVERSE VOICES TO SPARK COMMITMENT TO GENDER

EQUALITY. AND WE GET RESULTS. ANCHORED IN SEXUAL AND REPRODUCTIVE HEALTH,

WE ADVOCATE FOR THE RIGHTS OF GIRLS AND WOMEN ACROSS EVERY ASPECT OF

THEIR LIVES.

OUR WORK SPANS GEOGRAPHIES, SECTORS, AND GENERATIONS TO MAKE GENDER

EQUALITY A GLOBAL PRIORITY - BRINGING TOGETHER GOVERNMENTS, THE PRIVATE

SECTOR, NON-PROFIT ORGANIZATIONS, ACADEMICS, FOUNDATIONS, AND MORE.

THROUGH EVIDENCE, ADVOCACY, AND EFFECTIVE COMMUNICATION, WE MAKE THE CASE

THAT INVESTING IN GIRLS, WOMEN, AND GENDER EQUALITY IS NOT ONLY THE RIGHT

THING TO DO, BUT ALSO THE SMART THING TO DO.

WE COLLABORATE WITH A WIDE RANGE OF PARTNERS TO FUEL OUR ADVOCACY. WE
CREATED THE DELIVER FOR GOOD CAMPAIGN IN LINE WITH THIS ETHOS. A GLOBAL
COALITION THAT APPLIES A GENDER LENS TO THE SUSTAINABLE DEVELOPMENT
GOALS, DELIVER FOR GOOD REFRAMES GIRLS AND WOMEN AS DRIVERS OF PROGRESS
AND BRINGS HUNDREDS OF ORGANIZATIONS TOGETHER ACROSS SECTORS AND ISSUES
TO PROMOTE INCREASED INVESTMENT IN GENDER EQUALITY.

RECOGNIZING THE URGENT NEEDS OF GIRLS AND WOMEN IN HUMANITARIAN SETTINGS,
WE ALSO WORK WITH LOCAL AND GLOBAL ORGANIZATIONS TO PUT GENDER EQUALITY

AND WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH FRONT AND CENTER DURING EMERGENCIES AND THEIR AFTERMATH.

IN ALL WE DO, WE CELEBRATE THE POWER OF YOUNG PEOPLE, EQUIPPING THEM TO DELIVER LARGE-SCALE CHANGE. THE WOMEN DELIVER YOUNG LEADERS PROGRAM CONNECTS OUTSTANDING YOUTH ADVOCATES WITH THE SKILLS, RESOURCES, PEOPLE, AND PLATFORMS TO ADVANCE GENDER EQUALITY IN THEIR COMMUNITIES, COUNTRIES, AND AROUND THE WORLD. IN ADDITION TO WALKING THE TALK ON MEANINGFUL YOUTH ENGAGEMENT, WOMEN DELIVER ADVOCATES FOR A WORLD WHERE YOUNG PEOPLE ARE ACTIVELY ENGAGED IN THE DECISIONS THAT AFFECT THEIR LIVES.

CONFERENCE - OUR SIGNATURE EVENT. IT'S A BOLD AND DIVERSE GATHERING, A FUELING STATION OF IDEAS, AND GENERATOR OF ACTION, CONVENING THOUSANDS OF DECISION-MAKERS FROM CIVIL SOCIETY, GOVERNMENTS, THE PRIVATE SECTOR, AND INTERNATIONAL AGENCIES ALONGSIDE ADVOCATES, ACTIVISTS, AND JOURNALISTS TO IDENTIFY SOLUTIONS AND DRIVE CHANGE FOR GIRLS AND WOMEN.

WE'RE CONSTANTLY PUSHING GLOBAL ACTION FOR GENDER EQUALITY AND THE HEALTH AND RIGHTS OF GIRLS AND WOMEN. WE KNOW THAT INVESTING IN GIRLS AND WOMEN WILL DELIVER PROGRESS FOR ALL.

FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS GLOBAL POLICY AND ADVOCACY:

OUR ADVOCACY HARNESSES THE MOST RIGOROUS AND COMPELLING EVIDENCE TO SHOW
THAT INVESTING IN GIRLS, WOMEN, AND GENDER EQUALITY IS NOT ONLY THE RIGHT
THING TO DO, BUT ALSO THE SMART THING TO DO. WE COLLATE THE LATEST DATA
AND INFORMATION AND TRANSLATE THEM INTO CLEAR-SIGHTED MESSAGES TO BUILD
THE CASE FOR PRIORITIZING GENDER EQUALITY AND THE HEALTH AND RIGHTS OF

Name of the organization

WOMEN DELIVER, INC

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GIRLS AND WOMEN. AND WHEN THE DATA DOESN'T EXIST, WE CALL FOR MORE ATTENTION TO OVERLOOKED TOPICS. WE FOCUS ON WHAT WORKS, USING ADVOCACY GROUNDED IN EVIDENCE TO SHIFT POLICIES AND DRIVE INVESTMENTS. WE ARE PERSISTENT ADVOCATES, SPEAKING UP FOR GIRLS AND WOMEN IN EVERY SETTING. AS A MEMBER OF THE WORLD'S FIRST GENDER EQUALITY ADVISORY COUNCIL OF A G7 PRESIDENCY, WE HELPED G7 NATIONS LOOK AT EVERY PRIORITY ISSUE THROUGH A GENDER LENS. WE'RE ADVISORS TO GOVERNMENTS, CORPORATIONS, THE UN, AND CIVIL SOCIETY ORGANIZATIONS ALIKE, HELPING SHAPE POLICIES AND PROGRAMS THAT IMPACT GIRLS AND WOMEN. WE CONTRIBUTE TO KEY COALITIONS, CAMPAIGNS, WORKING GROUPS, AND TASK FORCES INCLUDING EVERY WOMAN EVERY CHILD, UNILEVER SUSTAINABILITY COUNCIL, SOLVE AT MIT, EQUAL MEASURES 2030, GLOBAL PARTNERSHIP FOR EDUCATION, SHE DECIDES, THE MENENGAGE ALLIANCE, AND THE FRONTLINE HEALTH WORKERS COALITION. OUR ROSTER IS EVER-GROWING AND EVER-ADAPTING TO THE NEEDS OF GIRLS AND WOMEN. WE CONNECT PEOPLE, IDEAS, AND RESOURCES TO DRIVE SOLUTIONS FOR GIRLS AND WOMEN. FROM LEADING THE DELIVER FOR GOOD CAMPAIGN TO BRINGING DIVERSE VOICES TOGETHER EVERY THREE YEARS AT THE WOMEN DELIVER CONFERENCE, WE IDENTIFY OPPORTUNITIES TO BOLSTER OUR ADVOCACY THROUGH EFFECTIVE COLLABORATION. WE'VE SHARED OUR EXPERTISE IN PARTNERSHIPS AS WIDE-RANGING AS THE WOMEN'S MAJOR GROUP AND THE GLOBAL FINANCING FACILITY, WHILE ALSO SUPPORTING YOUNG LEADERS TO GET INTO THE SPACES WHERE THEIR ADVOCACY CAN BRING ABOUT CHANGE.

HUMANITARIAN ADVOCACY:

WOMEN DELIVER CHAMPIONS GENDER EQUALITY AND THE HEALTH AND RIGHTS OF

Name of the organization
WOMEN DELIVER, INC
Employer identification number
26-4462256

GIRLS AND WOMEN EVERYWHERE, INCLUDING THOSE IN HUMANITARIAN SETTINGS. WE ELEVATE THE VOICES OF WOMEN, AND THE ORGANIZATIONS THEY LEAD, TO HELP ENSURE THEY HAVE A SEAT AT THE DECISION-MAKING TABLE.

WE'RE COLLABORATING WITH PARTNERS AT ALL LEVELS, WORKING WITH

INTERNATIONAL AND LOCAL ORGANIZATIONS ALIKE, TO PUT WOMEN'S RIGHTS
ESPECIALLY THEIR SEXUAL AND REPRODUCTIVE HEALTH - FRONT AND CENTER OF

HUMANITARIAN ACTION. TAKING OUR EXPERIENCE IN GLOBAL DEVELOPMENT, WE

APPLY A GENDER LENS TO SHOW HOW HUMANITARIAN PROGRAMS, POLICIES, AND

INVESTMENTS CAN DELIVER MORE EFFECTIVE ACTION TO MEET THE NEEDS OF GIRLS

AND WOMEN.

OUR HUMANITARIAN ADVOCACY PROVIDES DIRECT SUPPORT TO WOMEN-FOCUSED CIVIL SOCIETY ORGANIZATIONS, AS WOMEN ARE OFTEN OVERLOOKED LEADERS DURING EMERGENCIES AND IN THEIR AFTERMATH. WE STRENGTHEN THEIR VOICES THROUGH TRAINING AND SPEAKING OPPORTUNITIES, CONNECTING THEM TO THE GLOBAL AND NATIONAL CONVERSATIONS THAT AFFECT THEIR WORK AND LIVES. IN OUR PURSUIT OF WOMEN'S HEALTH AND RIGHTS IN EVERY SETTING, WOMEN DELIVER GUIDES THE HUMANITARIAN SECTOR TO DELIVER THE STRONGEST RESPONSE FOR GIRLS AND WOMEN.

DELIVER FOR GOOD CAMPAIGN:

DELIVER FOR GOOD IS A GLOBAL CAMPAIGN THAT APPLIES A GENDER LENS TO THE SUSTAINABLE DEVELOPMENT GOALS AND PROMOTES CRITICAL INVESTMENTS IN GIRLS AND WOMEN TO POWER PROGRESS FOR ALL. A MULTI-SECTOR INITIATIVE CREATED BY WOMEN DELIVER AND CORE PARTNERS, DELIVER FOR GOOD HAS GROWN INTO A MOVEMENT OF MORE THAN 400 DIVERSE ORGANIZATIONS, ALL DEDICATED TO

ACCELERATING PROGRESS FOR GIRLS AND WOMEN. LOOKING AT THE WHOLE GIRL AND THE WHOLE WOMAN - SUPPORTED BY A SUITE OF POLICY BRIEFS, INFOGRAPHICS, STORIES, AND UNITED ACTIVATIONS - DELIVER FOR GOOD IS CHANGING THE NARRATIVE AROUND GIRLS AND WOMEN.

FOR TOO LONG GIRLS AND WOMEN HAVE BEEN TREATED AS VULNERABLE VICTIMS.

DELIVER FOR GOOD RECOGNIZES THAT THEY ARE POWERFUL DRIVERS OF PROGRESS,
RESHAPING THE WORLD FOR THE BETTER. SPANNING SECTORS, ISSUES, AND
GENERATIONS, DELIVER FOR GOOD CHAMPIONS GENDER EQUALITY TO PLACE GIRLS
AND WOMEN AT THE HEART OF A SUSTAINABLE FUTURE.

YOUTH ENGAGEMENT & YOUNG LEADERS PROGRAM:

YOUNG PEOPLE ARE CHANGING THE WORLD TODAY, CREATING THE REALITY OF TOMORROW. SPEAKING UP, CHALLENGING NORMS, COLLABORATING, AND BUILDING NETWORKS - YOUNG ADVOCATES ARE DRIVING POSITIVE CHANGE IN THEIR COMMUNITIES, COUNTRIES, AND AROUND THE WORLD.

THE WOMEN DELIVER YOUNG LEADERS PROGRAM CONNECTS OUTSTANDING YOUNG

ADVOCATES WITH THE PLATFORMS, THE PEOPLE, AND THE RESOURCES THAT CAN

AMPLIFY THEIR INFLUENCE ON A LARGER SCALE. WITH AN EMPHASIS ON SEXUAL AND

REPRODUCTIVE HEALTH AND RIGHTS, WOMEN DELIVER ELEVATES THE WORK OF YOUNG

PEOPLE TAKING A STAND FOR GENDER EQUALITY.

THE YOUNG LEADERS PROGRAM IS A CATALYST FOR RISING ADVOCATES, PROVIDING ACCESS TO SMALL GRANTS, TRAINING, A DIGITAL UNIVERSITY, SPEAKING OPPORTUNITIES, AND NETWORKING. SINCE 2010, A TOTAL OF 700 YOUNG PEOPLE FROM 138 COUNTRIES HAVE INCREASED THEIR IMPACT THROUGH THE AWARD-WINNING PROGRAM SO FAR. WOMEN DELIVER IS SHIFTING THE GLOBAL LANDSCAPE IN FAVOR

Name of the organization

WOMEN DELIVER, INC

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OF MEANINGFUL YOUTH ENGAGEMENT BECAUSE WE KNOW YOUNG PEOPLE ARE SHAPING A GENDER EQUAL FUTURE. IT'S TIME TO FOLLOW THEIR LEAD.

WOMEN DELIVER CONFERENCES:

EVERY THREE YEARS, WE GALVANIZE MOMENTUM AT THE WOMEN DELIVER CONFERENCE

- THE WORLD'S LARGEST GATHERING ON GENDER EQUALITY AND THE HEALTH AND
RIGHTS OF GIRLS AND WOMEN.

THOUSANDS OF DECISION-MAKERS FROM GOVERNMENT, CIVIL SOCIETY, THE PRIVATE SECTOR, AND UN AGENCIES, AS WELL AS INFLUENCERS, ADVOCATES, ACADEMICS, ACTIVISTS, AND JOURNALISTS, CONVENE TO SHARE SOLUTIONS AND PROMOTE ACTION FOR GENDER EQUALITY. OUR SIGNATURE EVENT, IT'S A MOMENT TO RALLY, REFUEL, AND CHAMPION GIRLS AND WOMEN ON A GLOBAL STAGE.

THE WOMEN DELIVER CONFERENCE IS CREATED WITH COLLABORATION AT ITS HEART BUILT WITH PARTNERS, FOR PARTNERS. MUCH MORE THAN A GATHERING IN A

CONFERENCE CENTER, ACTIVITIES SIMULTANEOUSLY COINCIDE AROUND THE WORLD

FOR A TRULY GLOBAL MOVEMENT. BY FOCUSING THE WORLD'S ATTENTION ON THE

TRANSFORMATIVE POTENTIAL OF GIRLS AND WOMEN, WOMEN DELIVER CONFERENCES

SEND A POWERFUL SIGNAL THAT INVESTING IN GENDER EQUALITY IS FOUNDATIONAL

TO PROGRESS FOR ALL.

COMMUNICATIONS:

AS AN ADVOCACY ORGANIZATION, WOMEN DELIVER SEES COMMUNICATIONS, INCLUDING TRADITIONAL AND DIGITAL MEDIA, AS AN INVALUABLE TOOL TO BUILD THE CAPACITY OF OTHER ADVOCATES AND MOVE THE NEEDLE ON GENDER EQUALITY.

WE SHARE STORIES AND THE HARD FACTS TO DRIVE ACTION FOR GENDER EQUALITY,

Name of the organization

WOMEN DELIVER, INC

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KEEPING THE HEALTH AND RIGHTS OF GIRLS AND WOMEN AT THE HEART OF THE CONVERSATION, ESPECIALLY THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.

WE EQUIP ADVOCATES AND CHANGEMAKERS WITH EVIDENCE AND COMPELLING MESSAGES TO PROMOTE ACTION ON GENDER EQUALITY AND THE HEALTH AND RIGHTS OF GIRLS AND WOMEN. WE'RE ADVISORS TO GOVERNMENTS, CORPORATIONS, AND CIVIL SOCIETY ORGANIZATIONS ALIKE. WE COMMUNICATE FROM PODIUMS, IN BOARDROOMS, AND WITHIN THE HALLWAYS OF POWER, VIA THE PAGES OF MAJOR NEWSPAPERS AND INDIVIDUAL SCREENS, TO GET OUR MESSAGE TO THE RIGHT PEOPLE AND DRIVE PROGRESS.

FORM 990, PART VI, LINE 11B- FORM 990 REVIEW PROCESS

THE DRAFT 990 IS REVIEWED BY MANAGEMENT, INCLUDING THE COO, SENIOR

ADVISOR FOR LEGAL AFFAIRS, AND THE DIRECTOR OF FINANCE & ADMINISTRATION.

THEREAFTER, THE COMPLETE 990 IS PROVIDED TO BOARD MEMBERS (VIA EMAIL)

PRIOR TO SUBMISSION. BOARD MEMBERS ARE ASKED TO REVIEW THE 990 AND GIVEN

THE OPPORTUNITY TO RAISE QUESTIONS OR CONCERNS IN ADVANCE OF SUBMISSION.

FORM 990, PART VI, LINE 12C, EXPLANATION OF MONITORING
WOMEN DELIVER'S BOARD HAS ADOPTED A CONFLICT OF INTEREST AND DISCLOSURE
POLICY. THE POLICY REQUIRES ALL BOARD MEMBERS AND KEY EMPLOYEES TO
DISCLOSE CONFLICTS OF INTEREST, AND TO REPORT ANY POTENTIAL OR ACTUAL
CONFLICTS OF INTEREST IN A WRITTEN DISCLOSURE FORM OR WHEN A POTENTIAL
CONFLICT ARISES. AS PART OF NEW EMPLOYEE ONBOARDING, ALL NEW EMPLOYEES
ARE REQUIRED TO CONFIRM IN WRITING THEY HAVE READ THE CONFLICT OF

Schedule O (Form 990 or 990-EZ) 2019

Name of the organization Employer identification number
WOMEN DELIVER, INC 26-4462256

INTEREST POLICY AND COMPLETE THE DISCLOSURE FORM. AS A MATTER OF PRACTICE ALL BOARD MEMBERS AND ALL EMPLOYEES ARE REQUIRED TO COMPLETE THE DISCLOSURE FORM ANNUALLY. ALSO, CONSISTENT WITH THE CONFLICT OF INTEREST POLICY (NOW SPECIFICALLY INCLUDED IN THE CONTRACT SIGNATORY AUTHORITY POLICY) CONTRACTS ARE MONITORED FOR POTENTIAL CONFLICTS AND AUTHORIZED SIGNERS MUST ENSURE NO CONFLICT OR POTENTIAL CONFLICT EXISTS WITH RESPECT TO THE CONTRACT THEY ARE SIGNING. FINALLY, WOMEN DELIVER'S PERSONNEL POLICY HANDBOOK CLEARLY STATES THAT VIOLATIONS OF ORGANIZATIONAL POLICY ARE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

FORM 990, PART VI, LINE 15A- COMPENSATION REVIEW & APPROVAL
THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE
PRESIDENT AND CEO. IN THIS REGARD, THE BOARD CHAIR ISSUES A STANDARDIZED
EVALUTION FORM TO THE BOARD MEMBERS, WHO MEET IN EXECUTIVE SESSION TO
DISCUSS THE PERFORMANCE. ALL OTHER STAFF ARE EVALUATED BY THEIR
SUPERVISORS AS PART OF AN ANNUAL PERFORMANCE REVIEW PROCESS. EMPLOYEES
COMPLETE A SELF-EVALUATION. SUPERVISORS ALSO COMPLETE EVALUATIONS OF
THEIR TEAM MEMBERS. ALL EVALUATIONS ARE FILED WITH HUMAN RESOURCES AND
SIGNED BY THE EMPLOYEE AND SUPERVISOR.

EMPLOYEE COMPENSATION IS REVIEWED PERIODICALLY, USING INDEPENDENT DATA

(SUCH AS COMPENSATION SURVEY OF NEW YORK STATE NON-PROFITS) AND

BENCHMARKS. THE BOARD APPROVES SALARY BAND ADJUSTMENTS FOR ALL EMPLOYEES,

INCLUDING EXECUTIVE COMPENSATION. EXECUTIVE COMPENSATION IS SEPARATELY

EVALUATED USING, E.G., BENCHMARKING DATA FROM SIMILARLY-SIZED NON-PROFIT

ORGANIZATIONS.

Schedule O (Form 990 or 990-EZ) 2019	Page 2
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Name of the organization	Employer identification number
WOMEN DELIVER, INC	26-4462256

FORM 990, PART VI, LINE 19- OTHER ORGANIZATION DOCUMENTS PUBLICITY WOMEN DELIVER'S AUDITED FINANCIAL STATEMENTS, ANNUAL REPORTS, AND TAX RETURNS (990'S) ARE READILY AVAILABLE TO THE PUBLIC ON OUR WEBSITE AT WWW.WOMENDELIVER.ORG.

FORM 990, PAGE 12, PART XI, LINE 8

A PRIOR PERIOD ADJUSTMENT OF \$784,445 WAS RECORDED DURING 2019 TO CORRECT FOR THE PROPER RECORDING OF CONFERENCE REVENUE IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES.

FORM 990, PAGE 12, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS CONSIST OF A \$23,485 FORIGN CURRENCY EXCHANGE
LOSS IN 2019.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HEALTH UNLIMITED, LLC 111 FIFTH AVENUE, 2ND FLOOR NEW YORK, NY 10003	CONF COMMS & WD LIVE	952,626.
WOMEN DELIVER CANADA 226 MACLAREN STREET OTTAWA ONTARIO CANADA K2P 0L6	ER & PROG EXPERTS	328,101.
INTERNATIONAL CONFERENCE SERVICES 300-1201 WEST PENDER ST VANCOUVER CANADA V6E2V2	CONF LOGISTICS & PCO	277,404.
CATALYTS FOR CHANGE LLC 40 EAST PIER DRIVE UNIT 2532 BOSTON, MA 02128	ADVOCACY ACADEMY	138,480.
MARKHAM GROUP LLC 100 WEST 3RD STREET	SECURITY & LOGISTICS	125,695.

Schedule O (Form 990 or 990-EZ) 2019

DocuSign Envelope ID: 0987DC0E-5871-4211-A626-AB3AE5D6B8E2 Schedule O (Form 990 or 990-EZ) 2019 Page 2 Name of the organization Employer identification number WOMEN DELIVER, INC 26-4462256 ATTACHMENT 1 (CONT'D) 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION LITTLE ROCK, AR 72201 ATTACHMENT FORM 990, PART IX - OTHER FEES (A) (B) (C) (D) TOTAL PROGRAM MANAGEMENT FUNDRAISING FEES SERVICE EXP. AND GENERAL EXPENSES DESCRIPTION PAYROLL PROCESSING FEES 81,518. 72,551. 7,337. 1,630. OTHER PROFESSIONAL FEES 3,244,062. 3,135,781. 42,932. 65,349. TOTALS 3,325,580. 3,208,332. 50,269. 66,979. ATTACHMENT 3 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES ENDING DESCRIPTION BOOK VALUE PREPAID EXPENSES 50,714. TOTALS 50,714.

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

COST DESCRIPTION OR FMV

INVESTMENTS FMV

TOTALS

Schedule O (Form 990 or 990-EZ) 2019

Schedule O (Form 990 or 990-EZ) 2019 Page 2 Name of the organization Employer identification number WOMEN DELIVER, INC 26-4462256 ATTACHMENT 5 FORM 990, PART X - DEFERRED REVENUE ENDING DESCRIPTION BOOK VALUE DEFERRED REVENUE 334,137. 334,137. TOTALS