orm **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

2022
Open to Public Inspection

АГ	or th	e 202	z calendar year, or tax year begin	ining		and endir	ng				
_			C Name of organization					D Employer ide	ntificat	ion number	
B c	heck if ap	oplicable:	WOMEN DELIVER, INC								
	Addre		Doing Business As					26-	-4462	2256	
	7 '	change	Number and street (or P.O. box if mail is r	not delivered to street address)		Room/suite		E Telephone nu	ımber		
	Initial	return	588 BROADWAY				210	(64	16)69	95-9100	
	Term		City or town, state or province, country, a	nd ZIP or foreign postal code				(0 .	. 0 / 02	72 7200	
	Amer	ided	NEW YORK, NY 10012					G Gross receipt	s \$	6,563,2	66
		cation	F Name and address of principal officer:	MALIHA KHAN				H(a) Is this a grou			X No
	_ pendi	ng						subordinates	?		No
_	Tau au		588 BROADWAY210, NEW		10.17()(1)			H(b) Are all subordi		see instructions)	NC
		empt st	(-)(-)) (insert no.)	4947(a)(1) o	or 52	1		·		
			WWW.WOMENDELIVER.ORG			1		H(c) Group exemp			
			1 1	Association Other		L Year o	f format	ion: 2009 M	State of	legal domicile:	: DE
P6	art I	•	mmary								
	1	•	y describe the organization's mission or	•					GLC)BAL	
Se		ADV	OCATE THAT CHAMPIONS GEN	DER EQUALITY ANI	THE H	EALTH A	ND R	IGHTS OF			
nai		GIR	LS_AND_WOMEN, IN_ALL_THE	IR_INTERSECTING	IDENTI	TIES.					
Governance	2		k this box 🕨 🔛 if the organization di	•	•				j		
	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		12
ა	4	Numb	per of independent voting members of the	he governing body (Part VI	, line 1b)				4		10
itie	5	Total	number of individuals employed in cale	ndar year 2022 (Part V, line	e 2a)				5		31
Activities &			number of volunteers (estimate if necess						6		10
ĕ	7a	Total	unrelated business revenue from Part VI						7a		
			nrelated business taxable income from F						7b		
								Prior Year		Current Y	ear
a	8	Contri	ibutions and grants (Part VIII, line 1h)	Г				4,322,71	4.	6,559	,547.
Revenue	9	9 Program service revenue (Part VIII, line 2g)			COPY	-			ONE	•	NONI
eve	10		tment income (Part VIII, column (A), line		PUBLIC IN	SPECTION		6,86		3	3,620.
Ř	11		revenue (Part VIII, column (A), lines 5,					9,56			99
	12		revenue - add lines 8 through 11 (must					4,339,14	_	6,563	
	13		s and similar amounts paid (Part IX, colu					322,59			,035.
	14		its paid to or for members (Part IX, colur						ONE		NON
"	4.5			efits (Part IX, column (A), lines 5-10)				2,977,209.		3,205	
Expenses	16a		ssional fundraising fees (Part IX, column					NONE		37203	NON
ber	h	Total	fundraising expenses (Part IX, column (E	() (), (iiio 110)	9 686			110	7112		
ñ	17		expenses (Part IX, column (A), lines 11a					1,473,46	2	2,833	160
			expenses. Add lines 13-17 (must equal					4,773,27		6,504	
	19		nue less expenses. Subtract line 18 from					-434,12			,109
es		IXCVCI	Tue 1633 experises. Oubtract line 10 from	THIRE IZ.			Begin	ning of Current Y		End of Ye	-
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				203	5,081,45	-+	5,404	
Ass Bal	21		liabilities (Part X, line 26)							2,162	
ig d	21		ssets or fund balances. Subtract line 21					1,899,12			-
	22 [1]		gnature Block	monn line 20		<u> </u>		3,182,33	۷.	3,241	,441.
			of perjury, I declare that I have examined this	s return including accompan	wing schodul	loc and stator	monte a	and to the best of	my kny	awlodgo and h	oliof it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	ation of whic	ch preparer ha	is any kr	nowledge.	illy Kild	owieuge and b	ellel, it is
Sig	n		Signature of officer					Date			
He			Signature of officer					Date			
			Time or print population								
			Type or print name and title	Dana anada ai maatuus		I D-4-				N.I.	
Paic	i		Type preparer's name	Preparer's signature		Date		Check	if PTI		
	parer	CATI	HERINE BENDALL CPA	CATHERINE BENDA	ALL CP	11/14	/202	3 self-employe	1 .	00521196	
_	Only	Firm's	sname ► WITHUMSMITH+BROWN	N PC				Firm's EIN	22-	-2027092	
			s address ▶ 1411 BROADWAY 9TH		, NY 10	0018		Phone no.	212	2-751-91	00
Мау	the I	RS dis	cuss this return with the preparer showr	above? (see instructions)					<u></u>	X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Form 99	0 (2022)

Form 990 (2022)

Part III Statement of Program Service Accomplishments

	Statement of Program Service Accomplishments Check if Schoolule O contains a response or note to any line in this Part III	7.7
1	Check if Schedule O contains a response or note to any line in this Part III	. X
•	WOMEN DELIVER IS A LEADING GLOBAL ADVOCATE THAT CHAMPIONS GENDER	
	EQUALITY AND THE HEALTH AND RIGHTS OF GIRLS AND WOMEN, IN ALL THEIR	
	INTERSECTING IDENTITIES.	
	SEE ORGANIZATION'S FULL 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? If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,676,264. including grants of \$ 157,340.) (Revenue \$)	
	GLOBAL POLICY AND ADVOCACY- SEE DETAILED DESCIPTION IN SCHEDULE O.	
4b	(Code:) (Expenses \$1,571,934 including grants of \$257,695) (Revenue \$) MEANINGFUL YOUTH ENGAGEMENT AND YOUNG LEADERS PROGRAM - SEE DETAILED DESCRIPTION IN SCHEDULE O.	
4c	(Code:) (Expenses \$1,328,302. including grants of \$50,000.] (Revenue \$) WOMEN DELIVER 2023 GLOBAL CONFERENCE	
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 5 576 500	

4e Total program service expenses 5,576

JSA
2E1020 1.000

Form 990 (2022)

Part IV Checklist of Required Schedules

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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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	X	
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		X
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		X
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	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ø	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	Λ	
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13	- 1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		21	
••	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? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2022)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		v
				X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		3.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20				
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
36		20		3.5
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	х	

Form 990 (2022) Page 5

Par	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 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	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		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	מדו		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	1.5		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) Page 6 WOMEN DELIVER, INC 26-4462256

Part VI

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

Sect	ion A. Governing Body and Management			Λ
0000	non A. Governing Body and management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
ıa	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	3.7	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	, , , , , , , , , , , , , , , , , , , ,	16a		X
	with a taxable entity during the year?	IVa		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filedSEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	[(200	tion 5	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(360		J 1 (U)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	oet n	olicy
. 9	and financial statements available to the public during the tax year.		υσι μ	oney,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	le		
20	MALIHA KHAN 588 BROADWAY, SUITE 210 NEW YORK, NY 10012			
	646-695-9100	Form	990	(2022)

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	Position (do not check more than on box, unless person is both a officer and a director/truster			is both	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/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KATHLEEN SHERWIN	35.00									
INTERIM CEO & PRESIDENT	NONE	X		X				319,756.	NONE	24,065.
(2) MALIHA KHAN	35.00							31577301	1,01,1	21,003.
CEO & PRESIDENT	NONE	X		X				230,084.	NONE	6,999.
(3) DIVYA MATHEW	35.00									7,222
DIRECTOR, POLICY AND ADVOCACY	NONE				X			150,060.	NONE	9,737.
(4) MARIA Y DEVOE	35.00							,		,
SENIOR MANAGER, EXT RELATIONS	NONE					Х		111,823.	NONE	30,110.
(5) JULIA FAN	35.00									
SR. MANAGER, YOUTH ENGAGEMENT	NONE					Х		104,952.	NONE	32,645.
(6) SCARLET MACAS	35.00									
SR. MANAGER, FINANCE & ADMIN	NONE					Х		113,348.	NONE	21,714.
(7) ELEANOR BLOMSTROM	35.00									
SENIOR MNGR, POLICY & ADVOCACY	NONE					Х		103,562.	NONE	27,132.
(8) NICHOLAS MAISTROS	35.00									
SR. MANAGER, FINANCE & ADMIN	NONE					X		100,042.	NONE	20,650.
(9) PHUMZILE MLAMBO-NGCUKA	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) TULIKA SRIVASTAVA	1.00									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(11) SIVANANTHI THANENTHIRAN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) GEORGIANA EPURE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) WALLACE D'SOUZA	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(14) HELEN CLARK	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE

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_	_
Page	×

Name and title Co Position (do not check more than one below dotted line) Position (do not check more than one box, unless person is bottom of the organization of related organizations below dotted line) Position (do not check more than one box, unless person is bottom of the organization of the organization (W-2/1099-MISC) Position (do not check more than one box, unless person is bottom of the compensation from the organization (W-2/1099-MISC) Position (do not check more than one box, unless person is bottom of the compensation from the organization (W-2/1099-MISC) Position (do not check more than one box, unless person is bottom of the compensation from the organization (W-2/1099-MISC) Position (do not check more than one box, unless person is bottom of the compensation from the organization (W-2/1099-MISC) Position (do not check more than one box, unless person is bottom of the compensation from the organization (W-2/1099-MISC) Position (do not check more than one box, unless person is bottom of the compensation from the organization (W-2/1099-MISC) Position Position
related organizations below dotted line) 15) JOTHAM MUSINGUZI, MD SECRETARY - DIRECTOR NONE NONE
SECRETARY - DIRECTOR NONE X X NONE NONE NO 16) DAKSHITHA WICKREMARATHNE 1.00 1.00 NONE
16) DAKSHITHA WICKREMARATHNE 1.00 DIRECTOR NONE X NONE NONE NO 17) DR. CARMEN BARROSO 1.00 NONE X NONE NONE NONE NONE NO
DIRECTOR NONE X NONE NONE NO 17) DR. CARMEN BARROSO 1.00 </td
17) DR. CARMEN BARROSO 1.00 DIRECTOR NONE X 18) NORHAN BADER 1.00
DIRECTOR NONE X NONE NONE NO 18) NORHAN BADER 1.00
18) NORHAN BADER 1.00
DIRECTOR NONE X NONE NONE NC
1b Sub-total ▶ 1,233,627. NONE 173,05
c Total from continuation sheets to Part VII, Section A ▶ NONE NONE NO
d Total (add lines 1b and 1c)
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8 Yes N
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
individual
for services rendered to the organization? If "Yes," complete Schedule J for such person
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.
(A) SEE SCHEDULE O Name and business address (B) Description of services Compensation

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

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

Part VIII Statement of Revenue

1			Check if Schedule O contains a respor	nse or note to an	ny line in this Part V	/III		
1			·		(A)	(B) Related or exempt	(C) Unrelated	Revenue excluded from tax under
Business Code	S, S	1a	Federated campaigns					0001101101011
Business Code	ant							
Business Code	يَّ وَ		' I					
Business Code	rs,	_						
Business Code	ia gi			3,825,262.				
Business Code	ns,	_	, ,	-,,				
Business Code	ëë	•		2,734,285.				
Business Code	t p							
Business Code	a d	y		\$				
Business Code	a Co	h			6.559.547.			
Page 100 Pag			Totali Add iinoo fa ii Tilli T		.,,.			
1	e l	20						
1	٦٤							
1	Se							
1	a s							
1	Reg							
1	P.		All other program contino revenue					
3 Investment income (including dividends, interest, and other similar amounts). 3 1,620. 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. (i) Real (ii) Personal 6 Ga Gross rents. (i) Real (ii) Personal 6 B			. •		NONE			
Other similar amounts 3,620. 3,620. 3,620.								
The property of the property		3	· · · · · ·		3,620.			3,620.
Section Contributions reported on line Contributions reporte		1	•					
Ba Gross rents			•	•				
b Less: rental expenses c Rental income or (loss) 6c NONE NONE NONE 7a Gross amount from sales of assets other than inventory 7a								
b Less: rental expenses c Rental income or (loss) 6c NONE NONE NONE 7a Gross amount from sales of assets other than inventory 7a		6a	Gross rents 6a					
Total Income or (loss) C Rental income or (loss) C Rental income or (loss) NONE (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other basis and sales expenses		_						
A Net rental income or (loss)			·	NONE				
Ta Gross amount from sales of assets other than inventory 7a 0) Securities (ii) Other 0 0 0 0 0 0 0 0 0			rtental meenle of (1888)					
Sales of assets other than inventory b Less: cost or other basis and sales expenses			1					
Other than inventory 7a Description Desc		, u	Cross amount nom	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b Less: cost or other basis and sales expenses								
and sales expenses	a)	h	•					
d Net gain or (loss)	Ď							
d Net gain or (loss)	š	_	·					
8a Gross income from fundraising events (not including \$	~ □				NONE			
events (not including \$ of contributions reported on line 1c). See Part IV, line 18	he		· '					
of contributions reported on line 1c). See Part IV, line 18	ŏ	oa	•					
1c). See Part IV, line 18			-					
b Less: direct expenses			·	NONE				
C Net income or (loss) from fundraising events		h						
9a Gross income from gaming activities. See Part IV, line 19 9a NONE b Less: direct expenses 9b NONE c Net income or (loss) from gaming activities					NONE			
activities. See Part IV, line 19 9a NONE b Less: direct expenses 9b NONE c Net income or (loss) from gaming activities								
b Less: direct expenses		Ja	5 5	NONE				
C Net income or (loss) from gaming activities		h		NONE				
Total. Add lines 11a-11d					NONE			
returns and allowances			` ' '					
Description				NONE				
C Net income or (loss) from sales of inventory None		b		NONE				
11a OTHER INCOME 900099 99. 99. C	_	c	Net income or (loss) from sales of inventory		NONE			
e Total. Add lines 11a-11d	s			Business Code				
e Total. Add lines 11a-11d	o g	11a	OTHER INCOME	900099	99.	99.		
e Total. Add lines 11a-11d	ane							
e Total. Add lines 11a-11d	e e e							
e Total. Add lines 11a-11d	<u>Isc</u>	_						
	≥				99.			
					6,563,266.	99.		3,620.

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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).

Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b, 7b,				(D)				
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses				
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез				
'	and domestic governments. See Part IV, line 21	35,000.	35,000.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	14,500.	14,500.						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	415,535.	415,535.						
1	Benefits paid to or for members	NONE	113,333.						
	Compensation of current officers, directors,	NONE							
	trustees, and key employees	742,301.	627,597.	75,611.	39,093.				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE							
7	Other salaries and wages	1,876,195.	1,584,594.	191,110.	100,491.				
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,209.	62,855.	7,661.	4,693.				
9	Other employee benefits	303,472.	256,305.	30,912.	16,255.				
10	Payroll taxes	208,785.	176,335.	21,267.	11,183.				
11	Fees for services (nonemployees):	,	,	·	· · ·				
	Management	NONE							
	Legal	24,864.	20,999.	2,533.	1,332.				
	Accounting	42,500.	35,895.	4,329.	2,276.				
	Lobbying	NONE	,		•				
	Professional fundraising services. See Part IV, line 17	NONE							
	Investment management fees	NONE							
	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O							
3	(A), amount, list line 11g expenses on Schedule O.)	1,706,883.	1,441,597.	173,864.	91,422.				
12	Advertising and promotion	NONE		·	· · · · · · · · · · · · · · · · · · ·				
13	Office expenses	210,114.	177,459.	21,402.	11,253.				
14	Information technology	358,949.	303,160.	36,563.	19,226.				
15	Royalties	NONE							
16	Occupancy	NONE							
17	Travel	269,656.	238,698.	20,290.	10,668.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE							
19	Conferences, conventions, and meetings	88,240.	74,525.	8,988.	4,727.				
20	Interest	NONE	,	7,2001					
21	Payments to affiliates	NONE							
22	Depreciation, depletion, and amortization	113,636.	95,975.	11,575.	6,086.				
23	Insurance	18,318.	15,471.	1,866.	981.				
24	Other expenses. Itemize expenses not covered	·	,						
-	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
а									
b									
С									
d									
	All other expenses								
	Total functional expenses. Add lines 1 through 24e	6,504,157.	5,576,500.	607,971.	319,686.				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				·				
	10110Willing 001 00-2 (A00 000-120)				- 000 (sees)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,708,368.	1	1,793,043.
	2	Savings and temporary cash investments	2,742,004.	2	2,745,623.
	3	Pledges and grants receivable, net	421,515.	3	505,842.
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ą	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	19,855.	9	83,014.
	-	Land, buildings, and equipment: cost or other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
		basis. Complete Part VI of Schedule D 10a 41,541			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	189,711.	15	276,830.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,081,453.	16	5,404,352.
	17	Accounts payable and accrued expenses	159,322.	17	614,912.
	18	Grants payable	NONE		NONE
	19	Deferred revenue SEE SCHEDULE Q	790,699.	19	1,320,578.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
m	22	Loans and other payables to any current or former officer, director,	NONE	<u> </u>	NONE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ΙĘ		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	949,100.	24	NONE
	25	Other liabilities (including federal income tax, payables to related third	747,100.	24	NONE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	227,421.
	26	Total liabilities. Add lines 17 through 25	1,899,121.		2,162,911.
	20	Organizations that follow FASB ASC 958, check here	1,000,121.	20	2,102,711.
Ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,404,580.	27	1,994,686.
Ba	28	Net assets with donor restrictions	1,777,752.	28	1,246,755.
p		Organizations that do not follow FASB ASC 958, check here	1,777,752.	20	1,210,733.
ß		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ ⊅	32	Total net assets or fund balances	3,182,332.	32	3,241,441.
Ž	33	Total liabilities and net assets/fund balances		33	5,404,352.
_			2,001,433.		Form 990 (2022)

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Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	(6,5	63,	<u> 266</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	(6,5	04,	<u> 157</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			59,	<u> 109</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,1	82,	<u> 332</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		3,2	41,	441
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X 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	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	1				
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he [
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990)

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

IOW	MEN	DELIVER, INC						462256
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	0).)		
3		A hospital or a cooperative	•	•		٠,		
4		A medical research organiz	•	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	-			•		
7	X	An organization that norma			pport fro	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)			5			
8		A community trust describe						
9		An agricultural research org	=			-	•	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	t the college or
10		university: An organization that norma	lly receives (1) me	oro than 224/29/ of its	cupport	from cor	stributions momborch	in foot, and gross
10		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f nent income and ui n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its
11 12		An organization organized an organization organized a	•	•	•		` '` '	ery out the nurneese of
12		one or more publicly suppo	•	•				• •
		the box on lines 12a through	=					
а		Type I. A supporting orga					·	· · · · ·
а		the supported organization	•	•	•			
		supporting organization.	` '	• • • •		ajointy of	the directors of truste	os or tric
b		Type II. A supporting org	•			with its	supported organizati	on(s), by having
		control or management of	•					
		organization(s). You must				•		
С		Type III functionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functiona	lly integrated with,
	_	its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A supp	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е		$oxedsymbol{oxed}$ Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III
		functionally integrated, or		ionally integrated sup	porting o	organizat	ion.	
f		ter the number of supported						
<u>g</u>		ovide the following information						
	(I) N	ame 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)								
Tota	al							1

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 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.)

Calendar year (or fiscal year beginning in)	Sec	tion A. Public Support						
membership fees received. (Do not include any vinusual grants,"),	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
arganization's benefit and either paid to or expended on its behalf 1. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 7 Amounts from line 4. 8 Gross income from interest diseases, parson one from lines that exceeds 2% of the amount shown on line 11, column (f). 9 Net income from lines diseases, solid lines 7 through 10. 10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI). 578, 1787 person. 10 Total support. Add lines 7 through 10. 10 First 5 years. If the Form 990 is for the organizations first, second, third, fourth, or lifth tax year as a section 501(c)(3) and 531/3% support test 2022. If the organization qualifies as a publicly supported organization. 10 Total support percentage for 2022 (line 6, column (f), divided by line 11, column (f)). 11 Total support percentage for 2022. If the organization did not check abox on line 13, and line 15 is 331/3% or more, check this box and stop here. The organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 12 10 W-fracts-and-circumstances test - 2021. If the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 10 W-facts-and-circumstances test - 2021. If the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported o	1	membership fees received. (Do not	12,971,031.	4,171,938.	2,375,612.	4,322,714.	6,559,547.	30,400,842.
### Total. Add lines 1 through 3	2	organization's benefit and either paid to						NONE
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)	3	furnished by a governmental unit to the						NONE
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, restricts, royallies, and income from similar sources 12,794, 23,224, 5,534, 445, 3,620, 45,527, 9 Net income from unrelated business activities, whether or not the business is regularly carried on on loss from the sale of capital assets (Explain in Part VI). Set, Supp. Page. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Set, Supp. Page. 11 Total support. Add lines 7 through 10. 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 2022 (line 6, column (f), divided by line 11, column (f)). 13 First 5 years. If the Form 2021 Schedule A, Part III, line 14. 15 82.20 % 163 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	4	Total. Add lines 1 through 3	12,971,031.	4,171,938.	2,375,612.	4,322,714.	6,559,547.	30,400,842.
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4	_	· · · · · · · · · · · · · · · · · · ·						
Calendar year (or fiscal year beginning in) 7 Amounts from line 4 12,971,031 13,931 14,171,1938 2,375,612 4,322,714 6,559,947 30,400,982 13,000 14,5527 13,000 14,5527 14,000 14,151 14,000 14,151 14,000 14,151 14,000 15,000 10								21,687,709.
7 Amounts from line 4		• •						
8 Gross income from interest, dividends, payments received on securities leans, rents, royalties, and income from similar sources	Cale	, , , , ,					` ,	
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
loss from the sale of capital assets (Explain in Part VI.) . SPER, SUPP, PAGE. NONE NONE NONE 9,567. 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)). 15 Public support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. 15 331/3 % support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. 16 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization under the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 10 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	9	activities, whether or not the business						NONE
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets	NONE	NONE	NONE	9,567.	99.	9,666.
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	11	Total support. Add lines 7 through 10						30,456,035.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))		organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Public support percentage from 2021 Schedule A, Part II, line 14								
 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 				-				
box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
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this box and stop here. The organization qualifies as a publicly supported organization	L		•		•			
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Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	114							
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		=					-	-
 b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		-			_	-		
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	h							
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	-		-					
organization								•
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		•			•	•		
	18							

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Schedule A (Form 990) 2022 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(3, 2	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
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 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

JSA 2E1221 1.000 Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 is class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(L purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and El 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 actic was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022 Page **5**

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44-		
Sacti	provide detail in Part vi. on B. Type I Supporting Organizations	11c		
Jeetin	on b. Type roupporting organizations		Yes	No
				110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Section	on D. All Type III Supporting Organizations	1		
Jectiv	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
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.	! (.		- \
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_				
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
э 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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 Page **6**

Pa	art 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 qualifyin	g trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Se	ection 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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
-	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting	g organization
-	(see instructions).			

Schedule A (Form 990) 2022

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

Page **7**

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е					
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

Excess from 2022

Schedule A (Form 990 or 990-EZ) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOM	E					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	NONE	NONE	NONE	9,567.	99.	9,666.
TOTALS	NONE	NONE	NONE	9,567.	99.	9,666.
==		==========	==========	==========	==========	==========

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

Schedule B (Form 990) (2022)

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

Employer identification number 26-4462256

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
-------	------------------------	--------------------------	---------------------------	---------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$249,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$2,576,162.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$949,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WOMEN DELIVER. IN

Employer identification number

	WOMEN DELIVER, IN	20-4402250	
Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is r	needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9	N/A	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WOMEN DELIVER, INC

Employer identification number
26-4462256

art II Nonca	sh Property (see instructions). Use duplicate copies		
a) No. from Part 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
_ _			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 3

Schedule B (Form 990) (2022) Page **4**

Name of o	rganization			Employer identification number
	WOMEN DELIVER, INC			26-4462256
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one ons completing Part III, e year. (Enter this inform	contributor. Co enter the total of	omplete columns (a) through (e) and fexclusively religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	it	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 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 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) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 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 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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: (ii) Assets included in Form 990, Part X.....\$_ 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) 2022

Schedule D (Form 990) 2022 WOMEN DELIVER, INC 26-4462256 Page **2**

Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	Assets (d	continued	d)
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	k any o	f the	follow	ing that n	nake sigr	nificant us	e of its
	collection items (check all that app	ly):										
а	Public exhibition	• ,		d	Loan	or excha	ange	prograi	m			
b	Scholarly research			e	Other		_	1 -3				
c	Preservation for future gene	rations										
1	Provide a description of the organ		collections	and avals	ain how t	they fur	rthor	the or	nanization'	e avamn	t nurnnen	in Part
7	XIII.	iizations	CONGCUONS	and expid	alli ilow i	iney rui	uici	tile or	gariization	3 evenib	t puipose	III I ait
_		n aaliait d	ar raccina a	donationa o	fort biot	orical tr		roo or	other aimil	0 r		
5	During the year, did the organization									_		□ Na
Do	assets to be sold to raise funds rath			aineu as pa	it of the t	organiza	alion	s collec	Juon?		Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.			es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amoui	nt on For	m
1a	Is the organization an agent, trus	tee, custo	odian or o	ther interm	ediary fo	or conti	ributi	ons or	other ass	ets not		
	included on Form 990, Part X?				-					_	Yes	No
b	If "Yes," explain the arrangement in											
										Amount		
С	Beginning balance						1c			,		
q	Additions during the year											
и Д	Distributions during the year											
20	Ending balance Did the organization include an am						1f	otodial	a a a a unt lia	hilit.(2	Yes	No
2a												⊢ No
	If "Yes," explain the arrangement in	n Part XII	i. Check n	ere ii the ex	xpianation	nas be	en pr	ovided	on Part XIII			
Pa	rt V Endowment Funds.	tion one	warad "Va	00" on For	000 F	Oort I\/	ممنا	10				
	Complete if the organiza								I			
		(a) Cur	rent year	(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g g	End of year balance											
2	Provide the estimated percentage	of the cu	rrent vear	and halance	a (lina 1a	column	(2))	hald as				
	Board designated or quasi-endown				c (iiiic 1g,	Column	ι (α))	ricia as	•			
	Permanent endowment	%										
	Term endowment %	^										
	The percentages on lines 2a, 2b, a	and 2c sho	ould equal :	100%								
3a	Are there endowment funds not in				tion that	are hel	d and	d admir	nistered for	the		
ou	organization by:	ino poodi	3001011 01 11	no organiza	tion that	are nor	u une	a ddiiiii	ilotoroa ioi	110	Y	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
L	If "Yes" on line 3a(ii), are the relate										3b	_
_	• •	•		•							30	
4 Po	Describe in Part XIII the intended u											
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation ans	wered "Y	es" on For	m 990. l	Part IV	. line	11a. S	See Form	990. Pa	rt X. line	10.
	Description of property		(a) Cost or	r other basis	(b) Cost	or other ba		(c) Acc	cumulated		l) Book value	
			(inves	tment)	(0	ther)		depr	eciation			
1a	Land	Г										
b	Buildings	The state of the s										
С	Leasehold improvements											
d	Equipment					41,54	41.		41,541.			NONE
<u>e</u>	Other											
Tota	I. Add lines 1a through 1e. (Column	(d) must	equal Forr	m 990, Part	X, columi	n (B), lir	ne 10	c.)				NONE

Schedule D (Form 990) 2022

Schedule D (F	orm 990) 2022	WOMEN DELIVER,	INC	26-	-4462256	Page
Part VII	Investments - O					
	Complete if the	organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, I	Part X, line	12.
	(a) Description of sec (including name	curity or category of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market		
(1) Financia	al derivatives					
(2) Closely	held equity interests	s				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column	n (b) must equal Form 990), Part X, col. (B) line 12.)				
Part VIII						
	Complete if the	organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, F	Part X, line	13.
	(a) Description of	investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (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, I	Part X. line	15.
	· · · · · · · · · · · · · · · · · · ·		scription		(b) Book va	
(1)DEPOS	ITS		•			,045
	OF USE ASSET					,785.
(3)						,
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	umn (b) must equal i	Form 990, Part X, col. (B) li	ine 15.)		276	,830.
Part X	Other Liabilities					
	Complete if the line 25.	organization answered	"Yes" on Form 990), Part IV, line 11e or 11f. See Form	990, Part 2	Χ,
1.		(a) Descrip	tion of liability		(b) Book va	alue
(1) Feder	al income taxes		·			
(2)LEASE	LIABILITY				227	,421
(3)						,
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

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 . X

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

227,421.

26-4462256 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	6,563,266.
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	
3	Subtract line 2e from line 1	3	6,563,266.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,563,266.
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.		
1	Total expenses and losses per audited financial statements	1	6,504,157.
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	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e 3	6,504,157.
3	Subtract line 2e from line 1	3	0,304,137.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,504,157.
Part	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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE :	SUPPLEMENTAL PAGE		
-			

Part XIII Supplemental Information (continued)

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, 2022

AND 2021.

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.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identifica	tion number
WOMEN DELIVER, INC					26-446225	6
General Information o Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the	e organization a	nswered "Yes" or
1 For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion crite	eria used to	Yes No
2 For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use o	of its grants and	other assistance
3 Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is ne	eded.)	
(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)	a pr describ	tivity listed in (d) is ogram service, oe specific type of e(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING	YOUTH	ENGAGEMENT & CON	10,325.
(2) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING	YOUTH	ENGAGEMENT & CON	206,509.
(3) EUROPE	NONE	NONE	GRANTMAKING	GLOBAL	ADVOCACY	92,929.
(4) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING	YOUTH I	ENGAGEMENT & CON	467,535.
(5) NORTH AMERICA	NONE	NONE	GRANTMAKING	YOUTH	ENGAGEMENT & CON	104,803.
(6) SOUTH AMERICA	NONE	NONE	GRANTMAKING	YOUTH	ENGAGEMENT & CON	654,851.
(7) SOUTH ASIA	NONE	NONE	GRANTMAKING	YOUTH	ENGAGEMENT & CON	479,319.
(8) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	YOUTH	ENGAGEMENT & CON	2,538,011.
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a Subtotal	NONE	NONE				4,554,282.

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

b Total from continuation sheets to Part Ic Totals (add lines 3a and 3b)

4,554,282. Schedule F (Form 990) 2022 Schedule F (Form 990) 2022 WOMEN DELIVER, INC 26-4462256 Page **2**

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	POLICY AND A	41,185.	WIRE			
(2)			SUB-SAHARAN AFRICA	POLICY AND A	35,601.	WIRE			
(3)			SUB-SAHARAN AFRICA	POLICY AND A	80,544.	WIRE			
(4)			SOUTH AMERICA	POLICY AND A	25,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	YOUTH CAPACI	5,500.	WIRE			
(6)			SOUTH ASIA	POLICY AND A	25,000.	WIRE			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	er total number of recipient or								
exe 3 Ente	mpt 501(c)(3) organization by ther total number of other organiz	ne IRS, or for which tations or entities	the grantee or counsel ha	as provided a sect	tion 501(c)(3) equiv	valency letter		N	6 ONE

Schedule F (Form 990) 2022 WOMEN DELIVER, INC 26-4462256 Page **3**

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

(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) GRANTS	EAST ASIA/PACIFIC	2	10,000.	WIRE			
(2) GRANTS	MIDDLE EAST/NORTH AFRICA	6	22,640.	WIRE			
(3) GRANTS	NORTH AMERICA	1	5,075.	WIRE			
(4) GRANTS	SOUTH AMERICA	6	30,500.	WIRE			
(5) GRANTS	SOUTH ASIA	5	22,000.	WIRE			
(6) GRANTS	SUB-SAHARAN AFRICA	20	107,490.	WIRE			
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Page 5 Schedule F (Form 990) 2022 WOMEN DELIVER, 26-4462256 TNC

Supplemental Information Part V

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.

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number
WOMEN DELIVER, INC						26-4462256	
Part I General Information on Grants ar	nd Assistanc	е					
 Does the organization maintain records to see the selection criteria used to award the gran Describe in Part IV the organization's process. 	nts or assistanc	e?					X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient	"	-			. •		es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTERNATIONAL CENTER OF RESEARCH ON WOMEN							
1120 20TH STREET NW, SUITE 500N	52-1081455	501(C)(3)	35,000.				YOUTH CAPACITY
(2)							
(3)							
(4)							
(5)							
(6)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	•	•					1

Schedule I (Form 990) (2022) WOMEN DELIVER, INC 26-4462256 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 grants	3	14,500.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART 1, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING

ALL GRANTS AND 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

Schedule I (Form 990) (2022) WOMEN DELIVER, INC 26-4462256 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
_4					
_ 5					
_6					
_ 7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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.

SCHEDULE J (Form 990)

Compensation InformationFor 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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

26-4462256 WOMEN DELIVER, **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
Ū	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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
•	in Part III	8		
9	Regulations section 53 4958-6(c)?	۵		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 WOMEN DELIVER, INC 26-4462256 Page **2**

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MALIHA KHAN	(i)	229,992.	NONE	92.	NONE	6,999.	237,083.	NONE
1 CEO & PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHLEEN SHERWIN	(i)	319,723.	NONE	33.	9,533.	14,532.	343,821.	NONE
2 INTERIM CEO & PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DIVYA MATHEW	(i)	150,000.	NONE	60.	9,250.	487.	159,797.	NONE
3 DIRECTOR, POLICY AND ADVOCACY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 26-4462256

WOMEN DELIVER, INC

FORM 990, PART III, LINE 1 ORGANIZATION MISSON

FOUNDED IN 2007 AND INCORPORATED AS A 501C3 IN 2009, WOMEN DELIVER, INC

("WOMEN DELIVER") IS A GLOBAL FEMINIST ADVOCACY ORGANIZATION THAT

UNEQUIVOCALLY DEMANDS THE FULL SUITE OF SEXUAL AND REPRODUCTIVE HEALTH

(SRHR) AND RIGHTS FOR ALL PEOPLE, EVERYWHERE. LED BY AND REPRESENTATIVE

OF FEMINIST MOVEMENTS IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS), WE

FOCUS ON ADOLESCENT GIRLS-BOTH IN TERMS OF OUR IMPACT AND COMMITMENT TO

PUTTING YOUNG PEOPLE IN THE DRIVER'S SEAT OF DECISION-MAKING.

AT WOMEN DELIVER, WE FOCUS ON CREATING SPACE FOR COLLECTIVE ACTION

THROUGH COALITIONS, CHAMPIONING AND SUPPORTING YOUTH ADVOCACY ACROSS ALL

ASPECTS OF OUR PROGRAMMING, AND CONVENING PARTNERS TO CONNECT,

STRATEGIZE, AND ADVOCATE TO ADVANCE GENDER EQUALITY AND SRHR.

SPECIFICALLY:

OUR COLLECTIVE ACTION FOR CHANGE PROGRAM FORMS AND SUPPORTS COALITIONS

AROUND THE WORLD TO SET NEW AGENDAS, CO-CREATE SOLUTIONS, AND HOLD

LEADERS ACCOUNTABLE TO COMMITMENTS TO ADVANCE GENDER EQUALITY ACROSS

THREE CORE ISSUE AREAS: HEALTH AND SRHR, CLIMATE ACTION, AND ECONOMIC

JUSTICE AND RIGHTS. IN CLOSE PARTNERSHIP WITH WOMEN'S RIGHTS

ORGANIZATIONS, INCLUDING FEMINISTS AND FEMINIST MOVEMENTS IN LMICS, WOMEN

DELIVER AND OUR PARTNERS CARRY OUT EFFECTIVE, HOLISTIC JOINT ADVOCACY AND

SHIFT POWER BETWEEN ADVOCATES, ACTIVISTS, AND DECISION-MAKERS.

OUR EMERGING LEADERS FOR CHANGE PROGRAM INVESTS IN ADVOCATES UNDER AGE 30

BY PROVIDING TRUST-BASED GRANTS, RESOURCES AND MENTORSHIP FOR LEARNING, A

SUPPORTIVE NETWORK OF FELLOW CHANGE AGENTS, AND SPACE TO LEAD. WE SUPPORT

FEMINIST MOVEMENTS, ACTIVISTS, AND ADVOCATES WORKING TO PROTECT AND

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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26-4462256

WOMEN DELIVER, INC

ADVANCE THE HEALTH AND RIGHTS OF ADOLESCENT GIRLS, IN PARTICULAR THEIR SRHR, AND TO CREATE A VIBRANT ECOSYSTEM OF ORGANIZATIONS THAT WILL CONTINUE TO PUSH FOR SOCIAL CHANGE FOR MANY YEARS TO COME.

OUR CONVENING FOR CHANGE PROGRAM CONNECTS ADVOCATES DIRECTLY WITH POLICY-AND DECISION-MAKERS, INCLUDING FUNDERS, GOVERNMENTS, AND MULTILATERAL LEADERS, SO THAT THEY CAN PUSH FOR PROGRESS ON GENDER EQUALITY. WOMEN DELIVER'S CONVENINGS, INCLUDING WOMEN DELIVER CONFERENCES, SERVE AS UNIQUE MOMENTS FOR DIVERSE ACTORS, INCLUDING GIRL- AND/OR WOMEN-LED ORGANIZATIONS ACROSS GEOGRAPHIES, TO SHARE KNOWLEDGE AND EXPERIENCE.

FORM 990, PART III, LINE 4 - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAMMING

ALL OF OUR WORK, ACROSS OUR TEAMS, FEEDS INTO THE THREE OVERARCHING

COLLECTIVE ACTION FOR CHANGE, EMERGING LEADERS FOR CHANGE, AND CONVENING

FOR CHANGE PROGRAMS. FOR INSTANCE:

GLOBAL POLICY AND ADVOCACY:

OUR OVERARCHING APPROACH TO GLOBAL POLICY AND ADVOCACY IS TO IDENTIFY AND LEVERAGE KEY POLICY WINDOWS TO DRIVE MEANINGFUL PROGRESS ON GENDER EQUALITY, INCLUDING BY INFLUENCING GOVERNMENTS, CONVENING DIVERSE STAKEHOLDERS, AND AMPLIFYING THE WORK OF GRASSROOTS PARTNERS AND YOUNG LEADERS.

WOMEN DELIVER CONTINUOUSLY ENGAGES STAKEHOLDERS, DECISION-MAKERS,

INFLUENCERS, AND THOSE OUTSIDE THE COMMUNITY OF ALREADY ENGAGED CHAMPIONS

TO ADVOCATE FOR IMPROVED POLICIES AND PROGRAMS AND INCREASED FINANCIAL

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

WOMEN DELIVER, INC

26-4462256 HR. WE

AND POLITICAL COMMITMENTS FOR ADVANCING GENDER EQUALITY AND SRHR. WE
LEVERAGE OUR CONVENINGS, COMMUNICATIONS, AND ADVOCACY PLATFORMS AS SPACES
TO FACILITATE MORE INCLUSIVE DECISION-MAKING. WE ALSO ADVISE AND
INFLUENCE GOVERNMENTS, MULTILATERALS, AND PRIVATE SECTOR DECISION-MAKERS.

FOR MORE EFFECTIVE ADVOCACY FOR GENDER EQUALITY AND SRHR, WE DEVELOP AND PROMOTE USER-CENTERED METHODOLOGIES FOR STRENGTHENING CAPACITY AND KNOWLEDGE SHARING. WE CREATE SPACES FOR CONNECTION AND PEER-TO-PEER LEARNING, REACH ADVOCATES WITH DIVERSE EXPERIENCES AND IDENTITIES, AND SUPPORT THEIR ABILITY TO INFLUENCE AT DIFFERENT LEVELS OF DECISION- AND POLICY-MAKING.

FINALLY, OUR ADVOCACY HARNESSES THE MOST RIGOROUS AND COMPELLING

EVIDENCE. WE COLLATE AND TRANSLATE THE LATEST DATA AND INFORMATION INTO

CLEAR-SIGHTED MESSAGES TO BUILD THE CASE FOR PRIORITIZING GENDER EQUALITY

AND THE HEALTH AND RIGHTS OF GIRLS AND WOMEN. AND WHEN THE DATA DO NOT

EXIST, WE CALL FOR MORE ATTENTION TO OVERLOOKED TOPICS AND PARTNER TO

GENERATE NEW EVIDENCE. WE FOCUS ON WHAT WORKS, USING ADVOCACY GROUNDED IN

EVIDENCE TO SHIFT POLICIES AND DRIVE INVESTMENTS.

DELIVER FOR GOOD CAMPAIGN:

CONVENED BY WOMEN DELIVER, DELIVER FOR GOOD SUPPORTS COLLECTIVE ACTION AT REGIONAL AND COUNTRY LEVELS TO ADVOCATE FOR MORE GENDER TRANSFORMATIVE POLICIES, PROGRAMMING, AND FINANCIAL INVESTMENTS IN THE SUSTAINABLE DEVELOPMENT GOALS (SDGS). THE CAMPAIGN SPECIFICALLY RESOURCES THE CONVENING AND COORDINATION OF TWO COALITIONS IN KENYA AND SENEGAL TO

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 26-4462256

WOMEN DELIVER, INC

DEVISE COLLECTIVE ADVOCACY AGENDAS THAT CENTER SRHR AND THE LEADERSHIP OF LOCAL AND NATIONAL WOMEN'S RIGHTS ORGANIZATIONS IN THE ADVANCEMENT OF COUNTRY AND REGIONAL SDG IMPLEMENTATION.

DELIVER FOR GOOD ALSO FACILITATES GLOBAL DIALOGUE AND BUILDS SOLIDARITY

AMONG STAKEHOLDERS - WHO ARE OFTEN SILOED IN THEIR GENDER EQUALITY

EFFORTS-BY SUPPORTING THE PARTICIPATION AND INCLUSION OF WOMEN'S RIGHTS

ORGANIZATIONS WITHIN THESE COALITIONS IN REGIONAL AND GLOBAL

DECISION-MAKING SPACES, TO EFFECTIVELY ADVOCATE FOR GIRLS AND WOMEN'S

HEALTH AND RIGHTS ACROSS EVERY MEASURE OF DEVELOPMENT.

YOUNG LEADERS PROGRAM:

GENDER ADVOCACY AND COLLECTIVE ACTION MUST CENTER ADOLESCENT GIRLS AND YOUTH, ESPECIALLY THOSE WITH MARGINALIZED IDENTITIES, AS DESIGNERS, EXPERTS, AND LEADERS, ALONGSIDE TRADITIONAL DECISION-MAKERS AND POWERHOLDERS, IN ALL GENDER EQUALITY ADVOCACY SPACES

THE WOMEN DELIVER YOUNG LEADERS PROGRAM SUPPORTS EMERGING ADVOCATES UNDER AGE 30 WORKING TO ADVANCE SRHR AND CLIMATE ACTION POLICY, PROGRAMS, AND INVESTMENTS, WHILE ENSURING THAT YOUNG PEOPLE, AND PARTICULARLY GIRLS, HAVE ACCESS TO POLICYMAKERS AND ARE ABLE TO TAKE THE LEAD IN GENDER EQUALITY ADVOCACY SPACES. THE PROGRAM CONNECTS OUTSTANDING EMERGING ADVOCATES UNDER AGE 30 WITH THE PLATFORMS, THE PEOPLE, AND THE RESOURCES THAT CAN AMPLIFY THEIR INFLUENCE ON A LARGER SCALE. THE PROGRAM IS A CATALYST FOR RISING ADVOCATES, PROVIDING ACCESS TO SMALL GRANTS, REGIONAL PEER-LED CONVENINGS, DIGITAL UNIVERSITY (ONLINE CUSTOMIZED TRAININGS TO ADVANCE THEIR ADVOCACY), AND SPEAKING AND ADVOCACY OPPORTUNITIES TO

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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Employer identification number 26-4462256

WOMEN DELIVER, INC

AMPLIFY THEIR WORK AND ADVANCE GENDER EQUALITY. SINCE 2010, A TOTAL OF 1,000 YOUNG PEOPLE FROM 148 COUNTRIES HAVE INCREASED THEIR IMPACT THROUGH THE AWARD-WINNING PROGRAM.

WOMEN DELIVER IS SHIFTING THE GLOBAL LANDSCAPE IN FAVOR 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.

THE WOMEN DELIVER 2023 CONFERENCE (WD2023) WILL BE HELD IN KIGALI, RWANDA FROM 17-20 JULY 2023. FOR THE VERY FIRST TIME, WD2023 WILL BE HELD ON THE AFRICAN CONTINENT. THIS AFFIRMS ONGOING EFFORTS ACROSS THE CONTINENT AROUND GENDER EQUALITY, TO HAVE EQUAL ACCESS TO POWER, DIGNITY, JUSTICE, RIGHTS, HEALTH, AND OPPORTUNITIES THAT WILL ENABLE GIRLS AND WOMEN TO NETWORK, DEVELOP SKILLS, SHARE KNOWLEDGE, ACCESS FUNDING OPPORTUNITIES, AND PARTICIPATE IN CONVERSATIONS THAT CONTRIBUTE TO GLOBAL AGENDA SETTING ON GENDER EQUALITY.

WD2023 WILL PROMOTE A ROBUST CIVIC SPACE FOR FEMINIST ACTION, ORGANIZING,
AND MOBILIZATION AND WILL BE MORE INCLUSIVE, DIVERSE, ACCESSIBLE, AND
CONSULTATIVE THAN EVER BEFORE BY INTRODUCING THE FOLLOWING FIVE
OBJECTIVES: 1. CATALYZE COLLECTIVE ACTION TO ADVANCE GENDER EQUALITY BY
BREAKING BARRIERS, ADDRESSING CHALLENGES, AND CREATING OPPORTUNITIES TO

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WOMEN DELIVER, INC

ALIGN ON SHARED GOALS AND MAKE CONCRETE GAINS. 2. HOLD LEADERS

ACCOUNTABLE TO ACTIONABLE COMMITMENTS AND SUPPORT CIVIL SOCIETY

ORGANIZATIONS IN TRACKING AND SHARING PROGRESS. 3. EMPOWER THE FEMINIST

MOVEMENT BY CREATING CONNECTIONS, DRIVING SOLUTIONS, AND FOSTERING

LASTING AND DIVERSE PARTNERSHIPS. 4. REFRAME WHO LEADS BY CENTERING

GRASSROOTS ORGANIZATIONS, YOUTH, COMMUNITIES FACING SYSTEMIC

DISCRIMINATION, ADVOCATES, AND CHANGEMAKERS WORKING ON THE GROUND. 5.

CREATE SPACE FOR COLLECTIVE DIALOGUE ON THE GENDER EQUALITY PRIORITIES

THAT MATTER MOST WITHIN SPECIFIC COUNTRIES AND REGIONS AROUND THE WORLD

TO DRIVE CHANGE AT EVERY LEVEL, PARTICULARLY AT THE GRASSROOTS.

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, HARD FACTS, AND EVIDENCE-BASED RESEARCH TO DRIVE ACTION
FOR GENDER EQUALITY, KEEPING THE HEALTH AND RIGHTS, AND PARTICULARLY THE
SRHR OF GIRLS AND WOMEN, AT THE TOP OF THE AGENDA AND AT THE HEART OF THE
CONVERSATION.

WE EQUIP ADVOCATES AND CHANGEMAKERS WITH EVIDENCE AND COMPELLING MESSAGES
TO PROMOTE CONCRETE ACTION ON GENDER EQUALITY. 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

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WOMEN DELIVER, INC

26-4462256

OUR MESSAGE TO THE RIGHT PEOPLE AND DRIVE PROGRESS FOR ALL.

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

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

ADVISOR FOR LEGAL AFFAIRS AND OPERATIONS, AND THE SENIOR MANAGER 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 AND 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
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

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WOMEN DELIVER, INC

Employer identification number 26-4462256

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.

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
WWW.WOMENDELIVER.ORG.

Name of the organization

WOMEN DELIVER, INC

26-4462256

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, Name of the organization

WOMEN DELIVER, INC

26-4462256

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

DANIEL J. EDELMAN INC

250 HUDSON STREET

NEW YORK, NY 10013 COMMUNICATIONS 584,626.

MARKHAM GROUP LLC

100 W. 3RD STREET

LITTLE ROCK, AR 72201 LOGISTICS 456,400.

IMAVOX ASIA PTE. LTD

60 KAKI BUKIT PLACE #06-01

EUNOS TECHPARK

SINGAPORE DIGITAL PLATFORM 176,390.

Name of the organization			Employer identification	n number
WOMEN DELIVER, INC			26-4462256	
FORM 990, PART IX - OTHER FEES				
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTANTS TRANSLATIONS	1,696,118. 10,765.	1,432,506. 9,091.	172,767. 1,097.	90,845. 577.
	10,703.	2,031.	1,007.	3,7.
TOTALS -	1,706,883.	1,441,597.	173,864.	91,422.

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Schedule O (Form 990 of 990-EZ) 2022		raye Z				
Name of the organization		Employer identification number				
WOMEN DELIVER, INC		26-4462256				
FORM 990, PART X - PREPAID EXPENSES AND						
	BEGINNING	ENDING				
DESCRIPTION	BOOK VALUE	BOOK VALUE				
PREPAID EXPENSES	19,855.	83,014.				
TOTALS						

83,014.

Name of the organization		Employer identification number
WOMEN DELIVER, INC		26-4462256
FORM 990, PART X - DEFERRED REVENUE		
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	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
DEFERRED REVENUE	790,699.	1,320,578.
TOTALS		
	790,699.	1,320,578.
	=========	=========