

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOMEN DELIVER, INC			D Employer identification number 26-4462256	
	Doing Business As			E Telephone number (646) 695-9100	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	588 BROADWAY		905		
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10012			G Gross receipts \$ 2,532,916.		
F Name and address of principal officer: KATHLEEN SHERWIN 588 BROADWAY, SUITE 905, NEW YORK, NY 10012			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number		
J Website: WWW.WOMENDELIVER.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2009		M State of legal domicile: DE

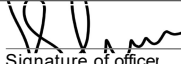
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE ORGANIZATION'S MISSION STATEMENT IN SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 6.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 5.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 67.
	6 Total number of volunteers (estimate if necessary)	6 5.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,171,938. Current Year 2,375,612.
	9 Program service revenue (Part VIII, line 2g)	3,717,977. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,224. 5,534.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,054. 151,770.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,060,193. 2,532,916.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,804,476. 6,860,185.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) 257,482.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,278,101. 4,651,524.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,540,981. 12,403,649.
19 Revenue less expenses. Subtract line 18 from line 12	-11,480,788. -9,870,733.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 14,028,564. End of Year 6,029,380.
	21 Total liabilities (Part X, line 26)	581,509. 2,413,403.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,447,055. 3,615,977.

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Part II Signature Block

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

Sign Here		09/16/2021			
	KATHLEEN SHERWIN Type or print name and title	INTERIM PRES/CEO Date			
Paid Preparer Use Only	Print/Type preparer's name CATHERINE BENDALL CPA	Preparer's signature CATHERINE BENDALL CPA	Date 09/16/2021	Check <input type="checkbox"/> if self-employed	PTIN P00521196
	Firm's name WITHUMSMITH+BROWN PC	Firm's EIN 22-2027092		Phone no. 212-751-9100	
	Firm's address 1411 BROADWAY 9TH FLOOR NEW YORK, NY 10018				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE ORGANIZATION'S MISSION STATEMENT IN SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,205,673. including grants of \$ 673,371.) (Revenue \$)

GLOBAL POLICY AND ADVOCACY- SEE DETAILED DESCRIPTION IN SCHEDULE O.

4b (Code:) (Expenses \$ 1,876,656. including grants of \$ 218,569.) (Revenue \$)

MEANINGFUL YOUTH ENGAGEMENT AND YOUNG LEADERS PROGRAM - SEE DETAILED DESCRIPTION IN SCHEDULE O.

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,082,329.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions regarding organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 67		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (5), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KATHLEEN SHERWIN 588 BROADWAY, SUITE 905 NEW YORK, NY 10012 646-695-9100

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATJA IVERSEN (THRU 10/2020) PRESIDENT & CEO	1.00 0.	X		X				503,737.	0.	25,610.
(2) KATHLEEN SHERWIN INTERIM PRESIDENT/CEO EFF 6/20	35.00 0.	X		X				261,432.	0.	38,830.
(3) SUSAN PAPP MANAGING DIRECTOR	35.00 0.				X			180,808.	0.	24,085.
(4) CARRIE SIMON SENIOR ADVISOR	35.00 0.					X		169,479.	0.	15,115.
(5) HANNAH AUGUST DIRECTOR, COMMUNICATIONS	35.00 0.					X		157,678.	0.	15,485.
(6) OLIVIER QUESSY DIRECTOR, FINANCE & ADMIN	35.00 0.					X		144,637.	0.	24,016.
(7) TAMARA WINDAU-MELMER SENIOR MANAGER, YOUTH	35.00 0.					X		123,209.	0.	36,114.
(8) MARCY ROBINSON SENIOR MANAGER, HUMANITARIAN	35.00 0.					X		113,032.	0.	33,226.
(9) KRISTIN HETLE CHAIR	1.00 0.	X		X				0.	0.	0.
(10) WALLACE D'SOUZA TREASURER	1.00 0.	X		X				0.	0.	0.
(11) JOTHAM MUSINGUZI, MD SECRETARY	1.00 0.	X		X				0.	0.	0.
(12) RT. HON HELEN CLARK DIRECTOR	1.00 0.	X						0.	0.	0.
(13) CECILIA GARCIA RUIZ (THRU 11/2 DIRECTOR	1.00 0.	X						0.	0.	0.
(14) VIVIAN ONANO (THRU 12/2020) DIRECTOR	1.00 0.	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	1,470,130.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	905,482.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f ▶			2,375,612.			
	Program Service Revenue	2a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			5,534.		5,534.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶				0.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0.				
				0.				
				0.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events. ▶				0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
				0.				
				0.				
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities. ▶				0.			
10a	Gross sales of inventory, less returns and allowances	10a		0.				
				0.				
				0.				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory. ▶				0.			
Miscellaneous Revenue	11a	OTHER INCOME	Business Code	900099	151,770.	151,770.		
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶				151,770.		
12	Total revenue. See instructions ▶				2,532,916.	151,770.	5,534.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,000.	20,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	871,940.	871,940.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,183,487.	1,081,849.	79,053.	22,585.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,382,365.	3,831,075.	464,840.	86,450.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	209,210.	182,988.	21,981.	4,241.
9 Other employee benefits	661,219.	581,149.	66,809.	13,261.
10 Payroll taxes	423,904.	373,036.	42,390.	8,478.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	168,172.	41,069.	127,103.	
c Accounting	107,247.		107,247.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 1	1,981,251.	1,834,326.	46,116.	100,809.
12 Advertising and promotion	17,252.	15,182.	1,725.	345.
13 Office expenses	193,245.	170,134.	19,260.	3,851.
14 Information technology	186,278.	163,958.	18,600.	3,720.
15 Royalties	0.			
16 Occupancy	484,847.	426,665.	48,485.	9,697.
17 Travel	229,268.	218,960.	8,590.	1,718.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	51,620.	45,570.	5,042.	1,008.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	28,295.	24,900.	2,829.	566.
23 Insurance	22,062.	19,415.	2,206.	441.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	15,619.	13,745.	1,562.	312.
b GRANT CANCELLATION	1,166,368.	1,166,368.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,403,649.	11,082,329.	1,063,838.	257,482.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,343,451.	1	429,336.
	2 Savings and temporary cash investments.	5,676,464.	2	5,201,559.
	3 Pledges and grants receivable, net	2,706,296.	3	129,213.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges ATCH . 2	50,714.	9	33,216.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 140,017.			
	b Less: accumulated depreciation. 10b 103,527.	64,785.	10c	36,490.
	11 Investments - publicly traded securities. ATCH . 3	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	186,854.	15	199,566.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,028,564.	16	6,029,380.	
Liabilities	17 Accounts payable and accrued expenses.	247,372.	17	1,126,853.
	18 Grants payable	0.	18	0.
	19 Deferred revenue. ATCH . 4	334,137.	19	322,050.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	964,500.
	26 Total liabilities. Add lines 17 through 25.	581,509.	26	2,413,403.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,255,915.	27	2,813,534.
	28 Net assets with donor restrictions.	6,191,140.	28	802,443.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	13,447,055.	32	3,615,977.	
33 Total liabilities and net assets/fund balances	14,028,564.	33	6,029,380.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,532,916.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,403,649.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,870,733.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,447,055.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	39,655.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,615,977.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

WOMEN DELIVER, INC

Employer identification number

26-4462256

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (85.17%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (84.65%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	59,342.	358,877.	-909,151.			-490,932.
TOTALS	<u>59,342.</u>	<u>358,877.</u>	<u>-909,151.</u>			<u>-490,932.</u>

Schedule of Contributors

2020

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **WOMEN DELIVER, INC**

Employer identification number
26-4462256

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 652,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,470,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **WOMEN DELIVER, INC**

Employer identification number

26-4462256

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

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

Name of organization **WOMEN DELIVER, INC**

Employer identification number

26-4462256

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

WOMEN DELIVER, INC

Employer identification number

26-4462256

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include art collection reporting requirements and amounts.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM LOAN PA	964,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,572,571, adjusted to 2,532,916.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 12,403,649, adjusted to 12,403,649.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

FOREIGN EXCHANGE GAIN OF \$39,655

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, 2020. WOMEN DELIVER HAS NOT INCURRED ANY TAX RELATED INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2020.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

WOMEN DELIVER, INC

Employer identification number

26-4462256

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	533,306.
(2) EUROPE	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	864,195.
(3) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	2,046,475.
(4) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	4,647,532.
(5) NORTH AMERICA	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	153,803.
(6) SOUTH AMERICA	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	512,322.
(7) SOUTH ASIA	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	1,175,567.
(8) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	636,675.
(9) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING	VARIOUS PROGRAMS	102,940.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					10,672,815.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					10,672,815.

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

Schedule F (Form 990) 2020

JSA
0E1274 1.000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	YOUTH CAPACI	5,500.	WIRE			
(2)			SUB-SAHARAN AFRICA	YOUTH CAPACI	5,500.	WIRE			
(3)			EUROPE/ ICELAND/ GREENLAND	POLICY & ADV	77,017.	WIRE			
(4)			SUB-SAHARAN AFRICA	YOUTH CAPACI	14,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	YOUTH CAPACI	14,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	POLICY & ADV	101,554.	WIRE			
(7)			SUB-SAHARAN AFRICA	POLICY & ADV	200,000.	WIRE			
(8)			EUROPE/ ICELAND/ GREENLAND	POLICY & ADV	174,800.	WIRE			
(9)			MIDDLE EAST/ NORTH AFRICA	POLICY & ADV	20,000.	WIRE			
(10)			MIDDLE EAST/ NORTH AFRICA	POLICY & ADV	20,000.	WIRE			FMV
(11)			MIDDLE EAST/ NORTH AFRICA	POLICY & ADV	20,000.	WIRE			
(12)			EUROPE/ ICELAND/ GREENLAND	POLICY & ADV	20,000.	WIRE			
(13)			MIDDLE EAST/ NORTH AFRICA	POLICY & ADV	20,000.	WIRE			
(14)			EUROPE/ ICELAND/ GREENLAND	YOUTH CAPACI	5,500.	WIRE			
(15)			SUB-SAHARAN AFRICA	YOUTH CAPACI	5,500.	WIRE			
(16)			MIDDLE EAST/ NORTH AFRICA	YOUTH CAPACI	5,500.	WIRE			

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

3 Enter total number of other organizations or entities

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	YOUTH CAPACI	5,010.	WIRE			
(2)			SUB-SAHARAN AFRICA	YOUTH CAPACI	14,000.	WIRE			
(3)			SOUTH AMERICA	YOUTH CAPACI	5,500.	WIRE			
(4)			SUB-SAHARAN AFRICA	YOUTH CAPACI	14,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	YOUTH CAPACI	14,000.	WIRE			
(6)			EUROPE/ ICELAND/ GREENLAND	YOUTH CAPACI	5,500.	WIRE			
(7)			SUB-SAHARAN AFRICA	YOUTH CAPACI	14,000.	WIRE			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 35.

3 Enter total number of other organizations or entities

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

Part V Supplemental Information

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

PART 1, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING

ALL POTENTIAL SUBGRANTS GO THROUGH A DUE DILIGENCE AND SELECTION PROCESS THAT INCLUDES COMPETITIVE BIDDING OR A COMPETITIVE APPLICATION PROCESS, REVIEW OF ORGANIZATION'S OR INDIVIDUAL'S CAPACITY TO ADMINISTER AND IMPLEMENT FUNDS, AND BACKGROUND CHECK. ONCE A RECIPIENT IS SELECTED, AN AGREEMENT IS SIGNED BY BOTH PARTIES THAT INCLUDES A BUDGET, WORKPLAN, AND PAYMENT SCHEDULE. THE SUBGRANT AGREEMENT ALSO INCLUDES TERMS AND CONDITIONS FOR PERFORMANCE TO ENSURE COMPLIANCE REQUIREMENTS FROM PRIMARY DONORS FLOW DOWN TO SUBGRANTEES. REGULAR MONITORING IS PERFORMED ON IMPLEMENTATION OF THE GRANT AND USE OF FUNDS AND ANY SUBSEQUENT PAYMENTS MADE AFTER THE INITIAL ADVANCE UNDER THE GRANT ARE CONTINGENT ON SUBMITTED AND APPROVED PROGRESS REPORTS DEMONSTRATING ACTIVITIES ARE ON TRACK IN ACCORDANCE WITH WORKPLAN AND BUDGET.

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN DELIVER, INC

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

26-4462256

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE POPULATION COUNCIL, INC 1 DAG HAMMARSKJOLD PLAZA NY, NY 10017	13-1687001	501(C)(3)	20,000.				POLICY & ADVOCACY - A
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.
- Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) 2020

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.

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

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.

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 Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN DELIVER, INC

Employer identification number

26-4462256

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- 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** Yes No

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** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a	<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATJA IVERSEN (THRU 10/ PRESIDENT & CEO	(i)	247,218.	256,519.	0.	10,043.	529,347.	
	(ii)	0.	0.	0.			
2 KATHLEEN SHERWIN INTERIM PRESIDENT/CEO EFF 6/20	(i)	261,378.	0.	54.	19,863.	300,262.	
	(ii)	0.	0.	0.			
3 SUSAN PAPP MANAGING DIRECTOR	(i)	180,748.	0.	60.	11,785.	204,893.	
	(ii)	0.	0.	0.			
4 CARRIE SIMON SENIOR ADVISOR	(i)	169,083.	0.	396.	15,115.	184,594.	
	(ii)	0.	0.	0.			
5 HANNAH AUGUST DIRECTOR, COMMUNICATIONS	(i)	157,624.	0.	54.	2,799.	173,163.	
	(ii)	0.	0.	0.			
6 OLIVIER QUESSY DIRECTOR, FINANCE & ADMIN	(i)	144,583.	0.	54.	12,515.	168,653.	
	(ii)	0.	0.	0.			
7 TAMARA WINDAU-MELMER SENIOR MANAGER, YOUTH	(i)	123,155.	0.	54.	26,027.	159,323.	
	(ii)	0.	0.	0.			
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART II, LINE 1

FORMER PRESIDENT/CEO, KATJA IVERSEN'S TOTAL COMPENSATION INCLUDES

SEVERANCE AND VACATION PAYOUT IN 2020.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN DELIVER, INC

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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

26-4462256

FORM 990, PART III, LINE 1 ORGANIZATION MISSION
FOUNDED IN 2007, AND INCORPORATED AS A 501C3 IN 2009, WOMEN DELIVER, INC
("WOMEN DELIVER") IS A LEADING GLOBAL ADVOCATE THAT CHAMPIONS GENDER
EQUALITY AND THE HEALTH AND RIGHTS OF GIRLS AND WOMEN. OUR ADVOCACY
DRIVES INVESTMENT - POLITICAL AND FINANCIAL - IN THE LIVES OF GIRLS AND
WOMEN WORLDWIDE. WE HARNESS EVIDENCE AND UNITE DIVERSE VOICES TO SPARK
COMMITMENT TO GENDER EQUALITY. AND WE GET RESULTS. ANCHORED IN SEXUAL AND
REPRODUCTIVE HEALTH, WE ADVOCATE FOR THE RIGHTS OF GIRLS AND WOMEN ACROSS
EVERY ASPECT OF THEIR LIVES.

OUR WORK SPANS GEOGRAPHIES, SECTORS, AND GENERATIONS TO MAKE GENDER
EQUALITY A GLOBAL PRIORITY - BRINGING TOGETHER GOVERNMENTS, THE PRIVATE
SECTOR, NON-PROFIT ORGANIZATIONS, ACADEMICS, FOUNDATIONS, AND MORE.
THROUGH EVIDENCE, ADVOCACY, AND EFFECTIVE COMMUNICATION, WE MAKE THE CASE
THAT INVESTING IN GIRLS, WOMEN, AND GENDER EQUALITY IS NOT ONLY THE RIGHT
THING TO DO, BUT ALSO THE SMART THING TO DO.

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

RECOGNIZING THE URGENT NEEDS OF GIRLS AND WOMEN IN HUMANITARIAN SETTINGS,
WE ALSO WORK WITH LOCAL AND GLOBAL WOMEN-FOCUSED ORGANIZATIONS TO PUT
GENDER EQUALITY AND WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH FRONT AND

Name of the organization WOMEN DELIVER, INC	Employer identification number 26-4462256
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CENTER DURING EMERGENCIES AND THEIR AFTERMATH.

IN ALL WE DO, WE CELEBRATE THE POWER OF YOUNG PEOPLE, EQUIPPING THEM TO DELIVER LARGE-SCALE CHANGE. THE WOMEN DELIVER YOUNG LEADERS PROGRAM CONNECTS OUTSTANDING YOUTH ADVOCATES WITH THE SKILLS, RESOURCES, PEOPLE, AND PLATFORMS TO ADVANCE GENDER EQUALITY IN THEIR COMMUNITIES, COUNTRIES, AND AROUND THE WORLD. WOMEN DELIVER CHAMPIONS YOUNG PEOPLE'S INCLUSION IN THE CREATION AND IMPLEMENTATION OF DEVELOPMENT POLICIES AND PROGRAMS THAT AFFECT THEIR LIVES - FROM START TO FINISH - INCLUDING WITHIN OUR OWN ORGANIZATION.

AND EVERY THREE YEARS, WE GALVANIZE MOMENTUM AT THE GLOBAL WOMEN DELIVER CONFERENCE - OUR SIGNATURE EVENT. THE WOMEN DELIVER CONFERENCE IS A BOLD AND DIVERSE GATHERING, A FUELING STATION OF IDEAS, AND GENERATOR OF ACTION, CONVENING THOUSANDS OF DECISION-MAKERS FROM CIVIL SOCIETY, GOVERNMENTS, THE PRIVATE SECTOR, AND INTERNATIONAL AGENCIES ALONGSIDE ADVOCATES, ACTIVISTS, AND JOURNALISTS TO IDENTIFY SOLUTIONS AND DRIVE CHANGE FOR GIRLS AND WOMEN.

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

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

OUR ADVOCACY HARNESSSES THE MOST RIGOROUS AND COMPELLING EVIDENCE TO SHOW THAT INVESTING IN GIRLS, WOMEN, AND GENDER EQUALITY IS NOT ONLY THE RIGHT THING TO DO, BUT ALSO THE SMART THING TO DO. WE COLLATE THE LATEST DATA

Name of the organization WOMEN DELIVER, INC	Employer identification number 26-4462256
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AND INFORMATION AND TRANSLATE THEM 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 DOESN'T EXIST, WE CALL FOR MORE ATTENTION TO OVERLOOKED TOPICS. WE FOCUS ON WHAT WORKS, USING ADVOCACY GROUNDED IN EVIDENCE TO SHIFT POLICIES AND DRIVE INVESTMENTS.

WE ARE PERSISTENT ADVOCATES, SPEAKING UP FOR ALL GIRLS AND WOMEN, OF ALL GENDERS AND INTERSECTING IDENTITIES, IN EVERY SETTING. AS A MEMBER OF THE GENDER EQUALITY ADVISORY COUNCIL OF A G7 PRESIDENCY, WE HELPED G7 NATIONS LOOK AT EVERY PRIORITY ISSUE THROUGH A GENDER LENS. WE'RE ADVISORS TO GOVERNMENTS, CORPORATIONS, THE UN, AND CIVIL SOCIETY ORGANIZATIONS ALIKE, HELPING SHAPE POLICIES AND PROGRAMS THAT IMPACT GIRLS AND WOMEN. WE CONTRIBUTE TO KEY COALITIONS, CAMPAIGNS, WORKING GROUPS, AND TASK FORCES INCLUDING EVERY WOMAN EVERY CHILD, UNILEVER SUSTAINABILITY COUNCIL, SOLVE AT MIT, EQUAL MEASURES 2030, GLOBAL PARTNERSHIP FOR EDUCATION, SHE DECIDES, THE MENENGAGE ALLIANCE, AND THE FRONTLINE HEALTH WORKERS COALITION. OUR ROSTER IS EVER-GROWING AND EVER-ADAPTING TO THE NEEDS OF GIRLS AND WOMEN. THROUGH OUR DIVERSE AND FAR-REACHING NETWORK, CONVENING POWER, EVIDENCED-BASED ADVOCACY, AND TECHNICAL EXPERTISE, WE MOBILIZE GOVERNMENTS, THE PRIVATE SECTOR, AND CIVIL SOCIETY ORGANIZATIONS TO MAKE BIGGER, BOLDER COMMITMENTS TO GENDER EQUALITY DURING KEY INTERNATIONAL POLICY WINDOWS, SUCH AS THE LANDMARK GENERATION EQUALITY FORUM, THE COMMISSION ON THE STATUS OF WOMEN, AND THE UN GENERAL ASSEMBLY.

WE CONNECT PEOPLE, IDEAS, AND RESOURCES TO DRIVE SOLUTIONS FOR GIRLS AND WOMEN, AND WE MAKE SURE EVERYONE - INCLUDING PEOPLE WHO HAVE TOO OFTEN BEEN SIDELINED OR MARGINALIZED - IS PART OF THE WORK TO DRIVE A

Name of the organization WOMEN DELIVER, INC	Employer identification number 26-4462256
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GENDER-EQUAL WORLD. FROM LEADING THE DELIVER FOR GOOD CAMPAIGN TO BRINGING DIVERSE VOICES TOGETHER EVERY THREE YEARS AT THE WOMEN DELIVER CONFERENCE, WE IDENTIFY OPPORTUNITIES TO BOLSTER OUR ADVOCACY THROUGH EFFECTIVE COLLABORATION. WE'VE SHARED OUR EXPERTISE IN PARTNERSHIPS AS WIDE-RANGING AS THE WOMEN'S MAJOR GROUP AND THE GLOBAL FINANCING FACILITY, WHILE ALSO SUPPORTING YOUNG LEADERS TO GET INTO THE SPACES WHERE THEIR ADVOCACY CAN BRING ABOUT CHANGE.

HUMANITARIAN ADVOCACY:

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

WE'RE COLLABORATING WITH PARTNERS AT ALL LEVELS, WORKING WITH INTERNATIONAL AND LOCAL ORGANIZATIONS ALIKE, TO PUT WOMEN'S RIGHTS - ESPECIALLY THEIR SEXUAL AND REPRODUCTIVE HEALTH - FRONT AND CENTER OF HUMANITARIAN ACTION. TAKING OUR EXPERIENCE IN GLOBAL DEVELOPMENT, WE APPLY A GENDER LENS TO SHOW HOW HUMANITARIAN PROGRAMS, POLICIES, AND INVESTMENTS CAN DELIVER MORE EFFECTIVE ACTION TO MEET THE NEEDS OF GIRLS AND WOMEN.

OUR HUMANITARIAN ADVOCACY PROVIDES DIRECT SUPPORT TO WOMEN-FOCUSED CIVIL SOCIETY ORGANIZATIONS, AS WOMEN ARE OFTEN OVERLOOKED LEADERS DURING EMERGENCIES AND IN THEIR AFTERMATH. WE STRENGTHEN THEIR VOICES THROUGH TRAINING AND SPEAKING OPPORTUNITIES, CONNECTING THEM TO THE GLOBAL AND NATIONAL CONVERSATIONS THAT AFFECT THEIR WORK AND LIVES. IN OUR PURSUIT

Name of the organization WOMEN DELIVER, INC	Employer identification number 26-4462256
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OF WOMEN'S HEALTH AND RIGHTS IN EVERY SETTING, WOMEN DELIVER GUIDES THE HUMANITARIAN SECTOR TO DELIVER THE STRONGEST RESPONSE FOR GIRLS AND WOMEN.

DELIVER FOR GOOD CAMPAIGN:

DELIVER FOR GOOD IS A GLOBAL CAMPAIGN THAT APPLIES A GENDER LENS TO THE SUSTAINABLE DEVELOPMENT GOALS AND PROMOTES CRITICAL INVESTMENTS IN GIRLS AND WOMEN TO POWER PROGRESS FOR ALL. A MULTI-SECTOR INITIATIVE CREATED BY WOMEN DELIVER AND CORE PARTNERS, DELIVER FOR GOOD HAS GROWN INTO A MOVEMENT OF MORE THAN 400 DIVERSE ORGANIZATIONS, ALL DEDICATED TO ACCELERATING PROGRESS FOR GIRLS AND WOMEN. SUPPORTED BY A SUITE OF POLICY BRIEFS, INFOGRAPHICS, STORIES, AND UNITED ACTIVATIONS, DELIVER FOR GOOD IS CHANGING THE NARRATIVE AROUND GIRLS AND WOMEN.

DELIVER FOR GOOD RECOGNIZES THAT GIRLS AND WOMEN ARE NOT VULNERABLE VICTIMS, BUT POWERFUL DRIVERS OF PROGRESS WHO ARE RESHAPING THE WORLD FOR THE BETTER. SPANNING SECTORS, ISSUES, AND GENERATIONS, DELIVER FOR GOOD CHAMPIONS GENDER EQUALITY TO PLACE GIRLS AND WOMEN AT THE HEART OF A SUSTAINABLE FUTURE.

YOUTH ENGAGEMENT & YOUNG LEADERS PROGRAM:

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

THE WOMEN DELIVER YOUNG LEADERS PROGRAM CONNECTS OUTSTANDING YOUNG

Name of the organization WOMEN DELIVER, INC	Employer identification number 26-4462256
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ADVOCATES WITH THE PLATFORMS, THE PEOPLE, AND THE RESOURCES THAT CAN AMPLIFY THEIR INFLUENCE ON A LARGER SCALE. WITH AN EMPHASIS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, WOMEN DELIVER ELEVATES THE WORK OF YOUNG PEOPLE TAKING A STAND FOR GENDER EQUALITY. WHEN YOUNG PEOPLE ARE CONNECTED TO THE PLATFORMS, THE PEOPLE, AND THE RESOURCES THEY NEED, THEY CAN CREATE TRANSFORMATIONAL CHANGE IN THEIR COMMUNITIES AND COUNTRIES. THE YOUNG LEADERS PROGRAM IS A CATALYST FOR RISING ADVOCATES, PROVIDING ACCESS TO SMALL GRANTS, TRAINING, A DIGITAL UNIVERSITY, SPEAKING OPPORTUNITIES, AND NETWORKING. SINCE 2010, A TOTAL OF 1000 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.

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

THE WOMEN DELIVER CONFERENCE IS CREATED WITH COLLABORATION AT ITS HEART -

Name of the organization WOMEN DELIVER, INC	Employer identification number 26-4462256
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BUILT WITH PARTNERS, FOR PARTNERS. MUCH MORE THAN A GATHERING IN A CONFERENCE CENTER, WOMEN DELIVER LEADS ACTIVITIES THAT SIMULTANEOUSLY COINCIDE AROUND THE WORLD DURING THE CONFERENCES FOR A TRULY GLOBAL MOVEMENT. BY FOCUSING THE WORLD'S ATTENTION ON THE TRANSFORMATIVE POTENTIAL OF GIRLS AND WOMEN, WOMEN DELIVER CONFERENCES SEND A POWERFUL SIGNAL THAT INVESTING IN GENDER EQUALITY IS FOUNDATIONAL TO PROGRESS FOR ALL.

COMMUNICATIONS:

AS AN ADVOCACY ORGANIZATION, WOMEN DELIVER SEES COMMUNICATIONS - INCLUDING TRADITIONAL AND DIGITAL MEDIA - AS AN INVALUABLE TOOL TO BUILD THE CAPACITY OF OTHER ADVOCATES AND MOVE THE NEEDLE ON GENDER EQUALITY. WE SHARE STORIES AND THE HARD FACTS TO DRIVE ACTION FOR GENDER EQUALITY, KEEPING GIRLS AND WOMEN AT THE HEART OF THE CONVERSATION - ESPECIALLY THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. WE EQUIP ADVOCATES AND CHANGEMAKERS WITH EVIDENCE AND COMPELLING MESSAGES TO PROMOTE ACTION ON GENDER EQUALITY AND THE HEALTH AND RIGHTS OF GIRLS AND WOMEN. WE'RE ADVISORS TO GOVERNMENTS, CORPORATIONS, AND CIVIL SOCIETY ORGANIZATIONS ALIKE. WE COMMUNICATE FROM PODIUMS, IN BOARDROOMS, AND WITHIN THE HALLWAYS OF POWER, VIA THE PAGES OF MAJOR NEWSPAPERS AND INDIVIDUAL SCREENS, TO GET OUR MESSAGE TO THE RIGHT PEOPLE AND DRIVE PROGRESS FOR ALL.

FORM 990, PART VI, LINE 11B- FORM 990 REVIEW PROCESS
THE DRAFT 990 IS REVIEWED BY MANAGEMENT, INCLUDING THE COO, SENIOR ADVISOR FOR LEGAL AFFAIRS, AND THE SENIOR MANAGER OF FINANCE &

Name of the organization WOMEN DELIVER, INC	Employer identification number 26-4462256
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ADMINISTRATION. THEREAFTER, THE COMPLETE 990 IS PROVIDED TO BOARD MEMBERS (VIA EMAIL) PRIOR TO SUBMISSION. BOARD MEMBERS ARE ASKED TO REVIEW THE 990 AND GIVEN THE OPPORTUNITY TO RAISE QUESTIONS OR CONCERNS IN ADVANCE OF SUBMISSION.

FORM 990, PART VI, LINE 12C, EXPLANATION OF MONITORING WOMEN DELIVER'S BOARD HAS ADOPTED A CONFLICT OF INTEREST AND DISCLOSURE POLICY. THE POLICY REQUIRES ALL BOARD MEMBERS AND KEY EMPLOYEES TO DISCLOSE CONFLICTS OF INTEREST, AND TO REPORT ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IN A WRITTEN DISCLOSURE FORM OR WHEN A POTENTIAL CONFLICT ARISES. AS PART OF NEW EMPLOYEE ONBOARDING, ALL NEW EMPLOYEES ARE REQUIRED TO CONFIRM IN WRITING THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND COMPLETE THE DISCLOSURE FORM. AS A MATTER OF PRACTICE ALL BOARD MEMBERS AND ALL EMPLOYEES ARE REQUIRED TO COMPLETE THE DISCLOSURE FORM ANNUALLY. ALSO, CONSISTENT WITH THE CONFLICT OF INTEREST POLICY (NOW SPECIFICALLY INCLUDED IN THE CONTRACT SIGNATORY AUTHORITY POLICY) CONTRACTS ARE MONITORED FOR POTENTIAL CONFLICTS AND AUTHORIZED SIGNERS MUST ENSURE NO CONFLICT OR POTENTIAL CONFLICT EXISTS WITH RESPECT TO THE CONTRACT THEY ARE SIGNING. FINALLY, WOMEN DELIVER'S PERSONNEL POLICY HANDBOOK CLEARLY STATES THAT VIOLATIONS OF ORGANIZATIONAL POLICY ARE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

FORM 990, PART VI, LINE 15A- COMPENSATION REVIEW & APPROVAL THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT AND CEO. IN THIS REGARD, THE BOARD CHAIR ISSUES A STANDARDIZED EVALUTION FORM TO THE BOARD MEMBERS, WHO MEET IN EXECUTIVE SESSION TO

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

FORM 990, PAGE 12, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS CONSIST OF A \$39,655 FOREIGN CURRENCY EXCHANGE GAIN IN 2020.

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
OTHER PROFESSIONAL FEES	1,875,831.	1,741,557.	35,573.	98,701.
PAYROLL FEES	105,420.	92,769.	10,543.	2,108.
TAX				

Name of the organization WOMEN DELIVER, INC	Employer identification number 26-4462256
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ATTACHMENT 1 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
TOTALS	<u>1,981,251.</u>	<u>1,834,326.</u>	<u>46,116.</u>	<u>100,809.</u>

ATTACHMENT 2FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	33,216.
TOTALS	<u>33,216.</u>

ATTACHMENT 3FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>COST OR FMV</u>
INVESTMENTS	FMV
TOTALS	

ATTACHMENT 4FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	322,050.

Name of the organization WOMEN DELIVER, INC	Employer identification number 26-4462256
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ATTACHMENT 4 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
TOTALS	<u>322,050.</u>