Form <b>990</b>
-----------------

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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Public

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

► Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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on.	Inspec

Inter	rnal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lates	Inspection					
Α	For the	e 2020 calend	dar year, or tax year beginning , 2020, and endir	ng		, 20			
в	Check i	f applicable:	C Name of organization Women's Rights Without Frontiers, Int	ternational	D Emplo	oyer identification number			
	Address	s change	Doing business as	90-0	591575				
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Initial re	eturn	325	(310	)592-5722				
	Final ret	turn/terminated							
	Amende	ed return			receipts \$ 368,608.				
	Applica	tion pending		or subordinates? 🗌 Yes 🛛 No					
			Ibordinat	es included? 🗌 Yes 🗌 No					
I		empt status:	X       501(c)(3)       501(c) (       ) ◄ (insert no.)       4947(a)(1) or       527	If "No," a	ttach a li	st. See instructions			
J			omensrightswithoutfrontiers.org	H(c) Group e	emption	number 🕨			
-			Corporation Trust Association Other L Year of form	ation: 2010	M State	of legal domicile: CA			
P	art I	Summa							
	1		cribe the organization's mission or most significant activities: Support	the rights of w	<i>i</i> omen an	d girls, first in China,			
сe		then in	other nations.						
Activities & Governance									
ver	2		box $\blacktriangleright$ if the organization discontinued its operations or disposed		1 1				
ő	3		voting members of the governing body (Part VI, line 1a)		3	5			
کە د	4		independent voting members of the governing body (Part VI, line 1k per of individuals employed in calendar year 2020 (Part V, line 2a)	,	4	3			
itie	5			5	2				
ctiv	6		per of volunteers (estimate if necessary)		6	3			
Ă	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year		Current Year			
ne	8		ons and grants (Part VIII, line 1h)	311,	324.	368,608.			
Revenue	9	•	ervice revenue (Part VIII, line 2g)						
Re	10		income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	311,		368,608.			
	13		I similar amounts paid (Part IX, column (A), lines 1–3)	49,	972.	61,862.			
	14		aid to or for members (Part IX, column (A), line 4)	1.01	050	146 005			
Expenses	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	121,	953.	146,825.			
ens	16a		al fundraising fees (Part IX, column (A), line 11e)						
Ä	b		aising expenses (Part IX, column (D), line 25) ► 15,162. enses (Part IX, column (A), lines 11a–11d, 11f–24e)	0.0	696	60 796			
	17   18				686.	60,786.			
	10	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	260,		269,473.			
- 2				50, Beginning of Curre	713.	<u>99,135.</u> End of Year			
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	239,		339,592.			
Asse Bala	20		ties (Part X, line 26)		583.	47,280.			
Net	21		or fund balances. Subtract line 21 from line 20	193,		292,312.			
	art II			1 193,	<i>⊥//.</i>	292,312.			

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.

	L		1	1/02/2021	
Sign	Signature of officer		Da	te	
Here	<u>Regina Giannini, Presid</u>	lent			
	Type or print name and title				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if	PTIN
Preparer	Robert D. Ben-Kori, CPA	Robert A. Ben-Kori	11/02/2023	self-employed	P00736736
Use Only	Firm's name ► Robert D. Ben-K	Firm	Firm's EIN ► 46-4505261		
	Firm's address ► 7214 Hadlow Dri	s address ► 7214 Hadlow Drive, Springfield, VA 22152 Pr			
May the IRS	discuss this return with the preparer s	hown above? See instructions			🗙 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separat	e instructions. BAA	REV 09/08/21 PRO		Form <b>990</b> (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:
	Support the rights of women and girls, first in China, then in other nations.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured l expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$168,043. including grants of \$7,792.) (Revenue \$0.) Expose/oppose the continuation of forced abortion and the sex-selective abortion of baby girls under China's Two-Child Policy, now Three-Child Policy, well as their relationship to human trafficking and sexual slavery. Educate leaders, governmental bodies and the public regardit the plight of abandoned widows and senior suicide in rural China. Appear on dozens of internet news, radio and television outlet
	abandon their baby girls and to help women who may be pressured by extreme poverty to leave their daughters in the rural villace while they go to the city to find work or to support baby girls whose families are suffering from abject poverty. The program offers these women a monthly stipend to assist them in keeping and caring their daughters. More than 60 women were empowered and 60 babies saved through this program. The program also offers monthly stipends to destitute widows. Widows in China are the invisible victims of the One Child Police. Their husbands have died, often leaving a large medical debt, and their children do not care for them. Some of these widows a
	Assistance to individuals, including our "Save a Girl" campaign designed to empower women in China to resist pressure to abort abandon their baby girls and to help women who may be pressured by extreme poverty to leave their daughters in the rural village while they go to the city to find work or to support baby girls whose families are suffering from abject poverty. The program offers these women a monthly stipend to assist them in keeping and caring their daughters. More than 60 women were empowered and 60 babies saved through this program. The program also offers monthly stipends to destitute widows. Widows in China are the invisible victims of the One Child Police Their husbands have died, often leaving a large medical debt, and their children do not care for them. Some of these widows a themselves disabled, or are caring for a disabled adult child. Senior suicide has been alarmingly on the rise. We are restoring dign.
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4c	Assistance to individuals, including our "Save a Girl" campaign designed to empower women in China to resist pressure to abort abandon their baby girls and to help women who may be pressured by extreme poverty to leave their daughters in the rural villag while they go to the city to find work or to support baby girls whose families are suffering from abject poverty. The program offers these women a monthly stipend to assist them in keeping and caring their daughters. More than 60 women were empowered and 60 babies saved through this program. The program also offers monthly stipends to destitute widows. Widows in China are the invisible victims of the One Child Police Their husbands have died, often leaving a large medical debt, and their children do not care for them. Some of these widows a themselves disabled, or are caring for a disabled adult child. Senior suicide has been alarmingly on the rise. We are restoring digni and hope in the lives of almost 70 widows in China, and more recently, in Uganda.

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Part	V Checklist of Required Schedules								
		-	Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	×						
2	complete Schedule A	2	×						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	^						
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		×					
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors								
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>								
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×					
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×					
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.								
а									
b									
С									
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×					
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×					
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×					
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		~					
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		×					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,								
-	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	×						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	×					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16	×	~					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		×					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×					
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		×					
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		···					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×					

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		_×_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       4         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	(0.5.5.5
	REV 09/08/21 PRO	⊦orr	u 990	(2020)

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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 2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	<b>b</b> If "Yes," enter the name of the foreign country ►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
0a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
-	and services provided to the payor?	7a		×				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
Ū	required to file Form 8282?	7c		×				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f 7g		_ ×				
g	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?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		×				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×				
	If "Yes," complete Form 4720, Schedule O.							

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.							
	Check if Schedule O contains a response or note to any line in this Part VI			×							
Secti	on A. Governing Body and Management		Yes	No							
10	<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year   <b>1a</b>   5										
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 3										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	×								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×							
6	Did the organization have members or stockholders?	6		×							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	×								
b	Each committee with authority to act on behalf of the governing body?	8b	×								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		×							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×								
13	Did the organization have a written whistleblower policy?	13		×							
14	Did the organization have a written document retention and destruction policy?	14		×							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	×								
b	Other officers or key employees of the organization	15b	×								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b									
	on C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ECA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	Г (Sec	tion 5	501(c)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	rest p	olicy,							

20	State the name, addres	s, and telephone n	umber c	of the person	who poss	esses the	organization's books and records	►
	Kristin Timmer,	4143 Mallard	Ln, H	Hudsonvil	le, MI	49426	(616)662-1458	

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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>(B)</b> Average			Pos neck		e than o is both		<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated amount
	hours per week (list any hours for related organizations below dotted line)	offic Individual trustee or director	a Institutional trustee	a Officer	lirect Key employee	or/true Highest compensated employee	tee) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(1) Reggie Littlejohn, Regina Giannini President, CEO, Chairperson of the Board		×		×				107,297.	0.	10,600.
<b>(2)</b> Robert Kirk Vice President, Secretary	12.00	×		×				19,200.	0.	0.
(3) Kristin Timmer Treasurer,CFO	2.00	×		×				0.	0.	0.
(4) Tina Burns Director	0.50	×						0.	0.	0.
(5) Maria Fiala Director (6)	0.50	×						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key	Emj	ploy	yee	s, an	d⊦	lighest Compe	nsated	Employ	yees (	contir	nued)
	(C) (D) (D) (D)													
	(A)	(B)	(do r	iot ch			e than o	one	(D)	(E)		<b>-</b> .:	(F)	
	Name and title	Average hours					is both or/trust		Reportable compensation	Report compen		Estima o	ount	
		per week (list any			1	-		ŕ	from the organization	from re organiza		com	on	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes nploy	Former	(W-2/1099-MISC)	(W-2/1099		organ	om the ization	
		related organizations	ual t	tiona		nplo	t cor/ee					related	organiz	ations
		below	ruste	tru		yee	nper							
		dotted line)	ĕ	stee			Highest compensated employee							
(15)			-											
(16)														
(17)														
			-											
(18)			-											
(19)			-											
(20)														
(21)														
(22)														
			-											
(23)			-											
(24)			-											
(25)			-											
1b	Subtotal								126,497.		0.		10,0	500
c	Total from continuation sheets to Part			÷					120,197.		0.		10,0	<u> </u>
d	<b>—</b> <i>, ,</i>								126,497.		0.		10,0	500.
2	Total number of individuals (including but		d to th	nose	e list			e) w	ho received more	e than \$1	00,000	of		
	reportable compensation from the organ	Ization F					0						Yes	No
3	Did the organization list any former	officer, dire	ector,	tru	stee	e, k	key e	mpl	loyee, or highes	st compe	ensated			
	employee on line 1a? If "Yes," complete											3		×
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	•										4		×
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or ind		5		×
Sect	on B. Independent Contractors	,	,						,			-	1	
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add								(B) Description of serv			(C) Compens		
	······								· · ·					

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization ► 0	

Form 9		,								Page <b>9</b>
Part	: VIII	Statement of Rev								
		Check if Schedule	Осо	ontains a re	espor	ise or note to an	y line in this Pa	art VIII		<u> </u>
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaig	ns .		<b>1</b> a					
	b	Membership dues			1b					
	С	Fundraising events			1c					
ìifts ar A	d	Related organization			1d					
s, G mila	е	Government grants	-	-	1e					
Sil	f									
ber					1f	368,608.				
li di li	g	Noncash contributio			1g	¢				
and	h	Total. Add lines 1a-					368,608.			
						Business Code	500,000.			
e	2a									
Program Service Revenue	b									
jram Ser Revenue	С									
eve eve	d									
2 B C C C C C C C C C C C C C C C C C C	е									
Pro	f	All other program se								
	g	Total. Add lines 2a-	-2f.			🕨				
	3	Investment income	(inc	luding divi	dend	s, interest, and				
		other similar amoun					0.	0.	0.	0.
	4	Income from investr								
	5	Royalties								
	-		_	(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С С	Rental income or (loss) Net rental income o		a)						
	d _		1 (105	(i) Securi		(ii) Other				
	7a	Gross amount from sales of assets			100					
		other than inventory	7a							
e	h	Less: cost or other basis								
anue		and sales expenses .	7b							
Other Reve	с	Gain or (loss)	7c							
r R	d	Net gain or (loss)				🕨				
the	8a	Gross income from	m fu	Indraising						
Ò		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	С	Net income or (loss)			g eve	ents 🕨				
	9a	Gross income f			0-					
	<b>h</b>	activities. See Part I			9a 9b					
		Less: direct expens								
		Net income or (loss) from gaming activities Gross sales of inventory, less								
	iva	returns and allowan		ory, less	10a					
	b	Less: cost of goods			10b					
	c	Net income or (loss)				ory►				
s						Business Code				
e sou	11a									
ane	b									
scellaneo Revenue	с									
Miscellaneous Revenue	d			• • •						
2	е	Total. Add lines 11a				🕨				
	12	Total revenue. See	instr	ructions		🕨	368,608.	0.	0.	0.
						PEV/ 00/08/21				

## 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).

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic nindividuals. See Part IV, line 22	11,192.	11,192.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	50,670.	50,670.		
4	Benefits paid to or for members	50,070.	50,070.		
5	Compensation of current officers, directors, trustees, and key employees	137,097.	134,739.	0.	2,358.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .		10177001		2,550.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0.	0.	0.	0.
10	Payroll taxes	9,728.	9,533.	0.	195.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,885.	0.	2,885.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,519.	200.	9,319.	0.
12	Advertising and promotion	747.	747.	0.	0.
13	Office expenses	17,753.	3,352.	8,039.	6,362.
14	Information technology	2,094.	2,094.	0.	0.
15	Royalties				
16	Occupancy				
17	Travel	5,340.	3,746.	0.	1,594.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	7,006.	3,823.	60.	3,123.
20	Interest	,	-,		-,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,271.	0.	1,271.	0.
23					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Books, Subscriptions, Ref	5,397.	0.	5,397.	0.
b	Darmal Food	2,604.	0.	2,604.	0.
c	Gifts/Awards	2,361.	226.	605.	1,530.
d	Email marketing	1,584.	1,584.	0.	0.
e	All other expenses	2,225.	377.	1,848.	0.
25	Total functional expenses. Add lines 1 through 24e	269,473.	222,283.	32,028.	15,162.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► _ if following SOP 98-2 (ASC 958-720)	207,173.	222,203.	52,020.	13,102.
	10110 Willy 001 30-2 (AOU 300-120)				- 000 (asaa)

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	n 990 (20	,			Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Par	t X		<b></b>
	1	Cash-non-interest-bearing	237,783.	1	338,886.
	2	Savings and temporary cash investments	237,703.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		-	
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		-	
	104	basis. Complete Part VI of Schedule D <b>10a</b> 10,133.			
	b	Less: accumulated depreciation <b>10b</b> 9,427.	1,977.	10c	706.
	11	Investments—publicly traded securities	_,	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	239,760.	16	339,592.
	17	Accounts payable and accrued expenses	46,583.	17	47,280.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities.   Add lines 17 through 25	16 592	25	47,280.
Net Assets or Fund Balances	20	Organizations that follow FASB ASC 958, check here ► 🗵	46,583.	20	47,280.
	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	170 056	27	202 212
	27 28	Net assets without donor restrictions	178,956.	27	292,312.
	20	Organizations that do not follow FASB ASC 958, check here ►	14,221.	20	
		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	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	193,177.	32	292,312.
Ž	33	Total liabilities and net assets/fund balances	239,760.	33	339,592.

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Form **990** (2020)

Form 9	90 (2020)			F	Page <b>12</b>
Par					
	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		368,	608.
2	Total expenses (must equal Part IX, column (A), line 25)	2		269,	473.
3	Revenue less expenses. Subtract line 2 from line 1	3		99,	135.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		193,	177.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		292,	312.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <b>2</b> a	1	×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were auc	ited or	na		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	. 20	;	
	If the organization changed either its oversight process or selection process during the tax year, e	explain	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t	the		
	Single Audit Act and OMB Circular A-133?		. 3a	ı 📃	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	dergo 1	the		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such				
	REV 09/08/21 PRO		Fo	orm <b>99</b>	0 (2020)
	REV 09/08/21 PRO		Fo	orm <b>9</b>	9