# **990**

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For the	2021 calend	dar year, or tax year beginning , 2021, and endir	ng		, 20	
В	Check if	applicable:	C Name of organization Women's Rights Without Frontiers, Int	ternational	D Empl	oyer identification n	umber
	Address	change	Doing business as		90-0	591575	
	Name ch	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telepl	none number	
	Initial ret	turn	722 Dulaney Valley Rd	325	(310	)592-5722	
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende	ed return	Towson, MD 21204		<b>G</b> Gross	receipts \$ 468	,871.
	Applicat	ion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? 🔲 Yes	; X No
			Regina Giannini, 722 Dulaney Valley Rd, Towson, MD 21	204 <b>H(b)</b> Are all su	ubordinat	es included? 🗌 Yes	; 🗌 No
I	Tax-exe	mpt status:	X 501(c)(3)	If "No," a	attach a li	st. See instructions.	
J	Website	e: ► www.w	omensrightswithoutfrontiers.org	H(c) Group ex	xemption	number ▶	
K	Form of	organization: 🛚	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation: 2010	M State	of legal domicile: MI	)
Р	art I	Summa	ry				
	1	Briefly des	cribe the organization's mission or most significant activities: Support	the rights of w	women an	d girls, first in	China,
e		then in	other nations.				
Governance							
/en	2	Check this	box ▶ ☐ if the organization discontinued its operations or disposed	d of more than	25% of	its net assets.	
Ğ	3	Number of	voting members of the governing body (Part VI, line 1a)		3		6
≪ 4	4	Number of	independent voting members of the governing body (Part VI, line 1b	)	4		4
ties	5	Total numb	per of individuals employed in calendar year 2021 (Part V, line 2a)		5		2
Activities &	6	Total numb	per of volunteers (estimate if necessary)		6		3
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a		0.
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b		0.
				Prior Year	r	Current Yea	r
Φ	8	Contribution	608.	468,	,871.		
ž	9	Program s	ervice revenue (Part VIII, line 2g)				
Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)		0.		
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	368,	608.	468,	,871.
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1-3)		862.		,015.
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)				
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-10)	146,	825.	164,	,583.
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)				
ф	b	Total fundr	raising expenses (Part IX, column (D), line 25)  4,523.				
ω	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	60,	786.	125,	,264.
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	269,	473.	364,	,862.
	19	Revenue le	ess expenses. Subtract line 18 from line 12	99,	135.	104,	,009.
Net Assets or Fund Balances				Beginning of Curr	ent Year	End of Year	r
sets	20	Total asset	ts (Part X, line 16)	339,	592.	443,	,357.
t As	21	Total liabili	ties (Part X, line 26)	47,	280.	47,	,034.
F	22	Net assets	or fund balances. Subtract line 21 from line 20	292,	312.	396,	,323.
Pa	art II	Signatu	re Block				
			, I declare that I have examined this return, including accompanying schedules and sta			my knowledge and b	elief, it is
tru	e, correc	t, and complet	e. Declaration of preparer (other than officer) is based on all information of which prepar	rer has any knowled	ige.		
				05	/21/2	2022	
Si	-	Signati	ure of officer	Date			
He	ere	Reg:	ina Giannini, President				
		Type o	r print name and title				
Pa	id	Print/Type		Date	Check		_
	nu epare	Robert	D. Ben-Kori, CPA Robert B. Ben-Kori	05/21/2022	self-emp	P007367	36
	e Onl	Lirm'o non	me ▶ Robert D. Ben-Kori, CPA, PLLC	Firm's	EIN ►	46-4505261	
		Firm's add	dress ▶ 7214 Hadlow Drive, Springfield, VA 22152	Phone	e no. (7	03)451-9136	;
Ма	y the IF	RS discuss	this return with the preparer shown above? See instructions			. 🛛 Yes	☐ No

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Part	
1	Check if Schedule O contains a response or note to any line in this Part III
'	Champion freedom, justice and womens rights, support at-risk women and girls,
	first in China, then in other countries.
	TIISC III CIIIIA, CHEH III OCHEI COUNCIIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
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 \$ 230,628. including grants of \$ 9,308.) (Revenue \$ 0.)  Expose and oppose the continuation of coercive population control, including forced abortion, involuntary sterilization, and the sex-selective abortion of baby girls, under Chinas historic One Child (then Two Child, now Three Child) Policy, as well as the relationship of these practices to human trafficking and sexual slavery. Educate leaders, governmental bodies and the public about the plight of abandoned widows and senior suicide in rural China. Expose and oppose the expansion of Chinese-style social control under the guise, for example, of mandatory digital IDs. Lead an initiative to boycott the 2022 Beijing Olympics because of the Chinese governments commission of Genocide in Xinjiang, and other human rights violations.
4b	(Code: )(Expenses \$ 66,618. including grants of \$ 60,620.)(Revenue \$ 0.)  Assistance to individuals, including our "Save a Girl" campaign designed to empower women in China to resist pressure to abort or abandon their baby girls and to help women in rural villages who may be pressured by extreme poverty to give away their daughters. Mothers may be separated from their daughters to go to the city to find work to support the family, suffering from abject poverty. This program offers these women a monthly stipend to assist them to keep and care for their daughters. This program has empowered more than 300 women and saved 300 baby girls since its inception, approximately 90 in 2021 alone. Our Save a Widow program also offers monthly stipends to destitute widows, who are the invisible victims of the historical One Child Policy. For some, their husbands have died leaving a large medical debt, and their children do not care for them. Some of these widows are disabled or are caring for a disabled adult child, with no reliable income. Senior suicide occurs at an alarming rate, especially among women in the Chinese countryside. We are restoring dignity and hope in the lives of more than 70 widows in China, as well as 30 widows in Uganda.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4.	Total program corvice expenses \ 207, 246

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	00 (2021)		F	Page
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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 Rev. Proc. 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>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	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</i> "Yes," <i>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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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)? If "Yes," complete Schedule D, Part X	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 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15	,,	×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	×	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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		×

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . .

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

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20a

20b

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
24a	employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		×
-14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
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	254		<u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
	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? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		×
а	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part		1 30	_ ^	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   6		Yes	No
ia b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	×	

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 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 e-file. 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)?	4a		×
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		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	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		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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:			
a	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 . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
b	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	120		
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		
	<b>Note:</b> 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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.								
Cooti	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	×					
Secti	on A. Governing Body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Tes	NO					
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?								
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?	6 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:								
a	The governing body?	8a 8b	×						
ь 9	Each committee with authority to act on behalf of the governing body?	9		×					
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Co									
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×					
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	×						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	×						
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," describe on Schedule O how this was done.	12b	×						
13	Did the organization have a written whistleblower policy?	12c 13	×	×					
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	14		×					
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	×						
b	Other officers or key employees of the organization	15b	×						
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?								
Section	on C. Disclosure	16b							
17	List the states with which a copy of this Form 990 is required to be filed ► CA								
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.	Γ (sec	tion 5	01(c)					
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>						

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

Kristin Timmer, 4143 Mallard Ln, Hudsonville, MI 49426 (616)662-1458

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	on c	ompe	nsa	ated any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours	box,	unles er an	Pos neck ss pe	erson	e than o is both or/trus	n an	(D)  Reportable compensation	(E)  Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Officer Institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Reggie Littlejohn, Regina Giannini								115 000		10.500
President, CEO, Chairperson of the Board	+	×		×				115,000.	0.	10,600.
(2) Robert Kirk  Vice President, Secretary	12.00	×		×				28,040.	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	0.50	×						0.	0.	0.
(6) John Johnson Director	0.50	×						0.	0.	0.
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Em	ployee	<b>s</b> (conti	nued)
						C)							
	(A) Name and title	(B) Average hours	box, ı	unles	neck ss pe	rson	e than o is both or/trus	n an	(D)  Reportable compensation	<b>(E)</b> Reportable compensatio	n	(F) Estimated amou of other	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (V 1099-MISC/ 1099-NEC)	V-2/ o	compensate from the ganization ted organiz	e and
(15)			_				Δ.						
(16)			-										
(17)			-										
(18)			-										
(19)			-										
(20)			-										
(21)			-										
(22)			-										
(23)													
(24)			-										
(25)													
1b c	Subtotal	VII, Sectio	n A	•				<b>▶</b>	143,040.		0.	10,	600.
d 2	Total (add lines 1b and 1c)	not limited		nose	e list		. <u>.</u> above	e) w	143,040. Tho received mor	e than \$100,0	0. 000 of	10,	600.
3	Did the organization list any former of employee on line 1a? If "Yes," complete of the complet											Yes	No ×
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? /	f "Ye	s,"	complete Sched		uch	4	×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompei	nsa	tion	fro	m any	/ un	related organiza		lual	5	×
Secti	on B. Independent Contractors										I	ı	
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	ress							(B) Description of serv	vices	Com	(C) pensation	
2	Total number of independent contractor							th	nose listed abov	e) who			

# Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S, S	1a	Federated campaign	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
ည် ဥ	С	Fundraising events			1c					
rts,	d	Related organization			1d					
ia gi	е	Government grants			1e					
ns,	f	All other contribution								
er S		and similar amounts no	ot incl	uded above	1f	468,871.				
혈美	g	Noncash contribution	ons in	cluded in		·				
벌		lines 1a-1f			1g	\$				
g G	h	Total. Add lines 1a-	-1f .			🕨	468,871.			
						Business Code				
Ce	2a									
e Z	b									
gram Ser Revenue	С									
am	d									
ي هر	е									
Program Service Revenue	f	All other program se								
	g	Total. Add lines 2a-	-2f .			🕨				
	3	Investment income								
		other similar amoun	its) .							
	4	Income from investr	ment o	of tax-exem	npt bo	ond proceeds ►				
	5	Royalties				<u> </u>				
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)								
	d	Net rental income o	r (los	r'		<u> </u>				
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
Şe		Gain or (loss)	7c							
-	d	Net gain or (loss)				<u> ▶</u>				
Other	8a	Gross income from		ndraising						
0		events (not including								
		of contributions rep 1c). See Part IV, line								
		•			8a					
		Less: direct expens			8b					
	c 9a	Net income or (loss) Gross income f			g eve	ents ▶				
	Ja	activities. See Part I			00					
	<b>L</b>				9a 9b					
		Less: direct expense Net income or (loss)				es <b>&gt;</b>				
		Gross sales of ir			LIVILIE	55 <u>/</u>				
	iva	returns and allowan			10a					
	b	Less: cost of goods			10a					
	C	Net income or (loss)				 orv ▶				
		TTO THOO THE OF (1035)	, 11011	i Juica Oi II	VOITE	Business Code				
Miscellaneous Revenue	11a					Dadinioss Code				
scellaneo Revenue	b									
yer Ver	C									
Sce	d	All other revenue					0.	0.	0.	0.
Ξ		Total. Add lines 11a	 a–11c	1		•	0.	J.	J.	J.
	12	Total revenue. See			•	· · · · <b>&gt;</b>	468,871.	0.	0.	0.

Form 990 (2021) Page **10** 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 . . (D) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 4,620. 4,620. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . 4,000. 4,000. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 66,395. 66,395. Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 153,640. 151,128. 0. 2,512. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 0. 0. 0. 0. 10 Payroll taxes . . . . . . . . . . . . 10,943. 10,724. 0. 219. Fees for services (nonemployees): 11 Legal . . . . . . . . . . . . . . . Accounting . . . . . . . . . . . . 14,777. 6,058 8,719. 0. Lobbying . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 16,974. 5,595. 11,379. 0. 12 Advertising and promotion . . . . . 459. 459. 0. 0. 13 Office expenses . . . . . . . . . 21,092. 6,528. 14,493. 71. 14 Information technology . . . . . . 1,943. 1,943. 0. 0. 15 Occupancy . . . . . . . . . . . 16 13,377. 11,656. 1,721. 17 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 0. 4,481. 4,481. 0. 20 

21

22

23

24

С

25

All other expenses

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	338,886.	1	443,357.
	2	Savings and temporary cash investments		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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10,133.			
	b	Less: accumulated depreciation <b>10b</b> 10,133.	706.	10c	0.
	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)	339,592.	16	443,357.
	17	Accounts payable and accrued expenses	47,280.	17	47,034.
	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	
<u>ie</u>	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			
Liabilities	00			22	
_	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	23	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	47,280.		47,034.
s		Organizations that follow FASB ASC 958, check here ▶ ☒	17,200.		17,031.
S		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	292,312.	27	396,323.
Ba	28	Net assets with donor restrictions	2,2,522,	28	370,020.
<u>n</u>		Organizations that do not follow FASB ASC 958, check here ▶ ☐			
亞		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	292,312.	32	396,323.
Ż	33	Total liabilities and net assets/fund balances	339,592.	33	443,357.

Form 990 (2021) Page **12** 

<b>Part</b>	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		468	,871.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		364	,862.				
3	Revenue less expenses. Subtract line 2 from line 1	3		104	,009.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		292	,312.				
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8			2.				
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		396	,323.				
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII			٠, ٠	$\Box$				
			_	Y	es 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," ex	olain	on						
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2	а	×				
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		. 2	b i	×				
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a 📗						
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove								
	the audit, review, or compilation of its financial statements and selection of an independent accountant			C	×				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	on						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the						
	Single Audit Act and OMB Circular A-133?		. 3	a 📗	×				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?								
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	Jdits	. 3	_	200				

REV 04/04/22 PRO Form **990** (2021)

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

lame	of ti	he organization					Employer identification	number		
√ome	en '	s Rights Without From	ntiers, Inte	ernational			90-0591575			
Par	t I	Reason for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.		
The c	_	anization is not a private founda		,		-	,			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in <b>section</b>		•	-	-				
3		A hospital or a cooperative hos						(iii) Ftth		
4	Ш	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)(	(III). Enter the		
5		An organization operated for		college or university	owned o	r operate	od by a government	al unit described in		
,		section 170(b)(1)(A)(iv). (Com	olete Part II.)	-		•	-	ai unit described ii		
6		A federal, state, or local govern	•							
7	X	An organization that normally described in <b>section 170(b)(1)</b>			port from	a gover	nmental unit or from	the general public		
8		A community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)					
9		An agricultural research organi								
		or university or a non-land-gra university:	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or		
10	П	An organization that normally r	eceives (1) more	than 331,20% of its su	nnort fro	m contrib	outions membershin	fees and gross		
10	Ш	receipts from activities related	to its exempt fur	nctions, subject to ce	rtain exce	eptions; a	and (2) no more than	33 <sup>1</sup> / <sub>3</sub> % of its		
		support from gross investment acquired by the organization a	t income and unr	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses		
11	П	An organization organized and		•		•	•			
12		An organization organized and	•		-			out the nurnoses o		
-	ш									
	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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported organization					he directors or trust	ees of the		
		supporting organization. You	ou must comple	ete Part IV, Sections	A and B.					
b		Type II. A supporting organ								
		control or management of organization(s). You must				persons	that control or mana	age the supported		
_		☐ Type III functionally integ	-			onnootio	a with and functions	ally intograted with		
С		its supported organization(						any integrated with,		
d		☐ Type III non-functionally i	, ,	•		-		orted organization(s		
_		that is not functionally integ								
		requirement (see instruction								
е		☐ Check this box if the organ	ization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III		
		functionally integrated, or 1								
f		inter the number of supported o	•							
g		rovide the following information								
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
					100	110				
<b>A</b> )										
B)										
C)										
D)										
<u>-,</u>										
E)										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 468,871. 1,519,496. 176,706. 193,987. 311,324. 368,608. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 176,706. 193,987. 311,324. 368,608. 468,871. 1,519,496. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 59,830. Public support. Subtract line 5 from line 4 459,666. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 176,706. 193,987. 311,324. 7 Amounts from line 4 . . . . . . 368,608. 468,871. 1,519,496. Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 1,519,496. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 96.06% Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

18

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### 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.)

Secti	on A. Public Support			, i	•	,	_
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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	<b>Total.</b> 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						
_	,						
8	Add lines 7a and 7b						
O	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	(a) 2011	(6) 2010	(0) 2010	(a) 2020	(6) 2021	(i) Total
10a	Gross income from interest, dividends,						
·ou	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	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,						
4.4	and 12.)		- finat - :	Alebaci E. U	an fifth 1		- F01/-\/0\
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	•			-		. , . ,
Cooti	on C. Computation of Public Suppor						– 📙
<u> 15</u>	Public support percentage for 2021 (line 8			13 column (f)		15	%
16	Public support percentage from 2020 Sch						
	on D. Computation of Investment Inc	come Perce	ntage			10	70
17	Investment income percentage for 2021 (I			ov line 13 colu	ımn (fl)	17	%
18	Investment income percentage from 2020 (investment income percentage from 2020)			-	. ,,		<del></del>
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2021. If the organi						
ısa	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2020. If the organiz	_	_	-		=	_
~	line 18 is not more than 331/3%, check this b						
20	<b>Private foundation.</b> If the organization die	_	=	•	-		_

#### **Supporting Organizations** Part IV

(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.)

### Se

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

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
_	provide detail in <b>Part VI.</b>	11c		
Secti	on 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c 2	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.</li> </ul>	(see ir	struct <b>Yes</b>	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

				9
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (exp	lain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	tions A through E.
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III suppo	rting organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 . . . . . From 2017 **c** From 2018 **d** From 2019 . . . . . **e** From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 . . . Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . .

Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Women's Rights Without Frontiers, International 90-0591575 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year . . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

Part	Organizations Maintaining Col	lections of Art, Hi	storical 1	<b>Freasures</b>	, or Ot	her Similar Ass	<b>sets</b> (cont	tinued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other rec	ords, chec	k any of th	e follow	ring that make si	gnificant u	se of its
а	☐ Public exhibition	d	Loan	or exchang	e progr	am		
b	☐ Scholarly research	е	Other					
С	☐ Preservation for future generations							
4	Provide a description of the organization's XIII.	s collections and exp	olain how t	hey further	the org	anization's exem	pt purpos	e in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than							☐ No
Part								
	Complete if the organization ans 990, Part X, line 21.							orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?						t 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	III and complete the	following t	able:		An	nount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on	Form 990, Part X, lin	ne 21, for e	escrow or co	ustodial	account liability?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	III. Check here if the	explanatio	n has been	provide	ed on Part XIII .		
Par	V Endowment Funds.							
	Complete if the organization ans	wered "Yes" on Fo	orm 990, I	Part IV, line	e 10.			
	(a)	Current year (b) F	Prior year	(c) Two year	rs back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	urrent year end balar	nce (line 1	a, column (a	i)) held a	as:		
а	Board designated or quasi-endowment ▶	%	, ,	, (	,,			
b	Permanent endowment ► %	, )						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.						
3a	Are there endowment funds not in the pos	ssession of the orga	nization th	at are held	and ad	ministered for the	)	
	organization by:						Y	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as req	uired on S	chedule R?			3b	
4	Describe in Part XIII the intended uses of the	he organization's en	dowment f	unds.				
Part	VI Land, Buildings, and Equipmer	nt.						
	Complete if the organization ans	wered "Yes" on Fo	orm 990, I	Part IV, line	e 11a. S	See Form 990, I	Part X, lin	e 10.
	Description of property	(a) Cost or other basis (investment)	1 ' '	or other basis other)		Accumulated epreciation	(d) Book v	ralue
1a	Land	0						0.
b	Buildings							
С	Leasehold improvements							
d	Equipment			10,133.		10,133.		0.
е	Other							
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, columi	n (B), line 10	Oc.)	•		0.

Part VII	Investments-	Other Securities.			
	Complete if the	ne organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
		ption of security or category uding name of security)	(b) Book value		od of valuation: of-year market value
(1) Financial	derivatives .				
	eld equity interes				
(3) Other			-		
(A)					
(B)					
(C)					
(D) (E)					
(F)			-		
(G)			-		
(H)					
		al Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII		-Program Related.			
	Complete if the	ne organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	<b>(a)</b> De	escription of investment	(b) Book value		od of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
	mn (b) must equa	al Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets	) <u>.</u>	•		
	Complete if the	ne organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
		al Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilit Complete if the	<b>les.</b> ne organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.		(a) Description of liability			(b) Book value
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
	mn (b) must equa	al Form 990, Part X, col. (B) line 25.)			
2. Liability for	uncertain tax pos	itions. In Part XIII, provide the text of the footi			
organization's	s liability for uncer	tain tax positions under FASB ASC 740. Chec	k here if the text of the	e footnote has been p	rovided in Part XIII .

Part	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990,	-	er Return.	
1	Total revenue, gains, and other support per audited financial statements		. 1	468,873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			400,073.
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2.	
е	Add lines 2a through 2d		. 2e	2.
3	Subtract line <b>2e</b> from line <b>1</b>	,	. 3	468,871.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			468,871.
Part	Reconciliation of Expenses per Audited Financial Statem		per Returi	ղ.
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		. 1	364,862.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	_	
C	Other losses	2c		
d	Other (Describe in Part XIII.)		. 2e	
е 3	Subtract line <b>2e</b> from line <b>1</b>		. 26	364,862.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		. 3	304,002.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
C	Add lines <b>4a</b> and <b>4b</b>		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	. 5	364,862.
Part			'	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additiona	Information	1.
Pt X	I, Line 2d: Rounding.			

orm 990) 2021	Page \$
Supplemental Information (continued)	•

#### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

OMB No. 1545-0047

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.

**Open to Public** Inspection

Name of the organization Employer identification number Women's Rights Without Frontiers, International 90-0591575

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Con	nplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility		ts or assistance, and the	selection criteria used to	⊠ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitoring	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table c	an be duplicated if addition	nal 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) E	East Asia and Pacific	0	2	Program Services	Save a Girl / Save a Widow	56,620.
(2) 5	Sub-Saharan Africa	0	1	Program Services	Save a Widow	9,775.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
	Subtotal	0	3			66,395.
b	Total from continuation					
С	sheets to Part I	0	3			66,395.

**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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	exempt 501(c)	(3) organizatio	n by the IRS, or for v	which the grantee or o	counsel has provid	arities by the foreign led a section 501(c)(3)	equivalency letter	<b>&gt;</b>	
3	Enter total nur	nber of other o	organizations or entit	ties				▶	

Schedule F (Form 990) 2021

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	<b>(d)</b> 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) Basic Needs Assistance	East Asia and Pacific	159	37,780.	Cash			
(2) Basic Needs Assistance	Sub-Saharan Africa	30	7,750.	Cash			
(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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	⊠ 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.

Pt I Line 2: International assistance is provided to individuals whose need
for support is due to human rights or women's rights abuses, or to extreme poverty,
in China, and more recently, in Uganda. In China, women who are pressured to
abort or abandon their babies because they are girls, or who are experiencing
extreme poverty that is affecting their baby girls, receive funds to enable them
to keep their daughters. Also receiving funds are impoverished widows who have
no one to support them because of decimation of the family structure in rural
China, as a result of the One Child Policy. We have begun to support destitute
widows in Uganda, where unjust inheritance laws can leave women without means
of support. Recipients are required to sign a chart to verify receipt of funds.
In addition, our fieldworkers check on the recipients monthly, when giving them
their stipends.
Pt I Line 3 Col (F): Accrual basis of accounting.
Part III: Accrual basis of accounting.
Part III Col (C): Actual number.

# SCHEDULE O (Form 990)

#### 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.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

**Employer identification number** Name of the organization Women's Rights Without Frontiers, International 90-0591575 Pt VI, Line 2: Regina Giannini and Robert Kirk are family members. When one abstains from a matter due to conflict of interest so does the other. Pt VI, Line 11b: The board president and vice president review the 990, which is prepared by an independent CPA and reconciled to the financial statements. Pt VI, Line 12c: Board members are required to disclose any actual or possible conflict of interest as they arise. The organization follows its conflict of interest policy in all cases where an actual or possible conflict is disclosed. The policy includes provisions for the interested person(s) to leave board meetings during discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. Pt VI, Line 15a: The organization assesses performance and compensation annually. Compensation is determined based upon performance assessement, the organization's budget and market data. Comparable compensation data is collected from a variety of sources including 990's from other, similar organizations, compensation surveys and job openings. Compensation is discussed and determined at a board meeting with those board members having a conflict of interest stepping out for the discussion and abstaining from the vote. Performance information, compensation data and the board's decisions are documented and retained in the organization's records. Pt VI, Line 15b: The organization assesses performance and compensation annually. Compensation is determined based upon performance assessement, the organization's budget and market data. Comparable compensation data is collected from a variety of sources including 990's from other, similar organizations, compensation surveys

with those board members having a conflict of interest stepping out for the discussion

and job openings. Compensation is discussed and determined at a board meeting

and abstaining from the vote. Performance information, compensation data and

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

Name of the organization	Employer identification number
Women's Rights Without Frontiers, International	90-0591575
the board's decisions are documented and retained in the organization	on's records.
Pt VI, Line 19: The organization made governing documents, informat	ion on handling
conflicts of interest and financial statements available upon reques	st. Additionally,
the 990 is posted and available to the public through the organizat:	ion's website.

(Rev. January 2022) Department of the Treasury **Exempt Organization Return** ▶ File a separate application for each return.

OMB No. 1545-0047

▶ Go to www.irs.gov/Form8868 for the latest information.

Application for Automatic Extension of Time To File an

Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or Women's Rights Without Frontiers, International 90-0591575 print Number, street, and room or suite no. If a P.O. box, see instructions. File by the 722 Dulaney Valley Rd, #325 due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See Towson MD 21204 instructions Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Return **Application** Application Code Is For Code Is For 80 01 Form 1041-A Form 990 or Form 990-EZ 09 Form 4720 (other than individual) 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 12 06 Form 8870 Form 990-T (trust other than above) 07 Form 990-T (corporation) The books are in the care of ► Kristin Timmer Fax No. ▶ Telephone No. ► (616) 662-1458

<ul><li>If this for the</li></ul>	e organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) whole group, check this box		$\_$ . If this is	▶□
1	I request an automatic 6-month extension of time until Nov 15 , 20 22, to file the exemp the organization named above. The extension is for the organization's return for:    X   Calendar year 20 21  or			
	▶ ☐ tax year beginning, 20, and ending		, 20	•
2	If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final ret☐ Change in accounting period	urn		
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	За	\$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$	0
	K and a residue of plactronic funds with drowal (direct debit) with this Form 8868, see Form 8453-TF and	1 Form	n 8879-TF for pa	avmer