#### **EXTENSION ATTACHED**

Form **990** 

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	ne 2020 caien	ar year, or tax year beginning	, 2020, 8	and ending			, 20	
В	Check	if applicable:	С			D Emplo	yer iden	tification number	
	A	ddress change	Women's Environment an	nd Development		52-	-1238	773	
	$\blacksquare$	ame change	Organization	id Developmene		E Telepi			
	$\blacksquare$	_	147 Prince Street			·			
	⊢ In	itial return	Brooklyn, NY 11201			(2.	LZ) 9	73-0325	
	Fir	nal return/terminated							
	Aı	mended return				<b>G</b> Gross	receipts	\$ 2,099	,247.
	A	pplication pending	F Name and address of principal officer:	Soon-Young Yoon	н	(a) Is this a group reto	ırn for su	bordinates? Yes	X
	_		Same As C Above	Joon roung room	н	(b) Are all subordinate If "No," attach a lis	es include	ed? Yes	No
$\overline{1}$	Tax-	exempt status:	1 - 1	(insert no.) 4947(a)(1) or	527	it "No," attach a ii:	st. See in	structions —	
<u>.</u>			w.wedo.org	(110011 1101)		(c) Group exemption			
K				The National Property of the National Property		`		legal domicile: NY	7
		n of organization:	X Corporation Trust Association	on Other ► L Y	ear of formation	: 1980 <b>M</b>	State of	iegai domicile: IN Y	
Pa	art I	Summar							
	1		be the organization's mission or mo						<u>n's</u>
ě			ghts; social, economic						
핆			ent principles-as well			<u>them are a</u>	. <u>t th</u>	<u>e heart o</u> i	<u> </u>
Ĕ			<u>nd national policies, </u>						
ð	2	Check this bo	x ► if the organization discont	tinued its operations or dispo	sed of more	e than 25% of its	net as	ssets.	
9	3		ting members of the governing boo						9
တ	4		dependent voting members of the g						9
e	5		of individuals employed in calenda						4
Activities & Governance	6		of volunteers (estimate if necessar						14
Ą			d business revenue from Part VIII,						0.
	b	Net unrelated	business taxable income from For	m 990-T, Part I, line 11			7b		0.
						Prior Yea	r	Current Y	ear
a)	8	Contributions	and grants (Part VIII, line 1h)			1,717,	611.	2,029	,103.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)			71,	979.	68	,565.
Ş	10	Investment in	come (Part VIII, column (A), lines	3, 4, and 7d)		,	29.		
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d	, 8c, 9c, 10c, and 11e)				1	,579.
	12		- add lines 8 through 11 (must ed			1,789,	619.	2,099	
	13		milar amounts paid (Part IX, colum				700.		,364.
	14		to or for members (Part IX, column			/	7001	- 00	<del>/ 0 0 1 1 .</del>
	15		er compensation, employee benefits	• • •		228,	240	200	,987.
es	10			220,	340.	300	, 301.		
Š	16a		undraising fees (Part IX, column (	•					
Expenses	b	Total fundrais	ing expenses (Part IX, column (D)	line 25) ►	8,808.				
ш	17	Other expens	es (Part IX, column (A), lines 11a-	11d, 11f-24e)		887,	602.	311	,703.
	18	Total expense	es. Add lines 13-17 (must equal Pa	rt IX, column (A), line 25)		1,160,			,054.
	19	Revenue less	expenses. Subtract line 18 from lin	ne 12		628,		1,392	
- S			'			Beginning of Curre		End of Ye	•
anc of	20	Total assets	Part X, line 16)			685,		2,378	
Asse Ball	21		s (Part X, line 26)				960.	2,370	,326.
Net Assets Fund Baland	20					•			•
			fund balances. Subtract line 21 fro	iiii iiiie 20		656,	841.	2,349	,045.
_	art II	Signatur							
Und	er penal	Ities of perjury, I de	clare that I have examined this return, includin rer (other than officer) is based on all informati	g accompanying schedules and statem on of which preparer has any knowled	nents, and to the	e best of my knowledg	e and bel	ief, it is true, correc	t, and
		1. 0			<u> </u>				
		22	dgst Burns			11/15/2 Date	.021		
Sig	gn	Signatu	e of Milcer						
He	ere	▶ Bri	lget Burns			Director			
		Type or	print name and title						
		Print/Type p	reparer's name Preparer's	sign 16M	Date	Check	if	PTIN	
Pa	id	Michae	1 Schall Micha	nel Schall	11/2/20	321 self-emplo	yed	P02024184	:
	epar								
Us	e Or	ily Firm's addre		Floor		Firm's EIN	<b>▶</b> 13	-4036703	
		, 5 addire	NEW YORK, NY 10016			Phone no.	(21		<u> </u>
Ma	v the	IRS discuss th	is return with the preparer shown a				(41	. X Yes	No
1110	,		.c. cam man and property showing					123 103	

## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automat	ic 6-Month Extension of Time. Only si	ubmit origin	al (no copies needed).					
	tions required to file an income tax return other			s, RE	MICs, and	trusts must		
use Form /	7004 to request an extension of time to file inco Name of exempt organization or other filer, see instructions		S.	Taxpa	yer identification	on number (TIN)		
Type or	Women's Environment and Deve	alemment						
print	Organization	eropment		52-	1238773			
File by the	Number, street, and room or suite number. If a P.O. box, s	ee instructions.						
due date for filing your	147 Prince Street							
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign	address, see instru	uctions.					
	Brooklyn, NY 11201							
Enter the F	Return Code for the return that this application i	is for (file a se	parate application for each return)			01		
Application	1	Return Code	Application Is For			Return Code		
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-E	3L	02	Form 1041-A			08		
Form 4720	(individual)	03	Form 4720 (other than individual)			09		
Form 990-F	PF	04	Form 5227					
	Γ (section 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-1	Γ (trust other than above)	06	Form 8870			12		
<ul><li>If the o</li><li>If this is check t</li></ul>	rganization does not have an office or place of s for a Group Return, enter the organization's finis box ► . If it is for part of the group ension is for.	our digit Group	ne United States, check this box	this is	for the wh	nole group,		
	est an automatic 6-month extension of time until	11/15	, 20 21 , to file the exempt organia	zation	return			
_	e organization named above. The extension is	for the organiz	zation's return for:					
<b>▶</b> [	X calendar year 20 20 or							
<b>&gt;</b>	tax year beginning, 20	, and endi	ng , 20					
	tax year entered in line 1 is for less than 12 m hange in accounting period	ionths, check r	reason: Initial return Fir	nal retu	ırn			
3a If this nonre	application is for Forms 990-BL, 990-PF, 990- efundable credits. See instructions	T, 4720, or 60	69, enter the tentative tax, less any	3 a	\$	0.		
<b>b</b> If this tax pa	s application is for Forms 990-PF, 990-T, 4720, ayments made. Include any prior year overpayr	or 6069, enter nent allowed a	r any refundable credits and estimated as a credit	3 b	\$	0.		
c Balar EFTP	nce due. Subtract line 3b from line 3a. Include v S (Electronic Federal Tax Payment System). S	your payment see instructions	with this form, if required, by using s	3 с	\$	0.		
Caution: If payment in	you are going to make an electronic funds with structions.	ndrawal (direct	debit) with this Form 8868, see Form 84	153-EC	and Form	8879-EO for		

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Form **990** (2020)

Par	t III	Statement of Program Service Accomplishments	Aleia David III		X
1	Briofly	Check if Schedule O contains a response or note to any line in fly describe the organization's mission:	i this Part III		<u>Λ</u>
'	-	e mission is to ensure that women's human	rights, social occ	nomic and onwi	ronmontal
		e <u>mission is to ensure that women s numan</u> stice; and sustainable development princi			
		e at the heart of global and national pol			en them_
	<u>are</u>	e at the heart of grobal and hatronal por	icies, programs and	practices.	
2	Did the	the organization undertake any significant program services during the	year which were not listed on the	prior	
	Form	n 990 or 990-EZ?	-	Ye	s X No
	If "Yes	es," describe these new services on Schedule O.			
3	Did th	the organization cease conducting, or make significant changes in	n how it conducts, any program	services? Ye	s X No
	If "Yes	es," describe these changes on Schedule O.			
4	Descr	cribe the organization's program service accomplishments for eac	h of its three largest program se	ervices, as measured b	y expenses.
	Section and re	tion 501(c)(3) and 501(c)(4) organizations are required to report the revenue, if any, for each program service reported.	ne amount of grants and allocat	ions to others, the tota	I expenses,
	G	Torondo, in any, for each program control reported.			
Δa	(Code	de:) (Expenses \$630,177. including gra	nts of \$ 86 364 )	(Revenue \$	68 565 )
		e_Schedule_O			
	<u>500</u>				
4 b	(Code	de:) (Expenses \$ including gra	nts of \$)	(Revenue \$	)
4 c	(Code	de:) (Expenses \$ including gra	nts of \$)	(Revenue \$	)
<b>⊿</b> d	Other	er program services (Describe on Schedule O.)			
→u		penses \$ including grants of \$	) (Revenue	\$	)
4 e		ll program service expenses ► 630,177.	, (	•	,

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

# Form 990 (2020) Women's Environment and Development Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		Ì
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trustee, key employee, créator 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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
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		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		<u> </u>
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		Х
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		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	7.0
	• • • • • • • • • • • • • • • • • • • •			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BAA	1 IEEAU104L 10/0/720	Form	1 <b>990</b> (	2020

Form 990 (2020) Women's Environment and Development

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

			Yes	No
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			• • •
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	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)?	4 a		Х
ŀ	of If 'Yes,' enter the name of the foreign country ►			
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5 a		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		71
		30		
	a 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?	6 a		Х
	old for the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a		Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.5		
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			• • • • • • • • • • • • • • • • • • • •
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders.			
ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.6		v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	a 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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2020) Women's Environment and Development 52-1238773 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* ... See .Schedule .Q ..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **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?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Bridget Burns 147 Prince Street Brooklyn NY 11201 (212)

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (E) (F) Name and title Reportable Reportable Average Estimated amount hours director/trustee) compensation from compensation from of other compensation from the organization per week (list any the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee Highest compensated ormer employee hours for organizations related organiza tions helow dotted (1) Bridget Burns 40 0 0 Director Χ 3,788. 126,271 (2) Soon-Young Yoon 1.44 Chair Χ Χ 0 0 0 0. (3) Carmen Chiong 1.06 Treasurer 0 Χ Χ 0 0 0. (4) Kristin Hetle\_ 0.38 Secretary 0 Χ Χ 0 0 0. (5) Katherine McDonald 0.38 Director 0 Χ 0 0. 0. (6) Catalina Ortiz 0.38 Director 0 Χ 0. 0. 0 (7) Annette Tjon Sie Fat 0.38 Χ 0. Director 0 0. 0. (8) Sayida Vanenburg 1.06 Director 0 Χ 0 0 0. (9) Barbara Philips 0.38 Director 0 Χ 0 0 0. (10) Anabella Rosemberg 0.38 Director 0 Χ 0 0. 0 (11) (12)(13)(14)

Part VII	Section A. Officers, Directors, Tru	1	Key	En		_	es,	and	d Highest Com	pensated Emp	loyees	(conti	nued)
		(B)			((	•							
	(A)		ge (do not check more than one box, unless person is both an					one	(D)	(E)		(F)	
	Name and title	hours per week					or/trus	tee)	Reportable compensation from	Reportable compensation from	Estima	ated amo	ount
		(list any hours	or o	Ist	읔	Kej	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	nsation t rganizati	from ion
		for related	Individual or director	Į į	Officer	Key employee	hest bloye	l∰er			an	d related	t
		organiza - tions	ह्यू क	<u> </u>		ploy	ĕ				. 5		
		below dotted	ndividual trustee or director	nstitutional trustee		ee	pena						
		line)	0	8			Highest compensated employee						
(1E)													
<u>(15)</u>													
(16)													
<u> </u>			•										
(17)													
		1											
(18)													
(19)													
(20)													
(21)													
(21)			-										
(22)													
<u></u>			•										
(23)													
(24)													
(25)													
1 b Subtota	al		<u> </u>					<b></b>	126,271.	0.		2 7	788.
	om continuation sheets to Part VII, Secti	on A						<b></b>	0.	0.		3,1	0.
	add lines 1b and 1c)							<b></b>	126,271.	0.		3.7	788.
	imber of individuals (including but not limited							ved			ensatio		00.
from th	e organization   1												
												Yes	No
3 Did the	organization list any former officer, direc	tor, truste	e, ke	еу е	mpl	oyee	e, or	high	nest compensated	employee			
	1a? If 'Yes,' complete Schedule J for suc										. 3		X
4 For any	r individual listed on line 1a, is the sum of anization and related organizations greate	reportab	le co	mpe	ensa	ation	and	oth	er compensation	from			
such in	dividual							ιρι <b>ε</b> 			. 4		Х
5 Did any	person listed on line 1a receive or accru	e comper	nsatio	n fr	om	any	unre	late	ed organization or	individual			
	rices rendered to the organization? If 'Yes	s,' comple	ete So	chec	dule	J fo	r suc	ch p	erson		. 5		X
	Independent Contractors te this table for your five highest compen	sated ind	enen	den:	t coi	ntra	rtors	tha	it received more th	nan \$100 000 of			
compen	sation from the organization. Report compen	sation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax year			
	(A) Name and business add	r000							(B) Description of	of convious	()	C)	n
	Name and business add	1622							Description	of Services	Compe	iisalio	
2 Total nu	mber of independent contractors (including b	out not lim	ited to	o the	ose I	isted	d abo	ve)	who received more	than			
	00 of compensation from the organization							,					
_		-	_	_	_								

#### Women's Environment and Development Form 990 (2020) 52-1238773 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (D) Unrelated Revenue business excluded from tax exempt under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . . . . . . **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations . . . . . . . . 1 d e Government grants (contributions) . . . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 2,029,103. **q** Noncash contributions included in h Total. Add lines 1a-1f . . . . . 2,029,103 **Business Code** Program Service Revenue 2a Program Service Fees 900099 68,565 68,565 **f** All other program service revenue. . . g Total. Add lines 2a-2f ..... 68,565 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . . 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . . 8a **b** Less: direct expenses..... 8b c Net income or (loss) from fundraising events ...... **9 a** Gross income from gaming activities. See Part IV, line 19. . . . . . . . . . . . . . . . . 9a 9b **b** Less: direct expenses..... c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . I O a 10b **b** Less: cost of goods sold. . . . **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 11a <u>Other Income</u> 90099 1,579 1,579 Revenue d All other revenue.

099

579

247

68,565

0

,579

e Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

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).

Do i 6b,	Check if Schedule O contains a renot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			general	211,000
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	86,364.	86,364.		
4 5	Benefits paid to or for members	120.050	110 750	12 072	C 425
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	130,059.	110,752.	12,872.	6,435. 0.
7	Other salaries and wages	128,308.	128,308.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,190.	1,190.		
9	Other employee benefits	29,560.	27,382.	1,452.	726.
10	Payroll taxes	19,870.	18,406.	976.	488.
11	Fees for services (nonemployees):				
	Management				
ŀ	<b>)</b> Legal				
(	Accounting				
	d Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.\$Ch. OAdvertising and promotion	252,052.	201,605.	50,447.	
13		13,216.	12,233.	656.	327.
14	· · · · · · · · · · · · · · · · · · ·	13,210.	12,255.	030.	527.
15	Royalties.				
16	Occupancy	19,444.	17,998.	964.	482.
17	Travel	10,273.	10,273.	301.	102.
18		10/2/3.	10,273.		
19 <b>20</b>	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	1,596.	1,477.	80.	39.
a	Dues and subscriptions	12,541.	11,608.	622.	311.
ŀ	Other program expense	2,581.	2,581.	ŮV	0-2.
(		2,001.	2,001.		
c					
•	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e	707,054.	630,177.	68,069.	8,808.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,		.,	.,

		Check if Schedule O contains a response or note to	o any line in this Part X	<u></u>	<u></u>	<u>.</u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing		430,649.	1	751,319.	
	2	Savings and temporary cash investments		115,695.	2	121,952.	
	3	Pledges and grants receivable, net		137,810.	3	1,480,290.	
	4	Accounts receivable, net			4	13,500.	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner officer, director, I contributor, or 35%				
			H	147.	5		
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	`		6		
	7	Notes and loans receivable, net			7		
ţ	8	Inventories for sale or use			8		
Assets	9	Prepaid expenses and deferred charges	penses and deferred charges				
A	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			9,810.	
	b	Less: accumulated depreciation	10b		10 c		
	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	1,500.	15	1,500.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)	685,801.	16	2,378,371.	
	17	Accounts payable and accrued expenses		28,960.	17	29,326.	
	18	Grants payable			18	,	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part	ш		21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35%		22		
$\Box$	23	Secured mortgages and notes payable to unrelated the	_		23		
	24	Unsecured notes and loans payable to unrelated third	· · ·		24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25		28,960.	26	29,326.	
es		Organizations that follow FASB ASC 958, check here		20,300.		23,320.	
auc	27	and complete lines 27, 28, 32, and 33.		F40 174	27	00.000	
ä	27	Net assets without donor restrictions	<u> </u>	540,174.	27	99,202.	
9	28	Net assets with donor restrictions	<u> </u>	116,667.	28	2,249,843.	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds			29		
ži e	30	Paid-in or capital surplus, or land, building, or equipn	L		30		
ASS	31	Retained earnings, endowment, accumulated income	L. Carlotte and the control of the c		31		
et,	32	Total net assets or fund balances	<u></u>	656,841.	32	2,349,045.	
	33	Total liabilities and net assets/fund balances		685,801.	33	2,378,371.	
BA	Α		TEEA0111L 10/07/20			Form <b>990</b> (2020)	

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,09	9,2	47.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7(	07,0	54.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,39	92,1	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			56,8	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		3(	0,0	11.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		2,34	19,0	45.
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a				
1	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite				
	X Separate basis Consolidated basis Both consolidated and separate basis					
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 10/19/20		F	orm	990 (	2020)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name	ame of the organization Women's Environment and Development  Employer identification number									
_	_	10	Organizati		·			52-123877		
Par					organizations must				ctions.	
	orga	1	•	`	For lines 1 through 12,		•	•		
1		· · · · · · · · · · · · · · · · · · ·		,	hurches described in sec	,	<i>~~~~</i>	1).		
2					Schedule E (Form 990 or		•			
3			•	•	ization described in sec			• • •		
4		1	research organiza y, and state:	ition operated in conju	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii). E	inter the hospital's	
5		An organiz	zation operated for 70(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in	
6		A federal,	state, or local gov	ernment or governme	ental unit described in <b>s</b>	ection 1	<b>70(b)(</b> 1)	(A)(v).		
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A commun	nity trust described	l in section 170(b)(1)(	A)(vi). (Complete Part	l.)				
9										
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organiz	zation organized a	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).		
12		or more pu	ublicly supported of	organizations describe	ely for the benefit of, to ed in <b>section 509(a)(1)</b> outporting organization	r section	n 509(a	)(2). See section 509(a	out the purposes of one a)(3). Check the box in	
а		Type I. A si	supporting organizati	on operated, supervise equiarly appoint or elect	d, or controlled by its sup t a majority of the directo	ported o	rganizat	ion(s), typically by givin	g the supported ion. <b>You must</b>	
b		manageme	supporting organizent of the supporting	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). <b>You</b>	
С		Type III fun	nctionally integrated	. A supporting organizations) You must com	tion operated in connection plete Part IV, Sections	n with, an	nd function	onally integrated with, its	supported	
d		Type III no	n-functionally inten	rated A supporting ord	panization operated in cor must satisfy a distribunant A and D, and Part V.	nection	with its	supported organization(s t and an attentiveness	s) that is not requirement (see	
е		Check this	s box if the organiz	ation received a writt	en determination from supporting organization	the IRS				
f	Er									
g	Pr	ovide the fo	ollowing informatio	n about the supported	d organization(s).					
	( <b>i)</b> Na	ame of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
(A)										
<b>(5)</b>										
(B)										
(C)										
(D)										
<u>(E)</u>										
Total										

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		, , ,		,		
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,132,696.	1,055,961.	1,178,526.	1,717,611.	2,029,103.	7,113,897.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,132,696.	1,055,961.	1,178,526.	1,717,611.	2,029,103.	7,113,897.
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)						4,221,482.
6	Public support. Subtract line 5 from line 4						2,892,415.
Sec	tion B. Total Support						2,032,413.
Cale begi	ndar year (or fiscal year nning in) ►	lar year (or fiscal year (a) 2016 (b) 2017 (c) 2018 (d) 2019				<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4	1,132,696.	1,055,961.	1,178,526.	1,717,611.	2,029,103.	7,113,897.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,664.	33.	91.	29.		25,817.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	20,001.		311	23.		0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	-1,168.	2,770.	185.		1,579.	3,366.
11	Total support. Add lines 7 through 10						7,143,080.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	247,175.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	020 (line 6, column	n (f), divided by li	ne 11, column (f)	)	14	40.49 %
15	Public support percentage from						98.12 %
16a	<b>33-1/3% support test—2020.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box ▼ X
b	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this	box and stop here	e. Explain in Part '	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances	nd-circumstances test. The organiza	s test, check this lation qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Part ' ted organization	VI how the▶
18	<b>Private foundation.</b> If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	ists listed below,	please complete	i ait ii.)			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	<b>(b)</b> 2017	(6) 2010	( <b>u)</b> 2019	(e) 2020	(i) Total
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						
	<b>Total.</b> Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	•			-		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv					<u>.                                    </u>	
	Investment income percentage for	· ·		-			0/0
	Investment income percentage f						%
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies	as a publicly supp	orted organization	۱ 🟲 📗
	<b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported organ	nization ►
20	i iivate ibuiiuatibii. Ii tile orgalii.	Zation ald Hot CHE		1 <del>-1</del> , 13a, 01 130, (	CHECK THIS DOX ALL	1 300 11131111101115.	· · · · · · · · · · · · · · · · · · ·

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### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

	11 0 0		Vac	No
			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		
3а	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	Substitutions only. 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? <i>If 'Yes,' provide detail in Part VI</i> .	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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9с		
0a	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 determine whether the organization had excess business holdings.).	10b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
-		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sect	tion I	B. Type I Supporting Organizations		11	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	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 ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization'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			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	Ry re:	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
Ū	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Пт	The organization satisfied the Activities Test. Complete line 2 below.			
b	Πт	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Πт	he organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instrı	ıctions	s).
•	Λ - 1::	The Tark Annual Page Or and Oh halves	ĺ		
		ities Test. Answer lines 2a and 2b below.		Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
b	more	he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in <b>Part VI.</b></i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pai	₹ V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			.50775 Tage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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	<b>Distributable Amount.</b> 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-functionally inte (see instructions).	grated	I Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
<b>d</b> Excess from 2019			
e Excess from 2020			
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Schedule A (Form 990 or 990-EZ) 2020

52-1238773

Page 8

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 4, 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.)

### Part II, Line 10 - Other Income

Nature and Source			2020	 2019		2018	_	2017		2016
Other income	Total	\$ \$	1,579. 1,579.	\$ 0.	\$ \$	185. 185.	\$ \$	2,770. 2,770.	\$ \$	-1,168. -1,168.

#### 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.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization Women's Environment and Development Organization 52-1238773 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 conferring No impermissible private benefit? Yes **Conservation Easements.** 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..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a 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: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X.....

Part III   Organizations Maintai	ning Colle	ections of	Art, Histor	icai ireasures, oi	Otner Sim	illar Asse	ets (C	ontinu	ea)
3 Using the organization's acquisition items (check all that apply): a Public exhibition	, accession, a			-	nake significant	use of its c	collectio	n	
· L				exchange program					
b Scholarly research	ations	•	Other						
c Preservation for future gener									
4 Provide a description of the organiz Part XIII.		· ·	,	J					
5 During the year, did the organiza to be sold to raise funds rather th	nan to be ma	intained as p	art of the org	ganization's collection	?		Yes	Dor	No
Escrow and Custodia line 9, or reported an a	amount on	Form 990	, Part X, li	ne 21.	Swereu re	S UII FUI	111 990	J, Pai	
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodia	n or other in	termediary fo	or contributions or oth	er assets not	included _	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	and complete	the following	g table:					
						P	Amount	t	
<b>c</b> Beginning balance					1c				
<b>d</b> Additions during the year					1 d				
e Distributions during the year									
<b>f</b> Ending balance						_			
2a Did the organization include an a						· _	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check here is	f the explana	ation has been provide	ed on Part XIII			[	
Part V Endowment Funds. C	omplete if	the organi	zation ans	wered 'Yes' on Fo	<u>orm 990, Pa</u>	art IV, Iin	e 10.		
	(a) Current	year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) F	our years	s back
1 a Beginning of year balance									
<b>b</b> Contributions									
<b>c</b> Net investment earnings, gains,									
and losses									
<b>d</b> Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentage	e of the curre	nt year end l	palance (line	1g, column (a)) held	as:				
a Board designated or quasi-endowm			%						
<b>b</b> Permanent endowment ►	%								
c Term endowment ►	જ								
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100%.							
<b>3a</b> Are there endowment funds not in t organization by:	he possession	of the organi	zation that are	e held and administered	for the			Yes	No
(i) Unrelated organizations							3a(i)		_ <del>_</del>
(ii) Related organizations							3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ted organiza	tions listed a	s required or	Schedule R?			3b		
4 Describe in Part XIII the intended	l uses of the	organization'	's endowmer	nt funds.					
Part VI Land, Buildings, and I Complete if the organi			s' on Form	990 Part IV line	11a See	Form 990	) Par	t X lir	ne 10
Description of property		(a) Cost or o (investr	nent)	(b) Cost or other basis (other)	(c) Accum deprecia		(a) E	Book va	iue
<b>1 a</b> Land									
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment									
<b>e</b> Other									
Total. Add lines 1a through 1e. (Colum	n (d) must e	qual Form 99	0, Part X, co	olumn (B), line 10c.)					0.
BAA						Schedu	ile D (F	orm 990	) 2020

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	), Part IV, line 11b. See Form 9 (c) Method of valuation: Cost or end-o	
(1) Financial derivatives	• •	, ,	* **
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(C) (D) (E)			
<u>(F)</u>			
(G)			
(H) 			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		17/2	
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A ) Part IV line 11c See Form 9	90 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets.	N/A		
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990	D. Part IV. line 11d. See Form 9	90. Part X. line 15
· · · · · · · · · · · · · · · · · · ·	scription	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)			(b) book value
(1)			(b) Book value
(2)			(b) Book Value
(2) (3)			(b) Book value
(2) (3) (4)			(b) Book value
(2) (3) (4) (5)			(b) Book value
(2) (3) (4)			(b) Book value
(2) (3) (4) (5) (6) (7) (8)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.			
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (l)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (l)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F			
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (label part X)  Complete if the organization answered 'Yes' on F  1. (a) Description (1) (1) Federal income taxes (2)	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (l)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Descr (1) Federal income taxes (2) (3)	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Descr (1) Federal income taxes (2) (3) (4)	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X  Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Descr (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Descr (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Description (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Descr (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Description (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Descr (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 1		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Descr (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line 1 iption of liability	1e or 11f. See Form 990, Part X, line 25.	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,099,247.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	2,099,247.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	2,099,247.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	707,054.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c		
c Other losses		
d Other (Describe in Part XIII.) 2d	_	
	2 e	
d Other (Describe in Part XIII.) 2d	2 e	707,054.
d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		707,054.
d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a		707,054.
d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	3	707,054.
d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	3 4c	707,054.

Part XIII Supplemental Information.

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

#### Part X - FASB ASC 740 Footnote

WEDO does not believe its financial statements include any material, uncertain tax positions. Tax filings for periods ending December 31, 2017 and later are subject to examination by applicable taxing authorities.

BAA Schedule D (Form 990) 2020

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. 
► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public

Open to Public Inspection

Name of the organization

Women's Environment and Development Organization

Employer identification number

52-1238773

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

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... X Yes

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

<b>2 For grantmakers.</b> Describe in United States. Part	-	zation's procedure	s for monitoring the use of its gra	ants and other assistance of	outside the
3 Activities per Region. (The	following Part I, I	line 3 table can b	e duplicated if additional space	e is needed.)	
(a) Region	<b>(b)</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) Europe			Program Services	Subgrants & Conferences Exp	63,342.
(2) East Asia & Pacific			Program Services	Subgrants & Conferences Exp	29,406.
(3) Sub-Saharan Africa			Program Services	Subgrants & Conferences Exp	23,612.
(4) Central America			Program Services	Subgrants	7,198.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					123,558.
<b>b</b> Total from continuation sheets to Part I					
C Totals (add lines 3a and 3b).	n	0			123.558.

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)
			Africa	Sub Grants	7,000.	WireTransfer			
			Africa	Sub Grants	7,000.	WireTransfer			
			Africa	Sub Grants	7,000.	WireTransfer			
			Asia & Pacific	Sub Grants	7,000.	WireTransfer			
			Asia & Pacific	Sub Grants	7,000.	WireTransfer			
			Central America	Sub Grants	7,000.	WireTransfer			
			Europe	Sub Grants	30,864.	WireTransfer			

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Women's Environment and Development Page 3 52-1238773 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. **(c)** Number of recipients (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of cash grant cash noncash assistance noncash assistance valuation (book, disbursement FMV, appraisal, other) (1) (2) (3) (4) (7) (8) (9) (10)(11) (12)(13)

(14)

(15)

(16)

(17)

(18) BAA

Schedule F (Form 990) 2020	Women'	s	Environment	and	Development
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52-1238773

Page 4

Pa	rt IV	Foreign Forms		
1	organ	ne organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926).	Yes	X No
2	require of Cer	e organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt rtain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. r (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organ	e organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain or Corporations (see Instructions for Form 5471).	Yes	X No
4	electin <i>Returi</i>	he organization a direct or indirect shareholder of a passive foreign investment company or a qualified ig fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information in by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see ctions for Form 8621).	Yes	X No
5	organ	e organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see Instructions for Form 8865).	Yes	X No
6	If 'Yes	e organization have any operations in or related to any boycotting countries during the tax year? s,' the organization may be required to separately file Form 5713, International Boycott Report (see ctions for Form 5713; don't file with Form 990)	Yes	X No

BAA TEEA3505L 09/16/20 Schedule F (Form 990) 2020

#### Part V Supplemental Information

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

#### Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

WEDO uses selection criteria, obtains grant agreeements, and requires reports on the usage of grant funds.

BAA TEEA3504L 09/16/20 Schedule F (Form 990) 2020

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization To

Women's Environment and Development Organization

Employer identification number 52–1238773

#### Form 990, Part III, Line 4a - Program Service Accomplishments

In 2020, WEDO worked across three broad program areas:

1) Training and Capacity Building; 2) Advocacy and 3) Knowledge Production. Through training and capacity building, WEDO provided support to hundreds of women leaders, particularly from the Global South, to better engage in policy processes like the Sustainable Development Goals (SDGs), the UN climate change negotiations and several climate finance mechanisms. In relation to advocacy, in addition to creating key demands and feminist analysis to climate-related processes, WEDO responded to shifting landscapes of intersecting crises with feminist solutions. When COVID-19 began impacting the world in early 2020, we were quick to get organized. We coordinated with existing feminist partners around the world to create a space for self and community care, strategizing around global and national advocacy, and forwarding feminist economic recovery solutions. Known as the Feminist COVID Response Collective, we supported the collective's work to produce a website that tracked 1000+ pieces of data and news on gender and COVID, gathered a database of pandemic stories and experiences, and produced a comprehensive advocacy toolkit. Finally, we produced several additional publications and toolkits, including a landmark research that made the case that effective and inclusive climate action requires a deep and intersectional understanding of gender. As the first report of its kind, it pulled together all existing evidence on the intersections of gender and climate, a critical resource for policymakers and education.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit committee and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

Name of the organization Women's Environment and Development	Employer identification number
Organization	52-1238773

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members are asked to disclose CoI's upon accepting the role, and asks to update on conflicts annually. CoI's are also reviewed in the recruitment of new Board Members.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Financial statements are in the annual audit report, available upon request. The conflict of interest policy and other governing documents are also available upon request.

#### Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B) Program	(C) Management	(D) Fund-
	_	Total	<u>Services</u>	& General	<u>raising</u>
Other professional fees	Total \$	252,052. 252,052.	201,605. \$ 201,605.	50,447. \$ 50,447.	\$ 0.