EXTENDED TO NOVEMBER 15, 2023 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2022 calendar year, or tax year beginning and ending	a		•
	heck if	C Name of organization		D Employer ident	ification number
a	pplicab	WOMEN'S ENVIRONMENT AND DEVELOPMENT		D Employer idem	incation number
	Addre	SS ODGANITGAMION			
	_ chano ⊓Name			52-1238	772
\vdash	_ chang ⊤Initial	T	/**		
H	_ return □Final	Number and street (or P.O. box if mail is not delivered to street address) 147 PRINCE STREET	suite	E Telephone num	oer 73-0325
	return∟ termir	_			2,724,511.
	ated	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11201		G Gross receipts \$	
	_return ∏Applio			H(a) Is this a group	
	⊥tion pendi	F Name and address of principal officer: SOON = 100NG 100N		for subordinat	
					s included? Yes No
			527	·	a list. See instructions
	Vebsi			H(c) Group exemp	
	orm o	organization: X Corporation Trust Association Other L Summary	Year o	f formation: 1960	M State of legal domicile; NY
ГС			7 T 🔿	T TC MO TIN	CIIDE MIIAM
ø	1	Briefly describe the organization's mission or most significant activities: THE MISS	PELLE.	N TO TO EN	TUCMTOR.
Governance		WOMEN'S HUMAN RIGHTS; SOCIAL, ECONOMIC AND EN			
ern	2	Check this box if the organization discontinued its operations or disposed of r		1	1 .
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3 9 4 9
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
Activities &	6	Total number of volunteers (estimate if necessary)			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			<u>'a</u> 0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,579,074	
	9	Program service revenue (Part VIII, line 2g)		54,000	
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,470	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,638,544	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		207,561 0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		446,750	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		440,750	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 80,142.		U	• 0•
Ϋ́				983,728	. 1,636,420.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,638,039	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		505	
	19	Revenue less expenses. Subtract line 18 from line 12	Rea	inning of Current Yea	
Net Assets or		Total access (Deat V. Pere 40)	ьеу	3,413,798	
SSE	20	Total assets (Part X, line 16)		1,136,615	
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,277,183	
Pa	rt II	Signature Block		2,211,103	• 2,004,412•
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atemer	nte and to the heet of	my knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of which prej			iny knowicage and belief, it is
ii uo,	COITC	ks and complete. Declaration of prepared (ether than ember) is based on an information of which proj	ραιοι π	as any knowledge.	
Sign	, 🗸	Signature of officer		Date	
Her		BRIDGET BURNS, EXECUTIVE DIRECTOR			
1101	C	Type or print name and title			
		Print/Type preparer's name	Da	ate Check	PTIN
Paid		MIKE SCHALL	11	1/13/23 if self-em	
Prep		Firm's name SAX LLP			81-2950760
	Only	Firm's address 1040 AVENUE OF THE AMERICAS-16TH FL		I IIIII S LIIV	0_ 250700
030	Jy	NEW YORK, NY 10018		Phone no 2	12-661-8640
May	the I	RS discuss this return with the preparer shown above? See instructions		I HOHE HU. 2	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION IS TO ENSURE THAT WOMEN'S HUMAN RIGHTS; SOCIAL, ECONOMIC
	AND ENVIRONMENTAL JUSTICE; AND SUSTAINABLE DEVELOPMENT PRINCIPLES-AS
	WELL AS THE LINKAGES BETWEEN THEM ARE AT THE HEART OF GLOBAL AND
	NATIONAL POLICIES, PROGRAMS AND PRACTICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,671,746 • including grants of \$ 410,023 •) (Revenue \$ 23,000 •)
	IN 2022, WEDO SUPPORTED CRITICAL ENGAGEMENT WITH AND MOBILIZATION AMONG
	FEMINIST MOVEMENTS AND ORGANIZATIONS TO CENTER CLIMATE AND
	ENVIRONMENTAL PERSPECTIVES; PROVIDED TECHNICAL SUPPORT AND ENGAGEMENT
	PATHWAYS TO WOMEN'S RIGHTS ORGANIZATIONS INTO GLOBAL ENVIRONMENTAL
	POLICY SPACES; UNDERTOOK ADVOCACY WITH KEY DECISION-MAKERS TO PROVIDE
	THOUGHT LEADERSHIP AT THE INTERSECTION OF WOMEN'S RIGHTS AND
	ENVIRONMENT; AND FOCUSED ON BUILDING UP FRONTLINE GRASSROOTS FEMINIST
	LEADERSHIP BY SUPPORTING PARTNERS AND USHERING THESE PERSPECTIVES INTO
	MULTILATERAL SPACES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,671,746.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		\ _{3,7}
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			
0		8		x
9	Schedule D, Part III 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? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			\ _{3,7}
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	<u> </u>	
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		77	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х
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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		X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23		X		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		X		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		X		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		<u> </u>		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>		
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.		
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x		
00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	v			
Par	Note: All Form 990 filers are required to complete Schedule O **Total Com	38	X			
	Check if Schodulo O contains a response or note to any line in this Part V					
	Officer if Schedule O contains a response of note to any line in this Part V		Yes	No		
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		169	140		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
ŭ	(gambling) winnings to prize winners?	1c	х			
232004	12-13-22			(2022)		

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069

Form 990 (2022)

ORGANIZATION

52-1238773

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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.

800	·						X			
Sec	tion A. Governing Body and Management									
		Ι.	I	۸۱		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		의						
	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	1 b		<u> </u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				Х			
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		Х			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		Х			
6	Did the organization have members or stockholders?			`` Г	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			•						
	more members of the governing body?				7a		Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·						
-					7b		х			
8										
		-	=		8a	Х				
_	a The governing body?									
b	Each committee with authority to act on behalf of the governing body?			┈├	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the control of the				_		v			
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	<u>venue</u>	Code.)							
				г		Yes	No			
	Did the organization have local chapters, branches, or affiliates?			.	10a		Х			
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	lescribe							
	on Schedule O how this was done			. [12c	Х				
13	Did the organization have a written whistleblower policy?			. [13	X				
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approval									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_	•							
а	The organization's CEO, Executive Director, or top management official				15a	Х				
	Other officers or key employees of the organization				15b		Х			
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			•						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	vith a							
·Ju	taxable entity during the year?				16a		х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			՝	ioa					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	=							
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure				IOD					
	List the states with which a copy of this Form 990 is required to be filed NY, NJ, TN, DC, V	т								
17 10			T (postion 501/-)	(2)-	oply)	n (cil-!				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	เน ษษเ	- i (section 501(c)	(S)S	orny) a	avalläl	JIE			
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain		,	_						
19										
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records							
	BRIDGET BURNS - (212) 973-0325									
	147 PRINCE STREET, BROOKLYN, NY 11201									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average hours per	box	not cl unles	Pos heck i ss per	ition more rson i	than of the state	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P	Key employee	Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) BRIDGET BURNS EXECUTIVE DIRECTOR	40.00			х				115,950.	0.	5,000.
(2) SOON-YOUNG YOON CHAIR	1.44	Х		х				0.	0.	0.
(3) CARMEN CHIONG	1.06									
TREASURER (4) KRISTIN HETLE	0.38	Х		Х				0.	0.	0.
SECRETARY (5) KATHERINE MCDONALD	0.38	Х		Х				0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(6) ANNETTE THON SIE FAT DIRECTOR	0.38	Х						0.	0.	0.
(7) SAYIDA VANENBURG DIRECTOR	1.06	Х						0.	0.	0.
(8) CATALINA ORTIZ DIRECTOR	0.38	х						0.	0.	0.
(9) BARBARA PHILIPS DIRECTOR	0.38	х						0.	0.	0.
(10) ANABELLA ROSEMBERG DIRECTOR	1.44	х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B) Average	(C) Position					(D)	(E)			(F)		
Name and title	hours per	box	not c	heck i	more rson i	than	n an	Reportable compensation	Reportable compensation			imate ount c	
	week	offi				or/trus		from	from related		0	ther	
	(list any hours for	director						the organization	organizations (W-2/1099-MIS(- 1	comp	ensat m the	
	related	ee or c	stee			nsated		(W-2/1099-MISC/	1099-NEC)	ار		nizati	
	organizations	al trust	nal tr		loyee	compe		1099-NEC)				relate	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizatio	ıns
	,	=	=	0	ž	王亩	<u>.</u>						
		-											
		-											
						H							
		-											
		-											
								115.050					
1b Subtotal								115,950.		0.	5	,00	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								115,950.		0.	5	, 00	
2 Total number of individuals (including but r										• • 1		, , ,	
compensation from the organization											1.		1
3 Did the organization list any former officer	director truet	ا مم	(A)/ (mnl	OVA	- Ωr	hia	thest compensated amp	lovee on	ſ	,	Yes	No
line 1a? If "Yes," complete Schedule J for s										ı	3		Х
4 For any individual listed on line 1a, is the se	um of reportabl	е сс	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or					•			•			_		X
rendered to the organization? f "Yes." con Section B. Independent Contractors	nplete Scheduli	e J f	or sı	ıch <u>i</u>	oers	on					5		
Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensat	ion fron	n	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.		(0)		
(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	С	(C) ompens		1
							\dashv						
2 Total number of independent contraction (noludina but -	o+ 1:	nita	1+~	tha	20 11-	+~~	abova) who reasived re-	are then				
 Total number of independent contractors (in \$100,000 of compensation from the organic 		UL III	ınte(ו נט		se 118)	iea	above) who received mo	וומוו				
											Form 9	90 (2	0022

ORGANIZATION 52-1238773 Page **9** Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 840,858. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,849,789. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 2,690,647. h Total. Add lines 1a-1f **Business Code** 23,000. 23,000. 2 a PROGRAM SERVICE FEES 900099 Program Service f All other program service revenue 23,000. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... 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 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 10,864. 900099 10,864. d All other revenue 10,864.

2,724,511.

23,000.

10,864.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Form 990 (2022)

ORGANIZATION Part IX Statement of Functional Expenses 52-1238773 Page **10**

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

	Check if Schedule O contains a respons		(B)	(C)	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1 G	rants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21				
2 0	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
3 0	Grants and other assistance to foreign				
0	rganizations, foreign governments, and foreign				
ir	ndividuals. See Part IV, lines 15 and 16	410,023.	410,023.		
4 E	Benefits paid to or for members				
5 C	Compensation of current officers, directors,				
tı	rustees, and key employees	128,500.	89,950.	19,275.	19,275
6 0	ompensation not included above to disqualified				
p	ersons (as defined under section 4958(f)(1)) and				
p	ersons described in section 4958(c)(3)(B)				
7 C	Other salaries and wages	543,559.	497,565.	7,770.	38,224.
	ension plan accruals and contributions (include				· — -
	ection 401(k) and 403(b) employer contributions)	5,185.	4,497. 95,918.	236. 4,477.	452. 9,240. 4,255.
	Other employee benefits	109,635.	95,918.	4,477.	9,240.
10 P	Payroll taxes	48,830.	42,348.	2,227.	4,255.
11 F	ees for services (nonemployees):				
a N	Management				
	egal	50 450			
	ccounting	78,450.		78,450.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	668 055	652 055	14 000	
	olumn (A), amount, list line 11g expenses on Sch 0.)	667,255.	653,255.	14,000.	
	dvertising and promotion	40.000	40.010	1 000	4 160
	Office expenses	48,899.	42,810.	1,929.	4,160.
	nformation technology				
15 F	Royalties	22 222		1 110	
16 C	Occupancy	28,238.	24,723.	1,112.	2,403.
17 T	ravel	710,155.	710,155.		
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	45.055	44 000		404
19 C	Conferences, conventions, and meetings	45,266.	44,832.		434.
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	0 105	1 000	0.4	101
	nsurance	2,125.	1,860.	84.	181.
a	other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A),				
a	mount, list line 24e expenses on Schedule 0.)				
_	OTHER PROGRAM EXPENSE	38,183.	38,183.	_	
ьΪ	OUES AND SUBSCRIPTIONS	17,849.	15,627.	704.	1,518.
С _					
d _					
e A	Il other expenses				
25 T	otal functional expenses. Add lines 1 through 24e	2,882,152.	2,671,746.	130,264.	80,142.
26 J	oint costs. Complete this line only if the organization				
re	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
C	heck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Part X Balance Sheet

· ui	LX	Check if Schodule O centains a response or	note to any line in this Bort V			
		Check if Schedule O contains a response or	note to any line in this Paπ X	(A)	T	(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		2,161,689.	1	2,511,646.
	2	Savings and temporary cash investments		146,094.	2	206,690.
	3	Pledges and grants receivable, net		1,092,699.	3	545,464.
	4	Accounts receivable, net			4	010,1010
	5	Loans and other receivables from any curren			_	
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of t			5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri	*		6	
"	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
As	9	Prepaid expenses and deferred charges		11,816.	9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lir		12		
	13	Investments - program-related. See Part IV, li		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 e		3,413,798.	16	3,265,300.
	17	Accounts payable and accrued expenses		34,239.	17	106,743.
	18	Grants payable		18	-	
	19	Deferred revenue	1,102,376.	19	1,154,145.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
s	22	Loans and other payables to any current or f				
iţie		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese persons		22	
Ë	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,136,615.	26	1,260,888.
		Organizations that follow FASB ASC 958,	check here X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		262,450.	27	311,229.
Ba	28	Net assets with donor restrictions		2,014,733.	28	1,693,183.
pur		Organizations that do not follow FASB AS	C 958, check here			
Ę		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur			29	
se	30	Paid-in or capital surplus, or land, building, o	r equipment fund		30	
t As	31	Retained earnings, endowment, accumulated		0.055.405	31	0.004.440
Se l	32	Total net assets or fund balances		2,277,183.	32	2,004,412.
	33	Total liabilities and net assets/fund balances		3,413,798.	33	3,265,300.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>2,72</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,88 -15					
3	3 Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-11	5,1	30.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,00	4,4	12.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				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 on Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2022)			

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

WOMEN'S ENVIRONMENT AND DEVELOPMENT **Employer identification number** Name of the organization ORGANIZATION 52-1238773 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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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 beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1178526.	1717611.	2029103.	1579074.	2690647.	9194961.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1150506	4545644	2222122	4550054	0.500.545	0.1.0.1.0.6.1
4	Total. Add lines 1 through 3	1178526.	1717611.	2029103.	1579074.	2690647.	9194961.
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,						000000
	column (f)						2970927.
	Public support. Subtract line 5 from line 4.						6224034.
	etion B. Total Support		" >	()	()) 000 (()	(0
	ndar year (or fiscal year beginning in)	(a) 2018 1178526.	(b) 2019 1717611.	(c) 2020 2029103.	(d) 2021 1579074.	(e) 2022 2690647.	(f) Total 9194961.
	Amounts from line 4	11/0520.	1/1/011.	2029103.	13/30/4.	2090047.	9194901.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	91.	29.				120.
_	and income from similar sources	91.	49.				120.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	·	185.		1,579.	5,470.	10,864.	18,098.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	103.		1,575.	3, 100	10,004.	9213179.
		eta (eca instructio	no)			12	299,253.
12	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax v			255,255
10	organization, check this box and stor	•		•			
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	67.56 %
	Public support percentage from 2021					15	62.91 %
	33 1/3% support test - 2022. If the					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

ORGANIZATION

52-1238773 Page 3

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
80	check this box and stop here ction C. Computation of Publi	o Support Dor					<u></u>
				l (f))		15	0/
	Public support percentage for 2022 (I						<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	<u>%</u>
				20 12 column (f)		17	20
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2 a 33 1/3% support tests - 2022. If the			on line 14, and line		18 2 1/30/ and line 1	7 is not
198							/ IS HUL
	more than 33 1/3%, check this box ar						
	o 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	riivate iouniuation, ii the organizatio	THUILD HOLDHECK A	DOX OH III IC 14, 198	a, or iou, crieck tr	iio dux ai iu see ii is		

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

		Yes	No
	1		
	1		
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	3a		
	3b		
	- OD		
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Schedule A (Form 990) 2022

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

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Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ued)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
с	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			\longrightarrow	
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

WOMEN'S ENVIRONMENT AND DEVELOPMENT ORGANIZATION

52-123<u>8773 Page 8</u> Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

WOMEN'S ENVIRONMENT AND DEVELOPMENT ORGANIZATION

Employer identification number

52-1238773

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization

WOMEN'S ENVIRONMENT AND DEVELOPMENT

ORGANIZATION

Employer identification number

52-1238773

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$91,817.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions 85,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$ <u>472,345.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$_100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Name of organization Employer identification number

WOMEN'S ENVIRONMENT AND DEVELOPMENT ORGANIZATION

52-1238773

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WOMEN'S ENVIRONMENT AND DEVELOPMENT
ORGANIZATION

Employer identification number

52-1238773

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** WOMEN'S ENVIRONMENT AND DEVELOPMENT ORGANIZATION 52-1238773 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

WOMEN'S ENVIRONMENT AND DEVELOPMENT ORGANIZATION

Employer identification number 52-1238773

		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fu	ınds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat	, <u> </u>	1	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Y
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
	year	, ,	, 0	9
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri		on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	s of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, 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	3, not to report in its reve	nue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education,	or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balan	ice sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheran	ice of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>
2	If the organization received or held works of art, historical trea			n, provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990 Part X			\$

	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	r Assets	Contin	ued)	gc –
`	Using the organization's acquisition, accession								(**************************************		
	collection items (check all that apply):	•	,	•	· ·	·	•				
а	Public exhibition	d	i 🔲	Loan or exc	hange progra	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explair	n how th	ey further th	ne organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be main	ntained as part of the	he orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Part			_							
1a	Is the organization an agent, trustee, custodial	n or other intermed	liary for o	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C										
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	ears back	(e) Four	years l	oack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1ç	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment%	,									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	ation tha	t are held a	nd administer	red for the	Э		_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the c		wment f	unds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part IV	', line 11a. S	See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or o			t or other		cumulate		(d) Book	value	;
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must ea	ual Form 990. Part	X. colun	nn (B). line 1	Oc.)						0.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	market valu
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
` '			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related.			
	Faura 000 David IV lines	11. Cas Farms 000 Bart V line 10	
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description) Book value
· · · · · · · · · · · · · · · · · · ·			, 2001. 10.00
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line			
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.		11e or 11f. See Form 990, Part X, line 25.) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of the diability of the column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.		11e or 11f. See Form 990, Part X, line 25.) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	o) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.	o) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.	o) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.	o) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	o) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	o) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	o) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.) Book value

52-1238773 Page **4**

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.		
	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	2,609,381.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		-115,130.			
е	Add lines 2a through 2d			2e	-115,130.	
3	Subtract line 2e from line 1			3	2,724,511.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	2,724,511.	
Par	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	n Expenses per R	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line					
1	Total expenses and losses per audited financial statements			1	2,882,152.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	0.	
3	Subtract line 2e from line 1			3	2,882,152.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b			0	
	Add lines 4a and 4b			4c	<u>0.</u> 2,882,152.	
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, t XIII Supplemental Information.)		5	2,002,132.	
		Dort IV lines 1h	and Oh: Dort V line 4	. Dort V	/ line 0: Dort VI	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			, Part A	a, line 2, Part XI,	
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
PAR	T X, LINE 2:					
WEI	OO DOES NOT BELIEVE ITS FINANCIAL STATEM	ENTS INC	LUDE ANY MA	TER	[AL,	
					<i>'</i>	
UNC	ERTAIN TAX POSITIONS. TAX FILINGS FOR P	ERIODS E	NDING DECEM	BER	31, 2019	
ANI	LATER ARE SUBJECT TO EXAMINATION BY AP	PLICABLE	TAXING AUT	HOR]	TIES.	
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:					
LOS	S ON CURRENCY EXCHANGE RATE					

SCHEDULE F (Form 990)

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

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

Inspection

Name of the organization

WOMEN'S ENVIRONMENT AND DEVELOPMENT

ORGANIZATION

Employer identification number

52-1238773 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUBGRANT & CONFERENCE SUB-SAHARAN AFRICA PROGRAM SERVICES EXPENSE 591,974. EAST ASTA AND THE SUBGRANT & CONFERENCE PACIFIC PROGRAM SERVICES EXPENSE 154,848. EUROPE (INCLUDING SUBGRANT & CONFERENCE ICELAND & GREENLAND) EXPENSE PROGRAM SERVICES 372,461. CENTRAL AMERICA AND SUBGRANT & CONFERENCE THE CARIBBEAN EXPENSE PROGRAM SERVICES 128,383. 0 0 1,247,666. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 1,247,666. and 3b)

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

Schedule F (Form 990) 2022

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)
		SUB-SAHARAN						
		AFRICA	SUB GRANT	139,487.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	SUB GRANT	61,000.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	SUB GRANT	133,637.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	SUB GRANT	61,000.	WIRE	0.		
2 Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the f	oreign country,	recognized as a tax			1

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			
^	Enter total growth or of all an appropriations or out the		_	

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV	Foreign	Forms

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

Schedule F (Form 990) 2022

WOMEN'S ENVIRONMENT AND DEVELOPMENT ORGANIZATION 52-1238773 Schedule F (Form 990) 2022 Page 5 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: WEDO USES SELECTION CRITERIA, OBTAINS GRANT AGREEEMENTS, AND REQUIRES REPORTS ON THE USAGE OF GRANT FUNDS.

Schedule F (Form 990) 2022

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

WOMEN'S ENVIRONMENT AND DEVELOPMENT ORGANIZATION

Employer identification number 52-1238773

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND SUSTAINABLE DEVELOPMENT PRINCIPLES-AS WELL AS THE LINKAGES BETWEEN
THEM ARE AT THE HEART OF GLOBAL AND NATIONAL POLICIES, PROGRAMS AND
PRACTICES.
FORM 990, PART VI, SECTION B, LINE 11B:
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.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE ASKED TO DISCLOSE COI'S UPON ACCEPTING THE ROLE, AND
ASKSED TO UPDATE ON CONFLICTS ANNUALLY. COI'S ARE ALSO REVIEWED IN THE
RECRUITMENT OF NEW BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 15A:
WEDO HAS A SALARY BANDING BASED ON A BENCHMARKING REPORT OF NON-PROFIT ORGS
AND EXECUTIVE COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
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 XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization WOMEN'S ENVIRONMENT AND DEVELOPMENT ORGANIZATION	Employer identification number 52-1238773
LOSS ON CURRENCY EXCHANGE RATE	-115,130.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form **8868**

(Rev. January 2022)

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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or WOMEN'S ENVIRONMENT AND DEVELOPMENT print ORGANIZATION 52-1238773 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 147 PRINCE STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. BROOKLYN, NY 11201 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) BRIDGET BURNS • The books are in the care of ▶ 147 PRINCE STREET - BROOKLYN, NY 11201 Telephone No. \triangleright (212) 973-0325 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)