| | | | ** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From | * Income Tax | OMB No. 1545-0047 | | | | |
|--------------------------------|---|------------------------|---|------------------------------------|-------------------------------|--|--|--|--|
| Forr | " 9 | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (| | 2023 | | | | |
| | Department of the Treasury Department of the Treasury Department of the Treasury Department Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | |
| Interr | Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | |
| _ | | | | | | | | | |
| B c a | heck if pplicab | le: | organization | D Employer identified | cation number | | | | |
| | | | AL FUND FOR WOMEN, INC. | | 0.0 | | | | |
| | _chang ∣nitial | | Isiness as | 77-01557 | | | | | |
| | _return]Final | 505 | and street (or P.O. box if mail is not delivered to street address) Room/s MONTGOMERY STREET, 11TH FLOOR | uite E Telephone numbe (415) 24 | r 8-4800 | | | | |
| | ⊥return termii ated | | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 59,708,849. | | | | |
| | Amen | ded CAN | FRANCISCO, CA 94111 | H(a) Is this a group re | | | | | |
| | | | nd address of principal officer: PEIYAO CHEN | for subordinates | | | | | |
| | pendi | | AS C ABOVE | H(b) Are all subordinates ir | = = | | | | |
| 11 | ax-ex | empt status: | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or \Box | | list. See instructions | | | | |
| | Vebsi | | GLOBALFUNDFORWOMEN.ORG | H(c) Group exemptio | | | | | |
| KF | orm o | f organization: [| X Corporation Trust Association Other L Y | 'ear of formation: 1987 | A State of legal domicile: CA | | | | |
| Pa | art I | Summary | | | | | | | |
| Ø | 1 | | e the organization's mission or most significant activities: WE FUND | | | | | | |
| Governance | | EXPANSI | VE GENDER JUSTICE MOVEMENTS TO CREATE | MEANINGFUL CH | ANGE. | | | | |
| sr në | 2 | Check this bo | if the organization discontinued its operations or disposed of m | ore than 25% of its net as | | | | | |
| Ň | 3 | Number of vot | 16 | | | | | | |
| | 4 | | ependent voting members of the governing body (Part VI, line 1b) | | 15 | | | | |
| es | 5 | | of individuals employed in calendar year 2023 (Part V, line 2a) | | 71 | | | | |
| Activities & | 6 | | of volunteers (estimate if necessary) | | 30 | | | | |
| Act | | | business revenue from Part VIII, column (C), line 12 | | 0. | | | | |
| | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | Prior Year | Current Year | | | | |
| | 8 | Contributions | and grants (Part VIII, line 1h) | 36,239,765. | 33,340,024. | | | | |
| Ine | 9 | | | 841,651. | 636,272. | | | | |
| Revenue | | • | ome (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d) | 1,947,564. | 2,754,590. | | | | |
| Re | | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 122. | 10,981. | | | | |
| | 12 | | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 39,029,102. | 36,741,867. | | | | |
| | <u> </u> | | nilar amounts paid (Part IX, column (A), lines 1-3) | 28,833,157. | 13,839,734. | | | | |
| | 14 | | o or for members (Part IX, column (A), line 4) | 0. | 0. | | | | |
| ú | 40 | Salaries other | compensation employee benefits (Part IX column (A) lines 5.10) | 7,983,261. | 10,048,124. | | | | |
| Expenses | 16a | Professional fu | Indraising fees (Part IX, column (A), line 11e) | 345,625. | 547,195. | | | | |
| be | b | Total fundraisi | ng expenses (Part IX, column (D), line 25) 3,142,622. | | | | | | |
| ш | 17 | Other expense | s (Part IX, column (A), lines 11a-11d, 11f-24e) | 8,161,130. | 8,694,502. | | | | |
| | 18 | Total expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 45,323,173. | 33,129,555. | | | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | -6,294,071. | 3,612,312. | | | | |
| S OT | | | | Beginning of Current Year | End of Year | | | | |
| Net Assets or Fund Balances | 20 | Total assets (F | art X, line 16) | 109,312,339. | 110,299,532. | | | | |
| at As | 21 | | (Part X, line 26) | 24,520,092. | 17,390,487. | | | | |
| | | | und balances. Subtract line 21 from line 20 | 84,792,247. | 92,909,045. | | | | |
| | art II | | | | descendentes en 11-11-6-11-1 | | | | |
| | | | declare that I have examined this return, including accompanying schedules and sta | | r knowledge and belief, it is | | | | |
| true, | corre | ci, and complete. T | Declaration of preparer (other than officer) is based on all information of which prep | arer nas any knowledge. | | | | | |
| | | 1 | | | | | | | |

| Sign | Signature of officer | Date | | | | | | | |
|------------|---|----------------------------------|--|--|--|--|--|--|--|
| Here | JENNIFER MULCH, VP OF FINANCE AND ACCOUNTING | | | | | | | | |
| | Type or print name and title | | | | | | | | |
| | Print/Type preparer's name Preparer's signature | Date Check PTIN | | | | | | | |
| Paid | SUE ROBISON SUE ROBISON | 11/26/24 self-employed P00560072 | | | | | | | |
| Preparer | Firm's name RSM US LLP | Firm's EIN 42-0714325 | | | | | | | |
| Use Only | Firm's address 920 5TH AVENUE, SUITE 2800 | | | | | | | | |
| | SEATTLE, WA 98104 | Phone no. 206 - 281 - 4444 | | | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | |
| LHA For | HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) | | | | | | | | |

| | | 0155782 | Page 2 |
|--------|--|-------------------|---------------|
| Par | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | X |
| 1 | Briefly describe the organization's mission: | | |
| | WE FUND BOLD, AMBITIOUS, AND EXPANSIVE GENDER JUSTICE MOVEME | | |
| | CREATE MEANINGFUL CHANGE THAT WILL LAST BEYOND OUR LIFETIMES | • | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | 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 measur | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t | otal expenses, an | d |
| | revenue, if any, for each program service reported. | | 0 |
| 4a | (Code:) (Expenses \$ 18,193,088. including grants of \$ 12,594,833.) (Revenue \$] | | 0.) |
| | GRANTS AND GRANTEE SERVICES: | | |
| | IN FY24, WE AWARDED APPROXIMATELY 340 GRANTS TOTALING ALMOST | | |
| | MILLION TO 294 ORGANIZATIONS IN 73 COUNTRIES. OUR GRANTMAKIN | | |
| | STRENGTHEN AND SUSTAIN GENDER JUSTICE MOVEMENTS AROUND THE W | | |
| | INCLUDING GROUPS WORKING TO ADVANCE CLIMATE JUSTICE IN THE C | | |
| | AND PACIFIC ISLAND REGIONS AND ACROSS AFRICA; GENDER JUSTICE | IN THE | |
| | BALKANS; SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN WEST A | ND EAST | |
| | AFRICA; FREEDOM FROM GENDER-BASED VIOLENCE IN PERU; DOMESTIC | WORKERS | |
| | RIGHTS IN INDIA; AND MORE. WE PROVIDED CRISIS SUPPORT FUNDIN | G TO GENI | DER |
| | JUSTICE ORGANIZATIONS IN RESPONSE TO POLITICAL AND HEALTH CR | | |
| | CLIMATE-INDUCED DISASTERS, AS WELL AS PROVIDING ONGOING SUPP | | |
| | NATIONAL AND REGIONAL WOMEN'S FUNDS. OUR CRISIS RESPONSE WOR | | |
| 4b | | | 272.) |
| 40 | (Code:) (Expenses \$6,421,257. including grants of \$1,244,901.) (Revenue \$ FISCAL SPONSORSHIP: | 050,2 | <u></u>) |
| | WE FISCALLY SPONSOR PROJECTS THAT SUPPORT GENDER JUSTICE AND | | n |
| | | | |
| | MOVEMENTS ACROSS THE GLOBE THAT ALIGN WITH OUR MISSION AND C | | <u> </u> |
| | PURPOSE. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | | | 0.) |
| | BRAND AND CULTURE: | | |
| | IN FY24, WE PROMOTED GENDER JUSTICE BY FLIPPING THE SCRIPT C | N N | |
| | TRADITIONAL PHILANTHROPY, AMPLIFYING THE VOICES OF FEMINIST | ACTIVISTS | 5, |
| | AND GIVING MOVEMENT LEADERS WHAT THEY NEED TO SUCCEED. WE LA | UNCHED NE | ΞW |
| | CAMPAIGNS TO RAISE AWARENESS OF THE GROUNDBREAKING WORK OF G | | |
| | GENDER JUSTICE MOVEMENTS. WE ALSO LED A PROCESS FOR FEMINIST | | |
| | ACCOUNTABILITY FOR COMMITMENTS FROM THE GENERATION EQUALITY | | |
| | | | |
| | SUPPORTED ARTISTS WORKING AT THE INTERSECTION OF GENDER JUST | | |
| | MOVEMENTS AND CREATIVITY; PROVIDED COMMUNICATIONS SUPPORT TO | | |
| | AND WORKED WITH OUR ADOLESCENT GIRLS' ADVISORY COUNCIL TO AD | VANCE OUP | λ |
| | WORK IN YOUTH-LED PARTICIPATORY GRANTMAKING. | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 26,673,198. | | |
| | | Form 99 | 90 (2023) |
| 332002 | SEE SCHEDULE O FOR CONTINUATION(S) | | |

| Form | 990 | (2023) |
|------|-----|--------|
| | 330 | |

 Form 990 (2023)
 GLOBAL FUND FOR WOMEN, INC.

 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 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 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in 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 | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 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, VII, 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 | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | 37 | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | 37 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | 37 | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | 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 | | х | |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 45 | x | |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 10 | | x |
| 47 | or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | х | |
| 10 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions | 17 | Λ | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | | x |
| 19 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | 18 | | - 23 |
| 19 | | 19 | | x |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| 20a b | | 20a 20b | | |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| ~ ' | domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i> | 21 | х | |
| | | | · · · · | · |

| Form | 990 | (2023) |
|------|-----|--------|
| | 330 | |

 Form 990 (2023)
 GLOBAL
 FUND
 FOR
 WOMEN
 INC

 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 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 240 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | | x |
| h | Schedule K. If "No," go to line 25a | | | - 23 |
| | 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 | | <u> </u> |
| | 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? <i>If</i> | | | |
| u | | 28a | | x |
| Ь | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | 200 | | |
| C | | 00- | | x |
| ~ | "Yes," complete Schedule L, Part IV | 28c | Х | |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | <u> </u> |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| 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 | | X |
| 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 | | | |
| ••• | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | - <u>-</u> - | | <u> </u> |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | | 1 00 | | L |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | V | |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | | - | | |
| | | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

(gambling) winnings to prize winners?

1c X

| Form | <u>990 (2023)</u> GLOBAL FUND FOR WOMEN, INC. 77-0155 | 782 | Р | age 5 |
|--------|--|----------|-----|--|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | . |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 71 | | v | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | x |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a 3b | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 30 | | <u> </u> |
| 44 | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| h | If "Yes," enter the name of the foreign country | 40 | | |
| D | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x |
| | 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? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | x |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u> </u> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | _ |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | - | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a h | Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1 | - | | |
| b | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | TEG | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | 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 (2023 |
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GLOBAL FUND FOR WOMEN, INC.

77-0155782 Page 6

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

| | | | | | | X | | | |
|-----|---|-------|------------------------|---------|---------|-----|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | |
| | | | | | Yes | No | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 16 | | | | | | |
| | 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 | 1b | 15 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with | any other | | | | | | |
| | officer, director, trustee, or key employee? | | | | | | | | |
| 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? | | | 3 | | Х | | | |
| 4 | 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | Х | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or app | | | | | | | | |
| | more members of the governing body? | | | 7a | | х | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | | | | | | | | |
| | persons other than the governing body? | | | 7b | | х | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | | | |
| а | The governing body? | - | - | 8a | Х | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | х | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | | | | | | | | |
| | | | | | Yes | No | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Х | | | |
| | 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? | | | | | | | | |
| 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 | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | C C | | | | | | |
| 12a | | | | | | | | | |
| b | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye | | | | | | | | |
| | on Schedule O how this was done | , . | | 12c | х | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | | | |
| 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 | ent w | ith a | | | | | | |
| | taxable entity during the year? | | | 16a | | х | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | |
| Sec | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed _ SEE SCHEDULE (|) | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | | -T (section 501(c)(3)s | only) a | availat | ole | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | ., | | | | | |
| | X Own website Another's website X Upon request Other <i>(explain</i> | on Se | chedule (O) | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor | | , | financ | cial | | | | |
| | 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 book | | | | | | | | |

11TH FLOOR, SAN FRANCISCO,

505 MONTGOMERY STREET,

94111

CA

| 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.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | | | (0 | C) | | | (D) | (D) (E) | | | |
|--|----------------------|---|--------------------------|----------|--------------|---------------------------------|------------|---------------------------------|------------------------------|--------------------------|--|--|
| Name and title | Average | Position (do not check more than one | | | | ne | Reportable | Reportable | Estimated | | | |
| | hours per | box | , unles | ss per | son i | s both | n an | compensation | compensation | amount of | | |
| | week | | cer an | id a d | recto | r/trus [:] | tee) | from | from related | other | | |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation | | |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization | | |
| | organizations | ruste | l trus | | /ee | npen | | 1099-NEC) | 1033-NEO) | and related | | |
| | below | dual t | n stit utio nal tru stee | _ | m ploy | st col | ar. | 1000 1120/ | | organizations | | |
| | line) | Indivi | Institu | Officer | Key employee | Highest compensated employee | Former | | | 5 | | |
| (1) LATANYA MAPP FRETT | 40.00 | | | | | | | | | | | |
| PRESIDENT & CEO UNTIL 1/24 | 0.00 | Х | | х | | | | 391,034. | Ο. | 53,762. | | |
| (2) PEIYAO CHEN | 40.00 | | | | | | | | | | | |
| PRESIDENT & CEO | 0.00 | Х | | Х | | | | 208,199. | 0. | 55,161. | | |
| (3) CRAIG SARSONY | 40.00 | | | | | | | | | | | |
| SENIOR VP, GLOBAL OPERATIONS | 0.00 | | | | Х | | | 211,925. | 0. | 28,568. | | |
| (4) JACQUELINE HARDWARE GLIN | 40.00 | | | | | | | | | | | |
| VP OF GLOBAL PARTNERSHIPS UNTIL 1/24 | 0.00 | | | | Х | | | 187,017. | 0. | 17,028. | | |
| (5) OBED KABANDA | 40.00 | | | | | | | | | | | |
| SD, GOV. P'SHIPS, INNOV.S, & ACCT. | 0.00 | | | | | X | | 165,547. | 0. | 38,211. | | |
| (6) ANIL AWASTI | 40.00 | | | | | | | | | | | |
| CHIEF HR OFFICER UNTIL 11/23 | 0.00 | | | | X | | | 172,643. | 0. | 30,813. | | |
| (7) ZAHRA VIENEUVE | 40.00 | | | | | | | | | | | |
| VP OF GLOBAL PARTNERSHIPS UNTIL 9/23 | 0.00 | | | | X | | | 152,958. | 0. | 41,941. | | |
| (8) KAVITA RAMDAS | 40.00 | | | | | | | 1.50 550 | | ~ ~ ~ ~ | | |
| ACTIVIST IN RESIDENCE UNTIL 4/24 | 0.00 | | | | | X | | 162,650. | 0. | 28,450. | | |
| (9) SHONDA BROOKS | 40.00 | | | | | | | 140 550 | 0 | 40 100 | | |
| SD, EQUITY AND ENGAGEMENT UNTIL 3/24 | 0.00 | | | | | X | | 142,550. | 0. | 48,178. | | |
| (10) RANDALL TRIGG | 40.00 | | | | | | | 144 700 | 0 | 20 467 | | |
| DIRECTOR OF INFO. MANAGEMENT | 0.00 | | | | | X | | 144,780. | 0. | 38,467. | | |
| (11) KRISTA POTTER | 40.00 | | | | | 37 | | 142 475 | 0 | 26 020 | | |
| SD OF COMMUNICATIONS UNTIL 6/24 | 0.00 | | | | | X | | 143,475. | 0. | 36,920. | | |
| (12) JENNIFER MULCH, VP OF FINANCE & | 40.00 | | | x | | | | 102 512 | 0. | 27 067 | | |
| ACCOUNTING, TREASURER AS OF 6/24 (13) LAYLI MAPARYAN | 2.00 | | | <u> </u> | | | | 103,512. | 0. | 27,867. | | |
| BOARD CHAIR | 0.00 | x | | x | | | | 0. | 0. | 0. | | |
| (14) AMINA DOHERTY | 2.00 | ~ | | ^ | | | | 0. | 0. | 0. | | |
| BOARD CO-CHAIR UNTIL 11/23 | 0.00 | x | | x | | | | 0. | 0. | 0. | | |
| (15) MOEZ VIRANI | 2.00 | ~ | | ^ | | | | 0. | 0. | 0. | | |
| TREASURER UNTIL 6/24 | 0.00 | x | | x | | | | 0. | 0. | 0. | | |
| (16) MARIA NUNEZ | 2.00 | | | <u> </u> | | | | 0. | 0. | 0. | | |
| SECRETARY | 0.00 | x | | x | | | | 0. | 0. | 0. | | |
| (17) DAYNA ASH | 2.00 | | | - 27 | | | | 0. | 0. | <u> </u> | | |
| DIRECTOR | 0.00 | x | | | | | | 0. | 0. | 0. | | |
| | | | I | I | | I | | J J | J • | Garm 990 (2022) | | |

| Form | aan | (2023) |
|-------|-----|--------|
| FUIII | 990 | (2020) |

| Part VII Section A. Officers, Directors, Trust | ees, Key Emp | ploy | ees, | and | Hig | hest | t C | ompensated Employee | s (continued) | | |
|--|----------------------|-------------------------------|-----------------------|----------|--------------|---------------------------------|--------|-------------------------|----------------|------------|------------------------------|
| (A) | (B) | | | (C |) | | | (D) | (E) | | (F) |
| Name and title | Average | (do | | Posit | | hon o | | Reportable | Reportable | | |
| | hours per | box | unles | s pers | on is | both | an | compensation | compensation | | amount of |
| | week | | cer and | d a dire | ector. | /truste | ee) | from | from related | | other |
| | (list any | rector | | | | | | the | organizations | | compensation |
| | hours for related | or dir | e | | | ated | | organization | (W-2/1099-MISC | / | from the |
| | organizations | ustee | truste | | æ | pensi | | (W-2/1099-MISC/ | 1099-NEC) | | organization |
| | below | ual tri | ional | | ploye | t com ee | | 1099-NEC) | | | and related organizations |
| | line) | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | organizations |
| (18) CAROLINE BARLERIN | 2.00 | _ | _ | | <u> </u> | <u> </u> | | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0. | (| b . | 0. |
| (19) LULU BARRERA | 2.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0. | (| D . | 0. |
| (20) RADHIKA BYNON | 2.00 | | | | | | | | | | |
| DIRECTOR UNTIL 11/23 | 0.00 | Х | | | | | | 0. | (| 0. | 0. |
| (21) SYLVIE DJACBOU DEUGOUE | 2.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | | 0. | 0. |
| (22) LAURIE EMRICH | 2.00 | | | | | | | | | | |
| DIRECTOR UNTIL 11/23 | 0.00 | Х | | | | | | 0. | | 0. | 0. |
| (23) KERRY GARDNER | 2.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | (| ו. כ | 0. |
| (24) MOZN HASSAN | 2.00 | | | | | | | | | | |
| DIRECTOR UNTIL 11/23 | 0.00 | X | | _ | _ | | | 0. | (| ן. כ | 0. |
| (25) NITA ING | 2.00 | | | | | | | | | | 0 |
| DIRECTOR UNTIL 11/23 | 0.00 | Х | | _ | _ | | | 0. | (| 0. | 0. |
| (26) STEPHANIE KIMOU | 2.00 | x | | | | | | 0 | | | 0 |
| DIRECTOR | | | | | | | | 0.2,186,290. | |).). | 0. |
| 1b Subtotal c Total from continuation sheets to Part VII | | | | | | | | 0. | | 0 . | <u>445,500.</u> 0. |
| | | | | | | | | 2,186,290. | | | 445,366. |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but not address the second secon | | | | | | | | | | ·• | 115,500. |
| compensation from the organization | | 030 | 113160 | abt | 500) | wric | 10 | ceived more than \$100, | | | 31 |
| compensation non the organization | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, | director, truste | ee. k | ev e | mpla | vee | e. or | hia | hest compensated emp | ovee on | | |
| line 1a? If "Yes," complete Schedule J for su | | | | | | | | , | | | 3 X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | · – | |
| and related organizations greater than \$150 | | | | | | | | | | Г | 4 X |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | |
| rendered to the organization? If "Yes," com | plete Schedule | e J fo | or su | ch p | ersc | on | | | | | 5 X |
| Section B. Independent Contractors | | | | | | | | | | | |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from | | | | | | | | | | | |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | 0.0 | (C) |
| Name and business address Description of services Compensation | | | | | | | | | | | |
| BY BRIANGREEN CONFERENCE | | | | | | | | | | | |
| 2058 LYLE AVENUE, COLLEGE PARK, GA 30337 ORGANIZATION 288,923. | | | | | | | | | | | |
| ELEVATE DESTINATIONS | | | | | | | | | | | |
| 143 SOUTH ROAD, CHILMARK, MA 02535TRAVEL SUPPORT246,205.DIRECT ANSWER | | | | | | | | | | | |
| 6424 BOCK ROAD, OXON HILL, MD 20745 OPERATIONAL SUPPORT 232,044. | | | | | | | | | | | |
| M+R STRATEGIC SERVICES, INC., 1101 FUNDRAISING | | | | | | 252,011. | | | | | |
| CONNECTICUT AVE NW, WASHINGTON, DC 20036 CONSULTANT 198,523. | | | | | | | | | | | |
| JPTIME USA, INC | | | | | | | | | | | |

 3470 MT DIABLO BLVD, LAFAYETTE, CA 94549
 IT SERVICES

 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 14

177,838.

| Form 990 GLOBAL FU | | | | | | | | | 77-015 | 5782 |
|--|----------------------|--------------------------------|-----------------------|---------|--------------|--------------------------------|--------|---------------------------------|-----------------|-----------------------------|
| Part VII Section A. Officers, Directors, Tru | 1 | nplo | yee | | | ligh | est (| | , , | |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | | ition | | | Reportable | Reportable | Estimated |
| | hours | (cl | hecł | k all ' | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | 5 | | | | loyee | | the | organizations | compensation |
| | (list any | irecto | | | | emp | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the |
| | hours for related | e or d | tee | | | sated | | (00-2/1099-0015C) | | organization and related |
| | organizations | Individual trustee or director | Institutional trustee | | yee | Highest com pensated em ployee | | | | organizations |
| | below | dual 1 | ution | - | Key employee | est co | er | | | or gameation o |
| | line) | Indivi | Instit | Officer | Key e | Highe | Former | | | |
| (27) MEKALA KRISHNAN | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (28) DONYA NASSER | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (29) KATE ONYEJEKWE | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (30) THERESA PRESTON-WERNER | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (31) BILL SHELTON | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (32) RICHARD SOCHER | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (33) POLINA VYZHAK | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | | | - | - | \vdash | - | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| Total to Fart VII, Section A, III e TC | | | | | | | | 1 | | L |

| Pa | πνι | Check if Schedule O | | | 2200 | or noto to onvilin | in this Dort VIII | | | |
|--|--------|---|------------|----------------|---------|--------------------|-------------------|-------------------|-------------------------------|--|
| | | Check II Schedule U | COLLS | ans a respo | JISE | | (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| S S | 1 a | Federated campaigns | | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | | | | | | |
| , G | c | Fundraising events | | | | | | | | |
| lifts ar A | c | | | | | | | | | |
| s, G mila | e | Government grants (contr | ributio | ons) 1e | | 6,811,543. | | | | |
| Sion | f | All other contributions, gifts, | grant | s, and | | | | | | |
| but | | similar amounts not included | l abov | e 1f | | 26,528,481. | | | | |
| d O | ç | Noncash contributions included in | lines 1 | a-1f 1g | \$ | 596,025. | | | | |
| an | h | Total. Add lines 1a-1f | | | | | 33,340,024. | | | |
| | | | | | | Business Code | | | | |
| e | 2 a | | | | | 541900 | 597,609. | 597,609. | | |
| e vi | b | FEES FOR SERVICE | | | | 541900 | 38,663. | 38,663. | | |
| Senu enu | c | | | | | | | | | |
| ran Sev | c | <u> </u> | | | | | | | | |
| Program Service Revenue | e | | | | | | | | | |
| 9 | f | All other program service | | | | | 60.6 ATA | | | |
| | | Total. Add lines 2a-2f | | | | | 636,272. | | | |
| | 3 | Investment income (inclue | Ũ | | | | 2 242 204 | | | 2042004 |
| | | other similar amounts) | | | | | 3,243,294. | | | 3243294 |
| | 4 | Income from investment of | | • | ond p | roceeds | | | | |
| | 5 | Royalties | | (i) Rea | <u></u> | (ii) Personal | | | | |
| | 6 6 | Croco ronto | 6a | | | (ii) i cisonai | | | | |
| | b | Gross rents Less: rental expenses | 6b | | | | | | | |
| | - - | | 6c | | | | | | | |
| | | Net rental income or (loss) | | | | | | | | |
| | | Gross amount from sales of | ,, <u></u> | (i) Securi | ties | (ii) Other | | | | |
| | | assets other than inventory | 7a | 22,478, | 278. | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| en | | and sales expenses | 7b | 22,966, | 982. | | | | | |
| Revenue | c | Gain or (loss) | 7c | -488, | 704. | | | | | |
| Rev | c | Net gain or (loss) | | | <u></u> | | -488,704. | | | -488,704 |
| ъ | 8 a | Gross income from fundraisi | ng eve | ents (not | | | | | | |
| Oth | | including \$ | | of | | | | | | |
| | | contributions reported on | | - | | | | | | |
| | | Part IV, line 18 | | | 8a | | | | | |
| | | | | | | | | | | |
| | | Net income or (loss) from | | - | | | | | | |
| | 9 a | Gross income from gamin | | | | | | | | |
| | | Part IV, line 19 | | | 9a | | | | | |
| | | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | ,s | | | | | |
| | 10 a | a Gross sales of inventory, and allowances | | | 10a | | | | | |
| | h | Less: cost of goods sold | | | | | | | | |
| | | Net income or (loss) from | | | | 1 | | | | |
| | | | 54100 | | • 1 •• | Business Code | | | | |
| snc | 11 a | EVENT TICKETS REVEN | UE | | | 900099 | 10,600. | | | 10,600 |
| nec | b | | | | | | | | | |
| scellanec Revenue | c | | | | | | | | | |
| Miscellaneous Revenue | c | All other revenue | | | | 900001 | 381. | | | 381. |
| 2 | | • Total. Add lines 11a-11d | | | | | 10,981. | | | |
| | | Total revenue. See instruction | | | | | 36,741,867. | 636,272. | 0. | 2765571. |

GLOBAL FUND FOR WOMEN, INC.

Form 990 (2023)

77-0155782

Page **9**

Check here

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19 20

21

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24

а b С d

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25

26

Interest

Insurance

SUPPLIES

All other expenses

persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

Other salaries and wages

Pension plan accruals and contributions (include

section 401(k) and 403(b) employer contributions)

Other employee benefits

Payroll taxes

Management

Legal

Accounting

Lobbying

Professional fundraising services. See Part IV, line 17

Investment management fees

Other. (If line 11g amount exceeds 10% of line 25,

column (A), amount, list line 11g expenses on Sch 0.)

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Travel Payments of travel or entertainment expenses

for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

Fees for services (nonemployees):

| Form | n 990 (2023) GLOBAL FUND | FOR WOMEN, 3 | INC. | 77-0 | | | | |
|------|--|------------------------------|---|--|--|--|--|--|
| Pa | rt IX Statement of Functional Expension | es | | | | | | |
| Sect | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 663,500. | 663,500. | | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 13,176,234. | 13,176,234. | | | | | |
| 4 | Benefits paid to or for members | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,587,311. | 608,075. | 594,468. | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | |

6,494,770.

317,353.

980,603.

668,087.

27,089.

110,269.

547,195.

103,034.

126,254.

307,590.

84,765.

78,101.

49,269.

55,031.

420,023.

33,129,555.

1,281,143.

5,953,294.

98,640.

3,970,546.

199,873.

535,095.

381,153.

5,616,717.

78,445.

21,145.

52,284.

68,596.

10,481.

37,941.

134,684.

26,673,198.

957,672.

160,757.

1,039,407.

45,281.

245,020.

132,550.

27,089.

98,640.

336,577.

10,757.

88,891.

19,908.

9,505.

38,788.

14,374.

278,896.

3,313,735.

222,574.

741.

110,269.

(D) Fundraising expenses

384,768.

1,484,817.

72,199.

200,488.

154,384.

547,195.

23,848.

94,352.

57,942.

12,573.

2,716.

6,443.

3,142,622.

100,897.

Х

Form 990 (2023)

| GLOBAL | FUND | FOR | WOMEN, | INC. |
|--------|------|-----|--------|------|
| | | | | |

| Pa | πΧ | Balance Sneet | | | |
|-----------------------------|-----|--|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 23,673,183. | 1 | 43,114,773. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | 17,425,292. |
| | 4 | Accounts receivable, net | | 4 | 21,735. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disgualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | 200 270 | 9 | 240,820. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | 61,584,831. | 11 | 49,152,386. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | 344,526. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 100 010 000 | 16 | 110,299,532. |
| | 17 | Accounts payable and accrued expenses | | 17 | 937,373. |
| | 18 | Grants payable | | 18 | 16,218,529. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or former officer, director, | | | |
| itie | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| Ľ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 0. | 25 | 234,585. |
| | 26 | Total liabilities. Add lines 17 through 25 | 24,520,092. | 26 | 17,390,487. |
| | | Organizations that follow FASB ASC 958, check here | | | |
| sec | | and complete lines 27, 28, 32, and 33. | | | |
| anc | 27 | Net assets without donor restrictions | 39,546,299. | 27 | 43,625,166. |
| Bal | 28 | Net assets with donor restrictions | 45,245,948. | 28 | 49,283,879. |
| pu | | Organizations that do not follow FASB ASC 958, check here | | | |
| Fu | | and complete lines 29 through 33. | | | |
| ۵ د | 29 | Capital stock or trust principal, or current funds | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Vet | 32 | Total net assets or fund balances | 84,792,247. | 32 | 92,909,045. |
| | 33 | Total liabilities and net assets/fund balances | | 33 | 110,299,532. |

Form **990** (2023)

Form 990 (2023) GL Part X Balance Sheet

| Form | GLOBAL FUND FOR WOMEN, INC. | 77-01 | 55782 | Pag | _{ge} 12 |
|------|--|----------|----------------|---------------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | <u>36,74</u> 1 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | <u>33,129</u> | 9,5 | 55. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,612 | 2 , 3: | 12. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 84,792 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,941 | L , 1: | 21. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -436 | 5,6 | 35. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 92,909 | 9,04 | 45. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | 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 | Х | |
| | 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: | | | | |
| | Separate basis X 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 | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | 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 requi | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | 3b | Х | |

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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 |
|------------------------------|
| 2023 |
| Open to Public Inspection |

Т

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Nan | ne of | the organization | | | | | | | identification number |
|--------|-------|--|-------------------------|---|-------------------------------|-----------------|------------------|--------------|----------------------------|
| | | | | R WOMEN, INC. | | | | | 7-0155782 |
| Pa | rt I | Reason for Public 0 | Charity Status. | All organizations must c | omplete th | nis part.) S | ee instruction | S. | |
| The | orgar | ization is not a private found | ation because it is: (F | For lines 1 through 12, cl | heck only o | one box.) | | | |
| 1 | Щ | A church, convention of ch | | | | n 170(b)(1 |)(A)(i). | | |
| 2 | Щ | A school described in section | | | | | | | |
| 3 | Щ | A hospital or a cooperative | | | | | | _ | |
| 4 | | A medical research organiza | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A | (iii). Enter | the hospital's name, |
| _ | | city, and state: | | | | | | | |
| 5 | | An organization operated for | | lege or university owned | or operate | ed by a go | vernmental u | hit describe | a in |
| • | | section 170(b)(1)(A)(iv). (C | | | | | | | |
| 6 | | A federal, state, or local gov | - | | | | | | |
| 1 | X | An organization that norma | • | itial part of its support fr | om a gove | ernmental (| unit or from tr | ie general p | oudlic described in |
| 0 | | section 170(b)(1)(A)(vi). (C | | 1/AV. | | | | | |
| 8 9 | H | A community trust describe | | | | d in coniu | notion with a | land grant | |
| 9 | | An agricultural research org or university or a non-land-g | | | | - | | - | - |
| | | university: | fram conege of agrici | | | lame, ony | and state of | the college | 01 |
| 10 | | An organization that norma | Ilv receives (1) more t | than 33 1/3% of its supp | ort from c | ontribution | s membersh | in fees and | aross receipts from |
| | | activities related to its exem | | | | | | | |
| | | income and unrelated busir | | - | | | | | - |
| | | See section 509(a)(2). (Cor | | (, | | | ; | | |
| 11 | | An organization organized a | . , | vely to test for public sat | ety. See | section 50 | 9(a)(4). | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform tl | ne functior | ns of, or to ca | rry out the | purposes of one or |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section & | 509(a)(2). | See section & | 509(a)(3). (| heck the box on |
| | | lines 12a through 12d that | describes the type of | supporting organizatior | and com | olete lines | 12e, 12f, and | 12g. | |
| а | | Type I. A supporting orga | anization operated, su | upervised, or controlled | by its supp | orted orga | anization(s), ty | pically by | giving |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority o | f the direc | tors or trustee | es of the su | pporting |
| | | organization. You must c | complete Part IV, Se | ctions A and B. | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | d organizatio | n(s), by hav | ing |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that cor | ntrol or manag | ge the supp | oorted |
| | _ | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | ion with, a | nd functional | ly integrate | d with, |
| | | its supported organization | .,.,, | | | | - | | |
| d | | Type III non-functionally | | | | | | - | |
| | | that is not functionally int | | | • | | | an attentiv | reness |
| | | requirement (see instructi | | - | | | | | |
| е | | Check this box if the orga | | | | | Type I, Type | I, Type III | |
| | E-at | functionally integrated, or | · | | | | | | |
| | | er the number of supported c vide the following informatior | • | d organization(s) | | | | | |
| 9 | | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | in your governi Yes | ng accument? | support (see ir | structions) | support (see instructions) |
| | | | | above (see instructions) | 100 | 110 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| Tota | 31 | | | | | | | | |

332022 12-21-23

| Sch | edule A | A (Form 990) 2023 | GL | OBAL | Ε |
|---|---------|-------------------------------|---------------------|---------------|-----|
| Pa | art II | Support Schedule f | or O | rganiza | ati |
| | | (Complete only if you chee | cked t | he box o | n |
| | | ests lis | sted belo | w | |
| Se | ction | A. Public Support | | | |
| Calendar year (or fiscal year beginning in) | | | | (a) 20 | 19 |
| 1 | Gifts, | grants, contributions, and | | | |
| | memb | pership fees received. (Do no | t | | |

| 1 | Gifts, grants, contributions, and | | | | | | |
|------|--|----------------------|---------------------|---------------------|--------------------|--------------------|---------------|
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 29598145. | 66462115. | 38518334. | 36239765. | 33340024. | 204158383 |
| 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 | | | | | | |
| 4 | Total. Add lines 1 through 3 | 29598145. | 66462115. | 38518334. | 36239765. | 33340024. | 204158383 |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 5258756. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 198899627 |
| Sec | tion B. Total Support | • | • | • | • | • | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 29598145. | 66462115. | 38518334. | 36239765. | 33340024. | 204158383 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 411,506. | 1720951. | 1290321. | 1945870. | 3243294. | 8611942. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 696,452. | | 152. | 122. | 10,981. | 707,707. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 213478032 |
| | Gross receipts from related activities, | etc (see instruction | ne) | | | | ,206,176. |
| | First 5 years. If the Form 990 is for th | • | , | | | | /200/2/00 |
| 10 | organization, check this box and stop | | | | | | |
| Sec | tion C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (| | | column (f)) | | 14 | 93.17 % |
| | Public support percentage from 2022 | | | | | | 94.58 % |
| | 33 1/3% support test - 2023. If the | | | | | | 2 2 2 2 2 7 3 |
| 100 | stop here. The organization qualifies | - | | | | | v |
| h | 33 1/3% support test - 2022. If the | | • | | line 15 is 33 1/3% | | |
| , D | and stop here. The organization qua | | | | | | |
| 17- | 10% -facts-and-circumstances test | | | | | | |
| 17 d | | | | | | | |
| | and if the organization meets the fact | | | - | - | - | |
| Ŀ | meets the facts-and-circumstances te | - | | | | 17a and lina 15 ia | |
| α | 10% -facts-and-circumstances test | - | | | | | |
| | more, and if the organization meets the | | | | | | |
| | organization meets the facts-and-circ | umstances test. If | ie organization dua | annes as a DUDIICIV | supported organiz | zauon | |

(b) 2020

77-0155782 Page 2

(f) Total

(e) 2023

Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(d) 2022

(c) 2021

(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.)

| 20 | Private foundation. | If the organization | did not check | a box on line 14 | l, 19a, or 19b | , check this box and see instruction | ons |
|-------|---------------------|---------------------|---------------|------------------|----------------|--------------------------------------|-----|
| 33202 | 3 12-21-23 | | | | | | Sc |

| Sol | qualify under the tests listed b ction A. Public Support | elow, please comp | nete Fart II.) | | | | | | | |
|---|--|--|--|---|---------------------|---|---------------|--|--|--|
| | | (-) 0010 | (1-) 0000 | (-) 0001 | (-1) 0000 | (1) 0000 | (0 T · · | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 | | | | | | | | | |
| 3 | are not an unrelated trade or bus- | | | | | | | | | |
| | | | | | | | | | | |
| 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 | | | 1 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | | | | |
| | 3 received from disqualified persons | | | | | | | | | |
| b | Amounts included on lines 2 and 3 received | | | | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | | | | |
| | amount on line 13 for the year | | | | | | | | | |
| c | Add lines 7a and 7b | | | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | | | |
| Sec | ction B. Total Support | | | 1 | - | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | | | |
| | Amounts from line 6 | | | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | |
| | and income from similar sources | | | | | | | | | |
| b | Unrelated business taxable income | | | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | | | |
| 44 | Add lines 10a and 10b Net income from unrelated business | | | | | | | | | |
| •• | activities not included on line 10b, | | | | | | | | | |
| | whether or not the business is | | | | | | | | | |
| 12 | regularly carried on Other income. Do not include gain | | | | | | | | | |
| 14 | or loss from the sale of capital | | | | | | | | | |
| 12 | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | | | 1 | | | | | | |
| | First 5 years. If the Form 990 is for th | L | l ret second third | fourth or fifth tax | Vear as a section ! | 501(c)(3) organizatio | n | | | |
| 17 | • | • | | | • | | | | | |
| | | | | | | | | | | |
| Sec | check this box and stop here | c Support Per | | | | | | | | |
| | ction C. Computation of Publi | | | column (f)) | | | | | | |
| | ction C. Computation of Publi | ine 8, column (f), d | livided by line 13, | | | 16 | <u>%</u> % | | | |
| 15 16 | Ction C. Computation of Public Public support percentage for 2023 (I | ine 8, column (f), d Schedule A, Part | livided by line 13, III, line 15 | column (f)) | | | <u> </u> | | | |
| 15 <u>16</u> Sec | ction C. Computation of Publi Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invest | ine 8, column (f), d Schedule A, Part | ivided by line 13, III, line 15 Percentage | | | | % | | | |
| 15 <u>16</u> Sec | ction C. Computation of Publi Public support percentage for 2023 (I Public support percentage from 2022 | ine 8, column (f), d Schedule A, Part Stment Income 223 (line 10c, colur | livided by line 13, III, line 15 Percentage nn (f), divided by l | | | 16 | | | | |
| 15 <u>16</u> Sec 17 18 | ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invest Investment income percentage for 20 | ine 8, column (f), d Schedule A, Part Stment Income 223 (line 10c, colur 2022 Schedule A, | livided by line 13, III, line 15 Percentage nn (f), divided by I Part III, line 17 | ine 13, column (f)) | | 16 17 18 | % % | | | |
| 15 <u>16</u> Sec 17 18 | ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from | ine 8, column (f), d Schedule A, Part Stment Income 23 (line 10c, colur 2022 Schedule A, organization did r | ivided by line 13, III, line 15 Percentage nn (f), divided by I Part III, line 17 not check the box | ine 13, column (f)) on line 14, and line | e 15 is more than (| 16 17 18 33 1/3%, and line 17 | % % | | | |

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

(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

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.)

10b Schedule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

GLOBAL FUND FOR WOMEN, INC.

| Schedule A | (Form 990) |) 2023 | GLOBAL | FUND | FOR | WOMEN, | INC. |
|------------|------------|-------------|----------------|--------|-----|--------|------|
| Part IV | Suppor | ting Organi | izations (cont | inued) | | | |

1

2

Yes No

| | | | 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. |
|---|--|
| 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. | |
|--|--|
| Section C. Type II Supporting Organizations | |

| 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 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year | (see instructions). |
|---|--|--------------------------------------|---------------------|
| • | | | |

a The organization satisfied the Activities Test. Complete line 2 below.

| b | | The organization | is the parent of | of each of its | supported of | organizations. | Complete line 3 be | elow. |
|---|--|------------------|------------------|----------------|--------------|----------------|--------------------|-------|
|---|--|------------------|------------------|----------------|--------------|----------------|--------------------|-------|

| с | | The organization supported | l a governmental entity. | Describe in Part VI how | you supported a governmental enti | ty (see instruction <u>s).</u> |
|---|--|----------------------------|--------------------------|-------------------------|-----------------------------------|--------------------------------|
|---|--|----------------------------|--------------------------|-------------------------|-----------------------------------|--------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **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.*

3a

(see instructions). Yes 2a 2b

No

| hedule A (Form 990) 2023 GLOBAL FUND FOR WOMEN, | | | 77-0155782 Page |
|--|---------------|-----------------------|--------------------------------|
| art V Type III Non-Functionally Integrated 509(a)(3) Supporti | | | |
| Check here if the organization satisfied the Integral Part Test as a qualify | | • | Part VI). See instructions. |
| All other Type III non-functionally integrated supporting organizations mu | st complete S | Sections A through E. | |
| ction A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| Net short-term capital gain | 1 | | |
| Recoveries of prior-year distributions | 2 | | |
| Other gross income (see instructions) | 3 | | |
| Add lines 1 through 3. | 4 | | |
| Depreciation and depletion | 5 | | |
| 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 | | |
| Other expenses (see instructions) | 7 | | |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| ction B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| Subtract line 2 from line 1d. | 3 | | |
| Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by 0.035. | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ction C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |

5 Income tax imposed in prior year
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

4 Enter greater of line 2 or line 3.

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

4 5

6

Schedule A (Form 990) 2023

| Daily | True a III Mara | |
|------------|-----------------|--|
| Schedule A | (Form 990) 2023 | |
| | | |

| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continue | ed) | |
|-------|---|-------------------------------|--------------------------------|-----|----------------------------------|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 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 | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | · | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2023 | ; | Distributable Amount for 2023 |
| _1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| с | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | | | | | |
| | and 4c. | | | | |
| 8 | | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| | Excess from 2023 | | | | |

Schedule A (Form 990) 2023

GLOBAL FUND FOR WOMEN, INC.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

| OTHER INCOME | |
|------------------|----------|
| 2019 AMOUNT: \$ | 696,452. |
| 2021 AMOUNT: \$ | 152. |
| 2022 AMOUNT: \$ | 122. |
| 2023 AMOUNT: \$ | 381. |
| | |
| EVENT TICKETS RE | VENUE |
| 2023 AMOUNT: \$ | 10,600. |
| | |
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

| Schedule B | |
|------------|--|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Name of the organization

| GLOBAL | FUND | FOR | WOMEN, | INC. |
|--------------------------------|------|-----|--------|------|
| Organization type (check one): | | | | |

| 77-0155782 |
|------------|
|------------|

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | $\fbox{3}$ 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

323452 12-26-23

(a)

No.

6

| (b) Name, address, and ZIP + 4 | (c) Total contributions |
|-----------------------------------|----------------------------|
| | \$ <u>2,750,000.</u> |
| (b) Name, address, and ZIP + 4 | (c) Total contributions |
| | \$ <u>1,484,526.</u> |
| (b) Name, address, and ZIP + 4 | (c) Total contributions |
| | \$ <u>1,262,000.</u> |
| | |

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) Name, address, and ZIP + 4 No. 1 (a) (b) No. Name, address, and ZIP + 4 2

(b)

Name, address, and ZIP + 4

GLOBAL FUND FOR WOMEN, INC.

Name of organization

(a)

No.

(a) No.

4

(a)

No.

5

3

Employer identification number

Person Payroll

Noncash

Person Payroll

Noncash

Person

Payroll

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

77-0155782

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

4,061,543.

4,010,000.

4,000,000.

(d)

Type of contribution

X

X

X

X

X

X

| Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. |
|---|--------------------------------|
| (b) Name, address, and ZIP + 4 | (c) Total contributions |
| | \$1,000,000 |
| (b) Name, address, and ZIP + 4 | (c) Total contributions |
| | \$1,000,000 |
| (b) Name, address, and ZIP + 4 | (c) Total contributions |
| | \$1,000,000 |
| | Name, address, and ZIP + 4 |

Schedule B (Form 990) (2023)

| | | \$1,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
|---|-----------------------------------|----------------------------|--|
| (a) No. | (b) | (c) Total contributions | (d) Type of contribution |
| <u>9</u> | Name, address, and ZIP + 4 | \$1,000,000. | 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 |
| <u> 10 </u> | | \$915,000. | 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 |
| <u></u> | | \$830,514. | 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 |
| 323452 12-26-23 | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d) Type of contribution

(d)

Type of contribution

X

77-0155782

323453 12-26-23

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
|------------------------------|--|---|---|
| | | \$ | - |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | \$ | - |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | \$ | - |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | | |

GLOBAL FUND FOR WOMEN, INC.

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

(a)

No.

from

Part I

Employer identification number

(d)

Date received

(d) **Date received**

(d) Date received

(d) **Date received**

(d) Date received

77-0155782

(c)

FMV (or estimate)

(See instructions.)

\$

\$

(d) **Date received**

(b)

Description of noncash property given

| Schedule | B (Form 990) (2023) | | Page 4 |
|---------------------------|--|--|--|
| Name of o | organization | | Employer identification number |
| GLOBA | L FUND FOR WOMEN, INC. | | 77-0155782 |
| Part III | Exclusively religious, charitable, etc., contribution | ons to organizations described in sect | on 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| | from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious. | through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les | For organizations s for the year. (Enter this info. once.) |
| | Use duplicate copies of Part III if additional s | pace 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, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | • |
| | | | |
| | | | |
| (a) No. from | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of gift | • |
| | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| (a) No. | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of gift | |
| | | (-) | |
| | Transferee's name, address, a | nd 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 | | | |
| | | | |
| | | | |
| | | (a) Tuanatan at aith | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

| SCHEDULE C | Political Campaign and Lobbying Activities | | | |
|--|---|----------------|--|--|
| (Form 990) | For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 | 20 | | |
| Department of the Treasury Internal Revenue Service | Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. | Open f Insp | | |
| If the organization answ | vered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activi | ties), then: | | |

If the orga • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Nan | ne of organization | | | Em | ployer identification number |
|-----|--|-------------------------------------|----------------------------|---|------------------------------|
| | GLOBAL | FUND FOR WOMEN, | INC. | | 77-0155782 |
| Pa | rt I-A Complete if the org | anization is exempt und | er section 501(c) c | or is a section 527 o | rganization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | | \$ |
| Pa | rt I-B Complete if the org | anization is exempt und | er section 501(c)(3 | s). | |
| 1 | Enter the amount of any excise tax | incurred by the organization und | ler section 4955 | | \$ |
| 2 | Enter the amount of any excise tax | incurred by organization manage | ers under section 4955 | | \$ |
| 3 | If the organization incurred a sectio | n 4955 tax, did it file Form 4720 | for this year? | | Yes 🗌 No |
| 4a | Was a correction made? | | | | Yes 🗌 No |
| | If "Yes," describe in Part IV. | | | | |
| Pa | art I-C Complete if the org | anization is exempt und | er section 501(c), o | except section 501 | c)(3). |
| 1 | Enter the amount directly expended | d by the filing organization for se | ction 527 exempt function | on activities | \$ |
| 2 | Enter the amount of the filing organ | ization's funds contributed to ot | her organizations for se | ction 527 | |
| | exempt function activities | | | | \$ |
| 3 | Total exempt function expenditures | . Add lines 1 and 2. Enter here a | nd on Form 1120-POL, | | |
| | line 17b | | | | \$ |
| 4 | Did the filing organization file Form | 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses, and er | | | | |
| | made payments. For each organiza | tion listed, enter the amount paid | d from the filing organiza | ation's funds. Also enter t | he amount of political |
| | contributions received that were pro- | | | | ate segregated fund or a |
| | political action committee (PAC). If | additional space is needed, prov | ide information in Part I | V | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | contributions received and |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

23 Open to Public Inspection

| Schedule C (Form 990) 2023 | GLOBAI | J FUND | FOR WOMEN, | INC. | 77-0 | 155782 Page 2 |
|---|----------------------------|---------------|------------------------------------|-------------------------|---|---------------------------------------|
| Part II-A Complete if the org | ganizatio | n is exen | npt under section | 501(c)(3) and file | ed Form 5768 (ele | ction under |
| section 501(h)). | ation belong | s to an affil | liated group (and list in | Part IV each affiliated | group member's name | e, address, EIN, |
| expenses, and sha | - | | - · · | | | |
| B Check if the filing organiza | ation checke | ed box A ar | nd "limited control" pro | visions apply. | | |
| | its on Lobb ditures" me | | nditures nts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to infl | uence publi | c opinion (g | grassroots lobbying) | | 0. | |
| b Total lobbying expenditures to infl | uence a legi | islative bod | ly (direct lobbying) | | 0. | |
| c Total lobbying expenditures (add l | ines 1a and | 1b) | | | 0. | |
| d Other exempt purpose expenditure | es | | | | 32,483,720. | |
| e Total exempt purpose expenditure | es (add lines | 1c and 1d |) | | 32,483,720. | |
| f_Lobbying nontaxable amount. Ent | er the amou | int from the | e following table in both | n columns. | 1,000,000. | |
| If the amount on line 1e, column (a) of | or (b) is: | The lob | bying nontaxable amo | ount is: | | |
| not over \$500,000, | | 20% of 1 | the amount on line 1e. | | | |
| over \$500,000 but not over \$1,000 | 0,000, | \$100,00 | 0 plus 15% of the exce | ess over \$500,000. | | |
| over \$1,000,000 but not over \$1,5 | 00,000, | \$175,00 | 0 plus 10% of the exce | ess over \$1,000,000. | | |
| over \$1,500,000 but not over \$17, | 000,000, | \$225,00 | 0 plus 5% of the exces | s over \$1,500,000. | | |
| over \$17,000,000, | | \$1,000,0 | 000. | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | 250,000. | |
| h Subtract line 1g from line 1a. If zer | ro or less, er | nter -0 | | | 0. | |
| i Subtract line 1f from line 1c. If zero | o or less, en | ter -0 | | | 0. | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | |
| 4-Year Averaging Period Under Section 501(h) | | | | | | |
| (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. | | | | | | |
| | | - | ate instructions for lin | | | |
| | Lobb | ying Exper | nditures During 4-Yea | r Averaging Period | 1 | I |
| Calendar year (or fiscal year beginning in) | (a) 2 | :020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000 |),000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount | | | | | | |
| (150% of line 2a, column(e)) | | | | | | 6,000,000. |
| c Total lobbying expenditures | | | | | | |
| d Grassroots nontaxable amount | 250 | ,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | 1,500,000. |
| | 1 | | 1 | | | |

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 GLOBAL FUND FOR WOMEN, INC. 77-01557 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | | (a) | | (b) | |
|---|--|------------------|-----------|-----------|-------|
| | of the lobbying activity. | | No | Amo | ount |
| 1 a | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| с | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| с | c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5), | or sec | tion | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| _3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | 3 | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes." | | | | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | 2b | | |
| | Total | | 2c | | |
| 3 | | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | olitical | | | |
| | expenditures next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | <u></u> | 5 | | |
| Par | t IV Supplemental Information | | | | |
| Provi | de the descriptions required for Part LA, line 1: Part LB, line 4: Part LC, line 5: Part ILA (affiliated group | list)· Part II-A | lines 1 a | nd 2 (see | |

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

| SCHEDULE D | • • | I Financial Statemen | | | OMB No. 1545-0047 |
|---|---|---|------------|----------|------------------------------|
| Form 990) | | 11a, 11b, 11c, 11d, 11e, 11f, 12a, or | | | 2023 |
| Department of the Treasury nternal Revenue Service | | Attach to Form 990. 990 for instructions and the latest information. | | | Open to Public Inspection |
| ame of the organization | 1 | | | Employer | identification number |
| - | GLOBAL FUND FOR WOM | EN, INC. | | 7 | 7-0155782 |
| | ions Maintaining Donor Advised answered "Yes" on Form 990, Part IV, line | | | | Complete if the |
| 1 Total number at end | of year | | | | |
| | contributions to (during year) | | | | |
| 3 Aggregate value of g | grants from (during year) | | | | |
| 4 Aggregate value at e | end of year | | | | |
| 5 Did the organization | inform all donors and donor advisors in wi | riting that the assets held in donor adv | /ised fund | S | |
| are the organization? | 's property, subject to the organization's ex | clusive legal control? | | | Yes I |
| | | | | | |

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

| 1 | Purpose(s) of conservation easements held by the organization (check all that ap | pply). |
|---|---|---|
| | Preservation of land for public use (for example, recreation or education) | Preservation of a historically important land area |
| | Protection of natural habitat | Preservation of a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a gualified conservation co | ntribution in the form of a conservation easement on the last |

| | day of the tax year. | | Held at the End of the Tax Year |
|---|--|----|---------------------------------|
| а | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| С | Number of conservation easements on a certified historic structure included on line 2a | 2c | |
| d | Number of conservation easements included on line 2c acquired after July 25, 2006, and not | | |
| | on a historic structure listed in the National Register | 2d | |

| 3 | | rred, released, extinguished, or terminated by the organization during the tax |
|---|------|--|
| | year | |

Number of states where property subject to conservation easement is located 4

| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
|---|---|----|
| | violations, and enforcement of the conservation easements it holds? | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | |

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) | |
|---|---|--|
| | and section 170(h)(4)(B)(ii)? Yes | |
| - | | |

| 9 | In Part XIII, describe now the organization reports conservation easements in its revenue and expense statement and |
|---|---|
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the |
| | organization's accounting for conservation easements. |

| Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. |
|----------|--|
| C | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. |

| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works |
|----|---|
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |

| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet | works of |
|---|--|---------------|
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu | blic service, |
| | provide the following amounts relating to these items. | |
| | (i) Revenue included on Form 990. Part VIII. line 1 | \$ |

| | For Denominary, Deduction Act Nation, and the Instructions for Form 000 | Sahadula D (Farm 000) 0002 |
|---|--|----------------------------|
| b | Assets included in Form 990, Part X | \$ |
| а | Revenue included on Form 990, Part VIII, line 1 | \$ |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | |
| | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | le |
| | (ii) Assets included in Form 990, Part X | \$ |
| | | Ψ |

Schedule D (Form 990) 2023



Yes

No

No

| formation. | |
|------------|--|
| | |

| Sche | | FUND FOR WO | | | | 77 - 01 | | | age 2 |
|----------|--|---------------------------------|---|-----------------------|---------------------------|---------------|----------|---|--------------|
| Par | t III Organizations Maintaining C | ollections of Art | t, Historical Tre | easures, or Othe | er Simila | r Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the | following that make s | significant | use of its | | | |
| | collection items (check all that apply). | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | |
| b | Scholarly research | е | Other | 0 1 0 | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | ne organization's exe | mpt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | |
| - | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | . Part IV. li | _ | | |
| | reported an amount on Form 990, Par | | | | | ,,, | , | | |
| 1a | Is the organization an agent, trustee, custodi | an, or other intermed | liary for contribution | ns or other assets no | t included | | | | |
| | on Form 990, Part X? | • | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | | | L |] 110 |
| | | | lowing table. | | | | Amount | t | |
| <u>د</u> | Beginning balance | | | | 1c | | | | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | <u>ic</u> 1f | | | | |
| ' 2a | Did the organization include an amount on Fo | | | | | · | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | ····· · | | | 1 |
| Par | | | | | 10 | <u></u> | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | | years back | (e) Four | vears | back |
| 1a | Beginning of year balance | 20,974,983. | 19,498,266. | | | , 70,782. | . , | , 670, | |
| b | Contributions | | | | · · · · · | 94,829. | / | 647, | |
| 0 | Net investment earnings, gains, and losses | 4,746,708. | 1,809,869. | -11,804,902. | | 296,770. | | 932, | |
| с d | | _,,,,, | 2,000,000 | | , - | | | , | |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | 325,000. | 333,152. | 459,213. | | | | | |
| | and programs | 525,000. | 555,152. | 455,215. | | | | 280, | 109 |
| I | Administrative expenses | 25,396,691. | 20,974,983. | 19,498,266. | 31 7 | 62,381. | 15 | 970, | |
| g | End of year balance | | | | 51,7 | 02,301. | 15, | <u>, , , , , , , , , , , , , , , , , , , </u> | 702. |
| 2 | Provide the estimated percentage of the curr | 76.0000 | |)) held as: | | | | | |
| a | Board designated or quasi-endowment Permanent endowment .0000 | | _% | | | | | | |
| | 04 0000 | % | | | | | | | |
| с | | % | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c show | | | | | | | | |
| за | Are there endowment funds not in the posse | ssion of the organiza | tion that are held ar | nd administered for t | ne | | ſ | Yes | No |
| | organization by: | | | | | | | 165 | X |
| | (i) Unrelated organizations? | | | | | | 3a(i) | | X |
| | | | | | | | 3a(ii) | | |
| D | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | | |
| 4 Par | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | wment funds. | | | | | | |
| 1 41 | Complete if the organization answered | | Part IV line 11a S | See Form 000 Part X | line 10 | | | | |
| | | | | | , | 1 | () | | |
| | Description of property | (a) Cost or o basis (investn | | | Accumulate epreciation | | (d) Bool | value | Э |
| | Land | ` | 000000000000000000000000000000000000000 | | preciation | | | | |
| | Land | | | | | | | | |
| | Buildings | | | | | <u> </u> | | | |
| | Leasehold improvements | | | | | <u> </u> | | | |
| | Equipment | | | | | | | | |
| | Other | | | | | <u> </u> | | | 0 |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part) | X, line 10c, column | <u>(B))</u> | | | | | 0. |
| | | | | | | Schedule | D (Form | ı 990) | 2023 |

| Schedule D (Form 990) 2023 GLOBAL FUND | FOR WOMEN, | INC. | 77-0155782 Page 3 |
|---|-----------------------|---------------------------|--|
| Part VII Investments - Other Securities | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, | line 11b. See Form 990, I | Part X, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v | aluation: Cost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | on Form 000 Dort IV | line 11e See Form 000 | Part V line 10 |
| Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | | aluation: Cost or end-of-year market value |
| | | | aluation. Cost of end-or-year market value |
| (1)(2) | | | |
| (2) | | | |
| (3) | | | |
| (4)(5) | | | |
| (5) (6) | | | |
| | | | |
| (7) (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, | line 11d. See Form 990, I | Part X, line 15. |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co. | I. (B)) | | |
| Part X Other Liabilities | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, | line 11e or 11f. See Form | |
| 1.(a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | - | | |
| (2) DEFERRED COMPENSATION PLAN | N | | 024 505 |
| (3) LIABILITY | | | 234,585. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 25, co | <u>I. (В))</u> | | 234,585. |

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

| Sche | dule D (Form 990) 2023 GLOBAL FUND FOR WOMEN, | INC. | 77-0155782 Page 4 |
|------|---|---------------------|--------------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Sta | tements With Reven | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ine 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 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 | 2b | |
| с | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 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 | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | <u>.)</u> | |
| Pa | t XII Reconciliation of Expenses per Audited Financial St | atements With Exper | nses per Return |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ine 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 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.) | 2d | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| 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 | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 | 18.) | |
| Pa | t XIII Supplemental Information | | |

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

PART V, LINE 4:

| THE ORGANIZATION'S ENDOWMENT CONSISTS OF TWO FUNDS ESTABLISHED FOR A |
|--|
| VARIETY OF PURPOSES, AND INCLUDES DONOR-RESTRICTED FUNDS. NET ASSETS |
| ASSOCIATED WITH THIS ENDOWMENT ARE CLASSIFIED AND REPORTED BASED ON THE |
| EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE ORGANIZATION HAS |
| ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT |
| TO PRESERVE THE PURCHASING POWER OF THE ENDOWMENT FUND AND AT THE SAME |
| TIME PROVIDE A REGULAR AND GROWING DISTRIBUTION OF FUNDS FOR THE USE OF |
| THE ORGANIZATION, CONSISTENT WITH THE TERMS OF THE ENDOWMENT FUND |
| DISTRIBUTION POLICY AND THE TERMS GOVERNING EACH OF THE INDIVIDUAL |
| ENDOWMENT FUNDS. A BALANCED APPROACH IS TO BE TAKEN BETWEEN RISK, |
| PRESERVATION OF CAPITAL, INCOME AND GROWTH. THE ORGANIZATION HAS A POLICY |
| 332054 09-28-23 Schedule D (Form 990) 2023 |

| Schedule D (Form 990) 2023 GLOBAL FUND FOR WOMEN, INC. 77-0155782 Page 5 |
|--|
| Part XIII Supplemental Information (continued) |
| OF APPROPRIATING FOR DISTRIBUTION EACH YEAR AN AMOUNT NOT TO EXCEED SIX |
| PERCENT OF ITS ENDOWMENT FUND'S AVERAGE ASSET FAIR MARKET VALUE. THE BOARD |
| OF DIRECTORS MAY REQUEST ALL, A PORTION, OR NONE OF THE APPROPRIATION BE |
| DISTRIBUTED IN ACCORDANCE WITH THE ENDOWMENT FUND'S PURPOSE AS DEFINED BY |
| THE ENDOWMENT AGREEMENT OR APPLICABLE BOARD RESOLUTION. ANY PORTION OF THE |
| DISTRIBUTION NOT APPROPRIATED BY THE BOARD SHALL BE KEPT IN THE ENDOWMENT |
| FUND, BE GOVERNED BY THE ENDOWMENT INVESTMENT POLICY, AND BE AVAILABLE FOR |
| FUTURE DISTRIBUTION IN ACCORDANCE WITH THE DISTRIBUTION POLICY. |

PART X, LINE 2:

THE GLOBAL FUND FOR WOMEN, INC. IS A NOT-FOR-PROFIT ORGANIZATION, EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE (THE CODE), AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE AS PRESCRIBED BY THE CODE. GLOBAL FUND FOR WOMEN, INC. IS ALSO EXEMPT FROM CALIFORNIA INCOME TAX UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THERE IS NO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED JUNE 30, 2024 AND 2023; AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

GLOBAL FUND FOR WOMEN, INC. HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) AND HAS BEEN DESIGNATED AS A "PUBLICLY SUPPORTED" ORGANIZATION UNDER SECTION 170(B)(1)(A)(VI) OF THE CODE.

| SCHEDULE F | Stateme | nt of Act | ivities Outside the Ur | nited Sta | ites – | OMB No. 1545-0047 |
|---|---|------------------|---|----------------------|---|--|
| (Form 990) | Complete if the | e organization a | nswered "Yes" on Form 990, Part IV, | line 14b, 15, o | or 16. | 2023 |
| Department of the Treasury | | | Attach to Form 990. | <i>.</i> | | pen to Public |
| Internal Revenue Service Name of the organization | Go to w | ww.irs.gov/Forn | 1990 for instructions and the latest i | nformation. | | spection ntification number |
| Name of the organization | | | | | | |
| GLOBAL FUND FO | R WOMEN, | INC. | | | 77-0155 | 782 |
| Part I General Info | ormation on A | ctivities Out | side the United States. Compl | ete if the orgar | ization answered | d "Yes" on |
| Form 990, Part | | | | | | |
| - | - | | ds to substantiate the amount of its gra the selection criteria used to award the | | · · · · · | X Yes 🗌 No |
| 2 For grantmakers. Des United States. | scribe in Part V the | e organization's | procedures for monitoring the use of its | s grants and ot | her assistance o | utside the |
| | | | an be duplicated if additional space is r | 1 | | |
| (a) Region | (b) Number of offices in the region | employees, | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | is a pro describe | vity listed in (d) gram service, specific type (s) in the region | (f) Total expenditures for and investments in the region |
| | | | | | | |
| | | | | FOSTERING S | OCIAL CHANGE | |
| SUB-SAHARAN AFRICA | 0 | 2 | PROGRAM SERVICES | PHILANTHROP | Y | 308,555. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SUB-SAHARAN AFRICA | 0 | 0 | GRANTS AWARDED | | | 4,933,374. |
| | | | | | | |
| | | | | FOSTERING S | OCIAL CHANGE | |
| SOUTH ASIA | 0 | 1 | PROGRAM SERVICES | PHILANTHROP | | 96,758. |
| | | | | | | , |
| | | | | | | |
| | | | | | | |
| SOUTH ASIA | 0 | 0 | GRANTS AWARDED | | | 683,254. |
| | | | | | | |
| | | | | FOSTERING | OCIAL CHANGE | |
| SOUTH AMERICA | 0 | 1 | PROGRAM SERVICES | PHILANTHROP | | 60,768. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SOUTH AMERICA | 0 | 0 | GRANTS AWARDED | | | 1,216,000. |
| | | | | | | |
| DUGGEN NUD | | | | | | |
| RUSSIA AND NEIGHBORING STATES | 0 | 0 | GRANTS AWARDED | | | 819,000. |
| | 0 | 0 | GRANTS AWARDED | | | 015,000. |
| | | | | | | |
| | | | | FOSTERING S | OCIAL CHANGE | |
| NORTH AMERICA | 0 | 1 | PROGRAM SERVICES | PHILANTHROP | Y | 325,458. |
| 3 a Subtotal | 0 | 5 | | | | 8,443,167. |
| b Total from continuatio | | | | | | |
| sheets to Part I | 0 | 5 | | | | 5,806,076. |
| c Totals (add lines 3a | 0 | 10 | | | | 14 249 243. |

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

| Schedule F (Form 990) Part I Continuatio | n of Activitie | s per Region | WOMEN,INC。 I• (Schedule F (Form 990), Part I, line : | 77-015578 | 32 Page |
|---|---|--|---|---|---|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| NORTH AMERICA | 0 | 0 | GRANTS AWARDED | | 197,000 |
| | 0 | 0 | SKANIS AWARDED | | 157,000 |
| MIDDLE EAST AND NORTH AFRICA | 0 | 1 | PROGRAM SERVICES | FOSTERING SOCIAL CHANGE PHILANTHROPY | 42,720 |
| | | | | | |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | GRANTS AWARDED | | 841,274 |
| | | | | | , , , , , , , , , , , , , , , , , , , |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 2 | PROGRAM SERVICES | FOSTERING SOCIAL CHANGE PHILANTHROPY | 203,285 |
| | 0 | | | | 203,203 |
| EUROPE (INCLUDING | | | | | |
| ICELAND & GREENLAND) | 0 | 0 | GRANTS AWARDED | | 2,078,535 |
| | | | | | |
| EAST ASIA AND THE PACIFIC | 0 | 1 | PROGRAM SERVICES | FOSTERING SOCIAL CHANGE PHILANTHROPY | 7,800 |
| | | | | | |
| EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTS AWARDED | | 1,518,830 |
| | | | | | |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | GRANTS AWARDED | | 825,885 |
| | | | | | |
| CENTRAL AMERICA AND | | | | FOSTERING SOCIAL CHANGE | |
| THE CARIBBEAN | 0 | 1 | PROGRAM SERVICES | PHILANTHROPY | 90,747 |
| | | | | | |
| | | | | | L |
| | | | | | |
| Totals | | 5 | | | 5,806,076 |

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) |
|-------------------------------|---|--------------------------------------|---|---------------------------------|---------------------------------|---|---|---|
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 25,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 50,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 45,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 50,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 25,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | FOSTERING SOCIAL CHANGE PHILANTHROPY | 188,385. | WIRE | ٥. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | FOSTERING SOCIAL CHANGE PHILANTHROPY | 40,000. | WIDE | 0. | | |
| | | INE CARIDBEAN | CRANGE PRIDANIRKOPI | 40,000. | WIKE | 0. | | |
| | | | | | | | | |
| | | | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 40,000. | WIRE | 0. | | |

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 _______

<u>257</u> 25

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2023

| Schedule F | (Form 990) |) |
|------------|------------|---|
| | | |

GLOBAL FUND FOR WOMEN, INC.

77-0155782

| Part II Continuation of | | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 |) | |
|-------------------------------|---|------------------------|-------------------------------|---------------------------------|---------------------------------|---|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (a) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 14,500. | WIRE | ٥. | | |
| | | | | , | | | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 25,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 35,000. | WIRE | ٥. | | |
| | | | | , | | | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 25,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 48,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 50,000. | WIRE | ٥. | | |
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| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 50,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 30,000. | WIRE | Ο. | | |

| Schedule F | (Form 990 |) |
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GLOBAL FUND FOR WOMEN, INC.

77-0155782

| | CHODI | H TOND TON W | | | 11 01 | 55762 | | Faye |
|-------------------------------|--|------------------------------|-------------------------------|-----------------------------|---------------------------------|--|---|---|
| Part II Continuation of | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 | | |
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FM appraisal, other) |
| | | | | | | | | |
| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | | | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 40,000. | WIRE | 0. | | |
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| | | | | | | | | |
| | | CENTRAL AMERICA | FOSTERING SOCIAL | 25 000 | WTD D | | | |
| | | AND THE CARIBBEAN | CHANGE PHILANTHROPY | 25,000. | WIKE | 0. | | |
| | | | | | | | | |
| | | EAST ASIA AND THE | FOSTERING SOCIAL | | | | | |
| | | PACIFIC | CHANGE PHILANTHROPY | 8,500. | WIRE | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | EAST ASIA AND THE | FOSTERING SOCIAL | | | | | |
| | | PACIFIC | CHANGE PHILANTHROPY | 134,580. | WIRE | 0. | | |
| | | | | | | | | |
| | | EAST ASIA AND THE | FOSTERING SOCIAL | | | | | |
| | | PACIFIC | CHANGE PHILANTHROPY | 49,500. | WIRE | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | EAST ASIA AND THE | FOSTERING SOCIAL | | | | | |
| | | PACIFIC | CHANGE PHILANTHROPY | 40,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | L | | | | | | |
| | | EAST ASIA AND THE PACIFIC | FOSTERING SOCIAL | 40.000 | MTDE | 0. | | |
| | | PACIFIC | CHANGE PHILANTHROPY | 40,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | EAST ASIA AND THE | FOSTERING SOCIAL | | | | | |
| | | PACIFIC | CHANGE PHILANTHROPY | 10,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | EAST ASIA AND THE | FOSTERING SOCIAL | | | | | |
| | | PACIFIC | CHANGE PHILANTHROPY | 1216250. | WIRE | 0. | | |

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 50,000.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL 45,000.WIRE EUROPE CHANGE PHILANTHROPY 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0 FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 45,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 30,000.WIRE 0.

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 15,830.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 15,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 45,000.WIRE 0. FOSTERING SOCIAL 20,000.WIRE EUROPE CHANGE PHILANTHROPY 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 25,000.WIRE 0 FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 35,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 40,000.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 100,000.WIRE Ο.

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 200,000.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 25,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 261,250.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 22,000.WIRE 0 FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 40,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 45,000.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 81,911.WIRE Ο.

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 15,830.WIRE 0. FOSTERING SOCIAL 25,000.WIRE EUROPE CHANGE PHILANTHROPY 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 53,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 45,000.WIRE 0 FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 30,000.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE Ο.

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77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 30,000.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 25,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 45,000.WIRE 0. FOSTERING SOCIAL 11,000.WIRE EUROPE CHANGE PHILANTHROPY 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 25,000.WIRE 0 FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 25,000.WIRE Ο. FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 45,000.WIRE Ο.

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) FOSTERING SOCIAL EUROPE CHANGE PHILANTHROPY 20,000.WIRE Ο. MIDDLE EAST AND FOSTERING SOCIAL NORTH AFRICA CHANGE PHILANTHROPY 40,000.WIRE 0. MIDDLE EAST AND FOSTERING SOCIAL NORTH AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0. MIDDLE EAST AND FOSTERING SOCIAL 10,000.WIRE NORTH AFRICA CHANGE PHILANTHROPY 0. MIDDLE EAST AND FOSTERING SOCIAL NORTH AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0. MIDDLE EAST AND FOSTERING SOCIAL NORTH AFRICA CHANGE PHILANTHROPY 10,000.WIRE 0 MIDDLE EAST AND FOSTERING SOCIAL NORTH AFRICA CHANGE PHILANTHROPY 70,000.WIRE 0. MIDDLE EAST AND FOSTERING SOCIAL NORTH AFRICA CHANGE PHILANTHROPY 52,774. WIRE Ο. MIDDLE EAST AND FOSTERING SOCIAL NORTH AFRICA CHANGE PHILANTHROPY 30,000.WIRE Ο.

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| Part II Continuation o | f Grants and Other | Assistance to Organiza | ations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1) |) | - |
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FM appraisal, other) |
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| | | MIDDLE EAST AND | FOSTERING SOCIAL | 20.000 | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | 0. | | _ |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 17,500. | WIRE | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | Ο. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | o. | | |
| | | | | , | | | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 140,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 8,500. | WIRE | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | o. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |

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| chedule F (Form 990) | | E TONE TON I | | | ,, 01 | 55762 | | Fage |
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| Part II Continuation o | f Grants and Other | Assistance to Organiza | ations or Entities Outside the | United States. | Schedule F (Form 9 | 90), Part II, line 1) |) | |
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FM appraisal, other) |
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| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | MIDDLE EAST AND NORTH AFRICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 20,000. | MTDE | 0. | | |
| | | NORTH AFRICA | CHANGE FHILANIHKOFI | 20,000. | WIKE | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 70,000. | WIRE | 0. | | _ |
| | | | | | | | | |
| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 8,500. | WIRE | ٥. | | |
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| | | | BOGERDING GOGINI | | | | | |
| | | MIDDLE EAST AND NORTH AFRICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 10,000. | WIRE | 0. | | |
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| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 14,000. | WIRE | 0. | | |

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| Part II Continuation o | | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 |) | |
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| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Begion | (d) Purpose of grant | (e) Amount | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV appraisal, other) |
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| | | MIDDLE EAST AND | FOSTERING SOCIAL | | | | | |
| | | NORTH AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | NORTH AMERICA | FOSTERING SOCIAL | | | | | |
| | | (NOT US) | CHANGE PHILANTHROPY | 50,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | NORTH AMERICA (NOT US) | FOSTERING SOCIAL CHANGE PHILANTHROPY | 92,000. | мтре | 0. | | |
| | | (NOI 05) | CHANGE FRILANINKOFI | 52,000. | WIKE | 0. | | |
| | | | | | | | | |
| | | NORTH AMERICA | FOSTERING SOCIAL | | | | | |
| | | (NOT US) | CHANGE PHILANTHROPY | 50,000. | WIRE | 0. | | |
| | | RUSSIA AND THE | | | | | | |
| | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | |
| | | STATES | CHANGE PHILANTHROPY | 80,000. | WIRE | ٥. | | |
| | | RUSSIA AND THE | | | | | | |
| | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | |
| | | STATES | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
| | | DICCTA AND THE | | | | | | |
| | | RUSSIA AND THE NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | |
| | | STATES | CHANGE PHILANTHROPY | 15,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | RUSSIA AND THE | FOCTEDING COCTAI | | | | | |
| | | NEWLY INDEPENDENT STATES | FOSTERING SOCIAL CHANGE PHILANTHROPY | 39,000. | WIRE | ٥. | | |
| | | | | , , , | | | | |
| | | RUSSIA AND THE | | | | | | |
| | | NEWLY INDEPENDENT STATES | FOSTERING SOCIAL CHANGE PHILANTHROPY | 50,000. | WIDE | 0. | | |
| | | DIATES | CHANGE PHILANTHROPY | 50,000. | MIKE | ۰ ⁰ | | |

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| | Continuation of | | Assistance to Organiza | tions or Entities Outside the | I Inited States | (Schodulo E (Form (| 900) Part II lino 1 | ١ | T age Z | |
|---|-----------------|---|------------------------|-------------------------------|-----------------------------|---------------------|---|--|--|--|
| 1 | of organization | (b) IRS code section and EIN (if applicable) | (c) Begion | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | |
| | | | RUSSIA AND THE | | | | | | | |
| | | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | | |
| | | | STATES | CHANGE PHILANTHROPY | 96,000. | WIRE | ٥. | | | |
| | | | | | , | | | | | |
| | | | RUSSIA AND THE | | | | | | | |
| | | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | | |
| | | | STATES | CHANGE PHILANTHROPY | 30,000. | WIRE | ٥. | | | |
| | | | | | | | | | | |
| | | | RUSSIA AND THE | | | | | | | |
| | | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | | |
| | | | STATES | CHANGE PHILANTHROPY | 22,000. | WIRE | 0. | | | |
| | | | RUSSIA AND THE | | | | | | | |
| | | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | | |
| | | | STATES | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | | |
| | | | | | , | | | | | |
| | | | RUSSIA AND THE | | | | | | | |
| | | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | | |
| | | | STATES | CHANGE PHILANTHROPY | 100,000. | WIRE | ٥. | | | |
| | | | | | | | | | | |
| | | | RUSSIA AND THE | | | | | | | |
| | | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | | |
| | | | STATES | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | | |
| | | | | | | | | | | |
| | | | RUSSIA AND THE | | | | | | | |
| | | | NEWLY INDEPENDENT | FOSTERING SOCIAL | 45 000 | | | | | |
| | | | STATES | CHANGE PHILANTHROPY | 45,000. | WIKE | 0. | | | |
| | | | RUSSIA AND THE | | | | | | | |
| | | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | | |
| | | | STATES | CHANGE PHILANTHROPY | 192,000. | WIRE | ٥. | | | |
| | | | | | ,, | | J. | | | |
| | | | RUSSIA AND THE | | | | | | | |
| | | | NEWLY INDEPENDENT | FOSTERING SOCIAL | | | | | | |
| | | | STATES | CHANGE PHILANTHROPY | 40,000. | WIRE | ٥. | | | |

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) RUSSIA AND THE NEWLY INDEPENDENT FOSTERING SOCIAL STATES CHANGE PHILANTHROPY 50,000.WIRE Ο. FOSTERING SOCIAL SOUTH AMERICA CHANGE PHILANTHROPY 93,500.WIRE 0. FOSTERING SOCIAL SOUTH AMERICA CHANGE PHILANTHROPY 10,000.WIRE 0. FOSTERING SOCIAL 50,000.WIRE SOUTH AMERICA CHANGE PHILANTHROPY 0. FOSTERING SOCIAL SOUTH AMERICA CHANGE PHILANTHROPY 45,000.WIRE 0. FOSTERING SOCIAL SOUTH AMERICA CHANGE PHILANTHROPY 15,000.WIRE 0 FOSTERING SOCIAL SOUTH AMERICA CHANGE PHILANTHROPY 8,500.WIRE 0. FOSTERING SOCIAL SOUTH AMERICA CHANGE PHILANTHROPY 25,000.WIRE Ο. FOSTERING SOCIAL

CHANGE PHILANTHROPY

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| Schedule F (Form 990) | GLOBA | L FUND FOR | WOMEN, INC. | | 77-01 | 55782 | | Page 2 |
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| Part II Continuation of | of Grants and Other | Assistance to Organ | izations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 |) | - |
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | FOSTERING SOCIAL | | | | | |
| | | SOUTH AMERICA | CHANGE PHILANTHROPY | 10,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | FOSTERING SOCIAL | | | | | |
| | | SOUTH AMERICA | CHANGE PHILANTHROPY | 15,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 70,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 13,500. | | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 50,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 100,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 57,000. | WIRE | 0. | | |

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|-------------------------------|---|---------------------|---|---------------------------------|---------------------------------|--|--|---|
| Part II Continuation of | of Grants and Other | Assistance to Organ | izations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 |]) | |
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| | | | FOSTERING SOCIAL | | | | | |
| | | SOUTH AMERICA | CHANGE PHILANTHROPY | 15,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 35,000. | WIRE | 0. | | |
| | | DOUTH AMERICA | | 55,000. | WIND | | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 8,500. | WIRE | 0. | | |
| | | | | , | | | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | FOSTERING SOCIAL | | | | | |
| | | SOUTH AMERICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | FOSTERING SOCIAL | 15 000 | | | | |
| | | SOUTH AMERICA | CHANGE PHILANTHROPY | 15,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | FOSTERING SOCIAL | | | | | |
| | | SOUTH AMERICA | CHANGE PHILANTHROPY | 15,000. | WIRE | 0. | | |
| | | | FOSTERING SOCIAL | | | | | |
| | | SOUTH AMERICA | CHANGE PHILANTHROPY | 30,000. | WIRE | 0. | | |

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|-------------------------------|---|---------------------|---|-----------------------------|---------------------------------|--|--|---|
| Part II Continuation of | of Grants and Other | Assistance to Organ | izations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 |) | |
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| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 320,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 15,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 10,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 35,000. | WIRE | 0. | | |
| | | SOUTH ASIA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 15,000. | WIRE | 0. | | |
| | | SOUTH ASIA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 15,000. | WIRE | 0. | | |
| | | SOUTH ASIA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 10,000. | WIRE | 0. | | |
| | | SOUTH ASIA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 22,714. | WIRE | 0. | | |
| | | SOUTH ASIA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 40,000. | WIRE | 0. | | |

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 8,500.WIRE Ο. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 90,800.WIRE 0. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 25,000.WIRE 0. FOSTERING SOCIAL 15,000.WIRE SOUTH ASIA CHANGE PHILANTHROPY 0. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 40,000.WIRE 0 FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 20,000.WIRE 0. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 15,000.WIRE Ο. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 29,000.WIRE Ο.

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 40,000.WIRE Ο. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 10,000.WIRE 0. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 100,000.WIRE 0. FOSTERING SOCIAL 10,000.WIRE SOUTH ASIA CHANGE PHILANTHROPY 0. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 60,000.WIRE 0. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 10,000.WIRE 0 FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 7,240.WIRE 0. FOSTERING SOCIAL SOUTH ASIA CHANGE PHILANTHROPY 70,000.WIRE Ο. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 50,000.WIRE Ο.

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash and EIN (if applicable) of cash grant cash disbursement grant assistance assistance SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 50,000.WIRE Ο. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 25,000.WIRE 0. FOSTERING SOCIAL SUB-SAHARAN AFRICA 50,000.WIRE CHANGE PHILANTHROPY 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 18,000.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 60,000.WIRE 0 SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 30,000.WIRE 0.

FOSTERING SOCIAL

FOSTERING SOCIAL

CHANGE PHILANTHROPY

CHANGE PHILANTHROPY

44,500.WIRE

50,000.WIRE

Ο.

Ο.

SUB-SAHARAN

SUB-SAHARAN

AFRICA

AFRICA

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region and EIN (if applicable) of cash grant cash disbursement grant SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 60,000.WIRE

| | | | ••,••• | | | |
|--|-------------|---------------------|---------|------|----------|--|
| | | | | | | |
| | | | | | | |
| | | FOSTERING SOCIAL | | | | |
| | AFRICA | CHANGE PHILANTHROPY | 60,000. | WIRE | 0. | |
| | | | | | | |
| | SUB-SAHARAN | FOSTERING SOCIAL | | | | |
| | | | 04 000 | | | |
| | AFRICA | CHANGE PHILANTHROPY | 24,000. | WIRE | 0. | |
| | | | | | | |
| | SUB-SAHARAN | FOSTERING SOCIAL | | | | |
| | AFRICA | CHANGE PHILANTHROPY | 20,000. | WTDF | 0. | |
| | AFRICA | CHANGE FRILANINKOFI | 20,000. | WIKE | <u> </u> | |
| | | | | | | |
| | SUB-SAHARAN | FOSTERING SOCIAL | | | | |
| | AFRICA | CHANGE PHILANTHROPY | 10,000. | WIRE | 0. | |
| | | | 10,000. | MIND | Ů. | |
| | | | | | | |
| | SUB-SAHARAN | FOSTERING SOCIAL | | | | |
| | | CHANGE PHILANTHROPY | 60,000. | WTRE | 0. | |
| | | | | | | |
| | | | | | | |
| | SUB-SAHARAN | FOSTERING SOCIAL | | | | |
| | | CHANGE PHILANTHROPY | 60,000. | WIRE | 0. | |
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| | | | | | | |
| | SUB-SAHARAN | FOSTERING SOCIAL | | | | |
| | AFRICA | CHANGE PHILANTHROPY | 8,500. | WIRE | 0. | |
| | | | | | | |
| | | | | | | |
| | SUB-SAHARAN | FOSTERING SOCIAL | | | | |
| | AFRICA | CHANGE PHILANTHROPY | 60,000. | WIRE | 0. | |
| | | | | | | |

77-0155782

(g) Amount of

non-cash

assistance

Ο.

(h) Description

of non-cash

assistance

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

GLOBAL FUND FOR WOMEN, INC.

77-0155782

| | | | | | | <u>55702</u> | | Faye |
|--------------------------------------|--|------------------------|--------------------------------|-----------------------------|--|---|--|---|
| | f Grants and Other | Assistance to Organiza | ations or Entities Outside the | United States. | <u>(Schedule F (Form 9</u> | | | |
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FM appraisal, other) |
| | | | | | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 40,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 25,000. | WTRE | 0. | | |
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| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 24,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | 20.000 | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 60,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 119,000. | WIRE | ٥. | | |

Schedule F (Form 990) GLOBAL FUND

GLOBAL FUND FOR WOMEN, INC.

77-0155782

| Part II Continuation o | | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 |) | | |
|-------------------------------|---|------------------------|---|---------------------------------|---------------------------------|--|---|---|
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
| | | | | , - | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN AFRICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 40,000. | MIDE | ٥. | | |
| | | AFRICA | CHANGE PHILANIHROPI | 40,000. | WIKE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 216,409. | WIRE | ٥. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 31,875. | WIRE | ٥. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 54,000. | WIRE | ٥. | | |
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| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |

GLOBAL FUND FOR WOMEN, INC.

77-0155782

| Part II Continuation of | | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90). Part II. line 1 |) | r age z |
|-------------------------------|---|------------------------|---|---------------------------------|---------------------|---|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Begion | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 31,875. | WIRE | 0. | | |
| | | | | , | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN AFRICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 20,000. | MIDE | ٥. | | |
| | | AFRICA | CHANGE PHILANIHROPI | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 176,801. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 37,500. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | , | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN AFRICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 25,000. | WIDE | 0. | | |
| | | AFRICA | CHANGE FHILANIHROFI | 25,000. | WIKE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 40,000. | WIRE | 0. | | |

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 84,000.WIRE Ο. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 6,940.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA 20,000.WIRE CHANGE PHILANTHROPY 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 60,000.WIRE 0 SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 320,000.WIRE Ο. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 202,604.WIRE Ο.

GLOBAL FUND FOR WOMEN, INC.

 Schedule F (Form 990)
 GLOBAL FUND FOR WOMEN, INC.
 77-0155782

 Part II
 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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| Part II Continuation o | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | Schedule F (Form 9 | 90), Part II, line 1 | 1) | |
|-------------------------------|---|------------------------|--------------------------------|---------------------------------|---------------------------------|--|---|--|
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FM) appraisal, other) |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 60,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 10,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 192,582. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 60,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |

GLOBAL FUND FOR WOMEN, INC.

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| Part II Continuation o | | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 |) | |
|-------------------------------|---|------------------------|---|----------------|---------------------------------|---|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Begion | (d) Purpose of grant | (e) Amount | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
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| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 129,999. | WIRE | ٥. | | |
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| | | | | | | | | |
| | | SUB-SAHARAN AFRICA | FOSTERING SOCIAL | 20,000. | WIDE | 0 | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN AFRICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 20,000. | WIDE | ٥. | | |
| | | AFRICA | CHANGE FHILANIHKOFI | 20,000. | WIRE | 0. | | |
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| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 60,000. | WIRE | ٥. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | CUD CAUADAN | FORMEDING COOLAT | | | | | |
| | | SUB-SAHARAN AFRICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
| | | | | 20,000, | | | | + |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |

GLOBAL FUND FOR WOMEN, INC.

77-0155782

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| Part II Continuation o | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | <u>(Schedule F (Form 9</u> | | | |
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
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| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN AFRICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 30,000. | мтре | ٥. | | |
| | | AFRICA | CHANGE PHILANTHROPI | 30,000. | WIKE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
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| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
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| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 38,500. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | ٥. | | |
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| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
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| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 60,000. | WIRE | ٥. | | |
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GLOBAL FUND FOR WOMEN, INC.

77-0155782

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| Part II Continuation o | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1) | | |
| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FM appraisal, other) |
| | | | | | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | 02.000 | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 93,299. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 69,375. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | Ο. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 14,240. | WIRE | 0. | | |
| | | | | , | | | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 395,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 20,000. | WIRE | Ο. | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FORMEDING COCINI | | | | | |
| | | AFRICA | FOSTERING SOCIAL CHANGE PHILANTHROPY | 37,500. | WIRE | 0. | | |
| | | | | 57,500. | | · · · | | |
| | | | | | | | | |
| | | SUB-SAHARAN | FOSTERING SOCIAL | | | | | |
| | | AFRICA | CHANGE PHILANTHROPY | 30,000. | WIRE | 0. | | |

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 10,000.WIRE Ο. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 71,875.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA 20,000.WIRE CHANGE PHILANTHROPY 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0 SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 20,000.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 50,000.WIRE Ο. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 50,000.WIRE Ο.

77-0155782 GLOBAL FUND FOR WOMEN, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (h) Description (g) Amount of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 30,000.WIRE Ο. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 30,000.WIRE Ο. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 110,000.WIRE 0. SUB-SAHARAN FOSTERING SOCIAL AFRICA CHANGE PHILANTHROPY 30,000.WIRE Ο.

77-0155782

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) |
|---------------------------------|------------|--------------------------|--------------------------|--|---|---------------------------------------|---|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

Schedule F (Form 990) 2023

| | ⁻ (Form 990) 2023 | | FUND | FOR | WOMEN, | INC. |
|---------|------------------------------|---|------|-----|--------|------|
| Part IV | Foreign Form | s | | | | |

| 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 the 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 the 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 the 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 the 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 the 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 | | |
| | the Instructions for Form 5713; don't file with Form 990) | X Yes | No No |
| | | | |

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:

WE GENERALLY PROVIDE UNRESTRICTED, FLEXIBLE, CORE SUPPORT GRANTS FOR OPERATING AND PROGRAM EXPENSES AND GIVE MULTI-YEAR GRANTS AS OFTEN AS POSSIBLE. THE GLOBAL PARTNERSHIPS TEAM PROVIDES ONGOING SUPPORT AND ENGAGES IN RELATIONSHIP-BUILDING ACTIVITIES WITH GRANTEES. ONGOING ACTIVITIES INCLUDE CHECK-IN CALLS, SITE VISITS AND CONVENINGS DEPENDING ON THE DESIGN OF THE INITIATIVE AND THE RESOURCES AVAILABLE. IF, AT ANY STAGE DURING THE GRANT PERIOD, SPECIFIC CAPACITY AREAS WERE IDENTIFIED AS NEEDING IMPROVEMENT BY GRANTEES AND/OR BY GLOBAL FUND FOR WOMEN, INC., WE WILL DISCUSS WITH THE GRANTEES, WHEN POSSIBLE, TO DETERMINE IF ADDITIONAL SUPPORT IS DESIRABLE AND HOW TO BEST DELIVER SUCH SUPPORT. GRANTEES ARE REQUIRED TO COMPLETE A LEARNING OR REPORTING MILESTONE AT THE END OF EACH FUNDING PERIOD. FOR EXAMPLE, RECIPIENTS OF SINGLE-YEAR GRANTS COMPLETE A MILESTONE AT THE END OF THE YEARLONG GRANT PERIOD, AND RECIPIENTS OF MULTI-YEAR GRANTS COMPLETE YEARLY MILESTONES FOR EACH YEAR OF THEIR GRANT. MILESTONES MAY CONSIST OF TYPICAL WRITTEN FINANCIAL AND NARRATIVE REPORTING UPLOADED TO OUR ONLINE APPLICATION SITE, OR MAY BE VERBAL REPORTING, AN ANNUAL REPORT, SATISFACTORY PARTICIPATION IN A CONVENING, LEARNING OR CO-DESIGN PROCESS, ETC. FUNDING PERIODS MAY BE SHORTER THAN A YEAR, AND DETAILED FINANCIAL REPORTING MAY RARELY BE REQUIRED DEPENDING ON DONOR REQUIREMENTS. EXTERNAL COMMITTEES ARE EMPOWERED TO DETERMINE THE FORM OF LEARNING/REPORTING MILESTONES. MILESTONE FORMATS ARE AGREED ON BETWEEN LEARNING, EVALUATION, AND ANALYTICS, GRANTS MANAGEMENT, AND GLOBAL PARTNERSHIPS TEAMS. THE GRANTS MANAGEMENT TEAM IS RESPONSIBLE FOR MONITORING MILESTONE DUE DATES, INFORMING GLOBAL PARTNERSHIPS TEAM MEMBERS ABOUT OVERDUE MILESTONES, AND SENDING REMINDERS TO GRANTEES ABOUT OVERDUE MILESTONES. GRANTEE REPORTS ARE REVIEWED BY A STAFF MEMBER OR Schedule F (Form 990) 2023 332075 11-29-23

| Schedule F (Form 990) 2023 GLOBAL FUND FOR WOMEN, INC. 77 | 7-0155782 | Page 5 |
|--|----------------------|---------------|
| Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting me investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and (estimated number of recipients), as applicable. Also complete this part to provide any additional information. | Part III, column (c) | |
| CONSULTANT USING A STANDARD REVIEW FORM TO HIGHLIGHT ANY CONCE | ERNS AND | |
| EVALUATE PROGRESS MADE BY THE GRANTEE TOWARD THEIR GOALS AND | HEIR USE C |)F |
| THE FUNDS. AFTER THIS INITIAL REVIEW, REPORTS MUST BE REVIEWED |) AND | |
| APPROVED BY THE GLOBAL PARTNERSHIPS TEAM MEMBER ASSIGNED TO TH | IE | |
| INITIATIVE PRIOR TO THE RELEASE OF THE NEXT INSTALLMENT OF THE | E GRANT. IF | י |
| A DONOR REQUIRES DETAILED FINANCIAL REPORTING, THE FINANCE TEA | M WILL | |
| REVIEW FINANCIAL REPORTS. IN THE CASE WHEN A WRITTEN REPORT IS | 5 NOT | |
| REQUIRED, THE GLOBAL PARTNERSHIPS TEAM MUST COMPLETE BOTH THE | REVIEW ANI |) |
| APPROVAL WITHIN THE GRANTMAKING DATABASE, INDICATING SATISFACT | TORY | |
| COMPLETION OF OTHER MILESTONES, I.E., PARTICIPATION IN A PROCE | SS OR | |
| CONVENING. ONCE THE FINAL REPORT OR MILESTONE IS REVIEWED AND | APPROVED, | |
| THE GRANTS MANAGEMENT TEAM CLOSES THE GRANT AND SENDS A CLOSIN | <u>IG LETTER I</u> | .0 |
| THE GRANTEE. AT THIS TIME, ALL GRANTEES WILL BE INVITED TO PAR | RTICIPATE I | N |
| AN ANONYMOUS SURVEY TO PROVIDE FEEDBACK ON THEIR EXPERIENCE WI | TH GLOBAL | |
| FUND FOR WOMEN, INC. | | |

PART I, LINE 3:

EXPENDITURES IN SCHEDULE F, PART I ARE REPORTED UTILIZING THE ACCRUAL

METHOD OF ACCOUNTING.

| SCHEDULE G | Suppleme | ntal Information Rega | rding l | Fund | raisi | ing or Gaming A | ctivi | ities | OMB No. 1545-0047 | |
|--|---|--|---|--|-------------------------------------|---|--------|--|--|--|
| (Form 990) | | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | | | |
| Department of the Treasury | Attach to Form 990 or Form 990-EZ. Open to Public | | | | | | | | | |
| Internal Revenue Service | | o www.irs.gov/Form990 for | instruc | tions | and th | ne latest informatio | n | | Inspection | |
| Name of the organization | | | | | | | | | entification number | |
| | | FUND FOR WOMEN, | | | | | | 77-0155 | | |
| | complete this par | • Complete if the organization t. | answer | red "Ye | es" or | n Form 990, Part IV, I | ine 17 | 7. Form 990-E2 | I filers are not | |
| a X Mail solicitat b X Internet and c Phone solici d X In-person so 2 a Did the organization | tions email solicitations tations licitations on have a written o | s f 🔀 S | Solicitati Solicitati Special 1 Iividual (| ion of ion of fundra includ | non-g gover ising (ing of | overnment grants nment grants events ficers, directors, trus | tees, | or X Ye | s 🗌 No | |
| b If "Yes," list the 10 compensated at le | 0 | viduals or entities (fundraisers) organization. |) pursua | int to a | agreer | ments under which t | he fun | idraiser is to b | e | |
| (i) Name and addres or entity (fund | | | | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | tò (o | Amount paid or retained by) fundraiser :ed in col. (i) | (vi) Amount paid to (or retained by) organization | |
| M+R STRATEGIC SERV | ICES, INC. | DIGITAL FUNDRAISING | | Yes | No | | | | | |
| - 1101 CONNECTICUT | AVE NW, | ADVISOR | | | х | 0. | | 176,702. | -176,702. | |
| DM PROS - 225 WEST | 37TH | ANNUAL FUND AND DIRECT | | | | | | | | |
| STREET, FLOOR 16, 1 | | MAIL CONSULTANT | | | Х | 0. | | 170,968. | -170,968. | |
| RENITA EDWIN - A-3 | | | | | | | | | | |
| FLOOR, BLOC A, DEFI | | FOUNDATIONS FUNDRAISER | 2 | | Х | 0. | | 106,789. | -106,789. | |
| MARIANNE SCHEARER | | FUNDRAISING STRATEGY | | | | | | | | |
| SUNNYRIDGE ROAD, KA | | ADVISOR | | | X | 0. | | 34,975. | -34,975. | |
| CHLOE SAFIER - 2003 | | PROPOSAL AND REPORT WRITING | | | х | 0. | | 10 705 | 10 705 | |
| CALIFORNIA STREET, JANELLE CAVANAUGH | | FUNDRAISING STRATEGY | | | Λ | 0. | | 18,785. | -18,785. | |
| BUCKEYE AVE, OAKLAI | | ADVISOR | | | х | 0. | | 18,000. | -18,000. | |
| EVA KOLODNER - 747 | | EAST COAST FUNDRAISING | 1 | | | | | 10,000, | 10,000. | |
| STREET, BROOKLYN, I | | STRATEGY ADVISOR | | | х | 0. | | 8,750. | -8,750. | |
| MICHELLE WALLON - 4 | | PROPOSAL AND REPORT | | | | | | , | , , | |
| CORNERSTONE DRIVE, | CANTON, MI | WRITING | | | х | ٥. | | 6,450. | -6,450. | |
| SONIA HOQUE - 1 CLI | EEVE PARK | PROPOSAL AND REPORT | | | | | | | | |
| GARDENS, SIDCUP, KI | ENT, UNITED | WRITING | | | X | 0. | | 5,776. | -5,776. | |
| Total | | | | | | | | 547,195. | -547,195. | |
| 3 List all states in whi or licensing. | - | on is registered or licensed to | | | | | | exempt from re | gistration | |

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY GLOBAL FUND FOR WOMEN, INC.

77-0155782 Page 2

| Fundraising Events. | Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 | |
|------------------------------|--|---|
| of fundraising event contril | itions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 | 0 |

| | | of fundraising event contributions and gro | | | vonto with gross receip | |
|-----------------|--------|---|------------------------|-------------------------------|-------------------------|---|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | – col. (c)) |
| Revenue | | | | | | |
| Reve | 1 | Gross receipts | | | | |
| щ | | | | | | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | | ····- (···- · ···· ··· ··· ··· ··· ··· | | | | 1 |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| ses | | Dept/feeility.coote | | | | |
| xper | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direc | | | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | ļ |
| | 10 | | | | | |
| Pa | 11 | Net income summary. Subtract line 10 from lin | | | | <u> </u> |
| Га | ITLI | Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | Inswered "Yes" on Forr | m 990, Part IV, line 19, or r | eported more than | |
| | | ψ13,000 0H F0HH 390-EZ, inte θa. | | (b) Pull tabs/instant | | (d) Total gaming (add |
| anc | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) |
| Revenue | | | | | | |
| ŭ | 1 | Gross revenue | | | | |
| | | | | | | |
| es | 2 | Cash prizes | | | | |
| Direct Expenses | | Neveela evideo | | | | |
| Exp | 3 | Noncash prizes | | | | |
| ect | 4 | Rent/facility costs | | | | |
| Dir | ' | · · · · · · · · · · · · · · · · · · · | | | | |

| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) |
|---|--|
| | |
| 9 | Enter the state(s) in which the organization conducts gaming activities: |
| á | a Is the organization licensed to conduct gaming activities in each of these states? |

b If "No," explain:

7 Direct expense summary. Add lines 2 through 5 in column (d)

5 Other direct expenses

6 Volunteer labor

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain: _

Yes

No

%

Yes

No

%

Yes

No

%

332082 09-13-23

Yes

No

No

| Sch | nedule G (Form 990) 2023 GLOBAL FUND FOR WOMEN, INC. 77-0 | 0155782 | Page 3 |
|-----------|--|--------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | a The organization's facility | 13a | % |
| | o An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | i | |
| | Name | | |
| | Address | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 🗌 Yes | No No |
| I | o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| | of gaming revenue retained by the third party \$ | | |
| (| c If "Yes," enter name and address of the third party: | | |
| | Name | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | | | |
| | Gaming manager compensation \$ | | |
| | Description of services provided | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | 🗌 No |
| I | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| D | organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | | |
| FC | art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | rt III, lines 9, 9 | 9D, 1UD, |
| | | | |
| <u>sc</u> | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS | <u>>:</u> | |
| | · · · · · · · · · · · · · · · · · · · | | |
| (1 |) NAME OF FUNDRAISER: M+R STRATEGIC SERVICES, INC. | | |
| (1 |) ADDRESS OF FUNDRAISER: 1101 CONNECTICUT AVE NW, WASHINGTON, I | DC 200 | 36 |
| | | | |
| (1 |) NAME OF FUNDRAISER: DM PROS | | |
| (I |) ADDRESS OF FUNDRAISER: | | |
| 22 | 5 WEST 37TH STREET, FLOOR 16, NEW YORK, NY 10018 | | |

(I) NAME OF FUNDRAISER: RENITA EDWIN

(I) ADDRESS OF FUNDRAISER:

A-301 2ND FLOOR, BLOC A, DEFENSE COLONY, NEW DHELHI, INDIA 110024

(I) NAME OF FUNDRAISER: MARIANNE SCHEARER

(I) ADDRESS OF FUNDRAISER: 4 SUNNYRIDGE ROAD, KATONAH, NY 10536

(I) NAME OF FUNDRAISER: CHLOE SAFIER

(I) ADDRESS OF FUNDRAISER:

2001 CALIFORNIA STREET, APT 503, SAN FRANCISCO, CA 94109

(I) NAME OF FUNDRAISER: JANELLE CAVANAUGH

(I) ADDRESS OF FUNDRAISER: 71 BUCKEYE AVE, OAKLAND, CA 94618

(I) NAME OF FUNDRAISER: MICHELLE WALLON

(I) ADDRESS OF FUNDRAISER: 4071 CORNERSTONE DRIVE, CANTON, MI 48188

(I) NAME OF FUNDRAISER: SONIA HOQUE

(I) ADDRESS OF FUNDRAISER:

1 CLEEVE PARK GARDENS, SIDCUP, KENT, UNITED KINGDOM DA14 4JL

| SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service | Go | Grants and Oth vernments, ar lete if the organizatio Go to www.irs | nd Individual | s in the Ŭni on Form 990, Pa 1990. | ted States rt IV, line 21 or 22. | | OMB No. 1545-0047 2023 Open to Public Inspection |
|--|-----------------------------|---|--------------------------|---|--|---------------------------------------|--|
| Name of the organization | | | 5 | | | | Employer identification number |
| GLOBAL | FUND FOR WO | MEN, INC. | | | | | 77-0155782 |
| Part I General Information on Gra | nts and Assistance | | | | | | |
| Does the organization maintain record criteria used to award the grants or Describe in Part IV the organization | assistance? | | | | • | | |
| Part II Grants and Other Assistanc recipient that received more t | e to Domestic Organiz | zations and Domestic | c Governments. C | complete if the org | anization answered "Y | ′es" on Form 990, Par | IV, line 21, for any |
| 1 (a) Name and address of organization or government | on (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| AFRICAN DIASPORA NETWORK 4701 PATRICK HENRY DRIVE, BLDG : SANTA CLARA, CA 95054 | 25 46-0632056 | 501(C)(3) | 10,000. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
| HARLEM WELLNESS CENTER 44 WEST 105TH STREET NEW YORK, NY 10025 | 46-3877817 | 501(C)(3) | 12,500. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
| HOW WOMEN LEAD 1947 VISTA CAUDAL NEWPORT BEACH, CA 92660 | 47-1938087 | 501(C)(3) | 28,500. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
| LAVENDER RIGHTS PROJECT 911 E PIKE ST #314 SEATTLE, WA 98122 | 81-0969007 | 501(C)(3) | 40,000. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
| ME TOO INTERNATIONAL INC 245 N. HIGHLAND AVE, STE 230 #80 ATLANTA, GA 30307 | 83-4447513 | 501(C)(3) | 250,000. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
| OMEGA INSTITUTE FOR HOLISTIC STUDIES, INC 150 LAKE DRIVE RHINEBECK, NY 12572 | 23-7233306 | 501(C)(3) | 12,500. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
| 2 Enter total number of section 501(c) | | | e line 1 table | | | | <u> </u> |
| 3 Enter total number of other organiza | ations listed in the line ' | I TADIE | | | | | |

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

Schedule I (Form 990) 2023

GLOBAL FUND FOR WOMEN, INC. Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|--|--|
| THE RE/IMAGINATION LAB 125 JOHNSON HILL ROAD KINGSTON, NY 12401 | 83-4012097 | 501(C)(3) | 150,000. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
| URGENT ACTION FUND FOR FEMINIST ACTIVISM - 2601 BLANDING AVE SUITE C, #155 - ALAMEDA, CA 94501 | 03-0419743 | 501(C)(3) | 100,000. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
| WE CAN'T BREATHE INC 31 UNION HALL STREET JAMAICA, NY 11413 | 85-1552588 | 501(C)(3) | 10,000. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
| WOMEN'S FUNDING NETWORK 57 POST STREET SUITE 801 SAN FRANCISCO, CA 94104 | 41-1685134 | 501(C)(3) | 50,000. | 0. | | | FOSTERING SOCIAL CHANGE PHILANTHROPY |
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Schedule I (Form 990)

77-0155782 Page 1

Schedule I (Form 990) 2023

77-0155782

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
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| | | | <u> </u> | | 1 |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

WE GENERALLY PROVIDE UNRESTRICTED, FLEXIBLE, CORE SUPPORT GRANTS FOR

OPERATING AND PROGRAM EXPENSES AND GIVE MULTI-YEAR GRANTS AS OFTEN AS

POSSIBLE. THE GLOBAL PARTNERSHIPS TEAM PROVIDES ONGOING SUPPORT AND ENGAGES

IN RELATIONSHIP-BUILDING ACTIVITIES WITH GRANTEES. ONGOING ACTIVITIES

INCLUDE CHECK-IN CALLS, SITE VISITS AND CONVENINGS DEPENDING ON THE DESIGN

OF THE INITIATIVE AND THE RESOURCES AVAILABLE. IF, AT ANY STAGE DURING THE

GRANT PERIOD, SPECIFIC CAPACITY AREAS WERE IDENTIFIED AS NEEDING

IMPROVEMENT BY GRANTEES AND/OR BY GLOBAL FUND FOR WOMEN, INC., WE WILL

DISCUSS WITH THE GRANTEES, WHEN POSSIBLE, TO DETERMINE IF ADDITIONAL SUPPORT IS DESIRABLE AND HOW TO BEST DELIVER SUCH SUPPORT. GRANTEES ARE REQUIRED TO COMPLETE A LEARNING OR REPORTING MILESTONE AT THE END OF EACH FUNDING PERIOD. FOR EXAMPLE, RECIPIENTS OF SINGLE-YEAR GRANTS COMPLETE A MILESTONE AT THE END OF THE YEARLONG GRANT PERIOD, AND RECIPIENTS OF MULTI-YEAR GRANTS COMPLETE YEARLY MILESTONES FOR EACH YEAR OF THEIR GRANT. MILESTONES MAY CONSIST OF TYPICAL WRITTEN FINANCIAL AND NARRATIVE REPORTING UPLOADED TO OUR ONLINE APPLICATION SITE, OR MAY BE VERBAL REPORTING, AN ANNUAL REPORT, SATISFACTORY PARTICIPATION IN A CONVENING, LEARNING OR CO-DESIGN PROCESS, ETC. FUNDING PERIODS MAY BE SHORTER THAN A YEAR, AND DETAILED FINANCIAL REPORTING MAY RARELY BE REQUIRED DEPENDING ON DONOR REQUIREMENTS. EXTERNAL COMMITTEES ARE EMPOWERED TO DETERMINE THE FORM OF LEARNING/REPORTING MILESTONES. MILESTONE FORMATS ARE AGREED ON BETWEEN LEARNING, EVALUATION, AND ANALYTICS, GRANTS MANAGEMENT, AND GLOBAL PARTNERSHIPS TEAMS. THE GRANTS MANAGEMENT TEAM IS RESPONSIBLE FOR MONITORING MILESTONE DUE DATES, INFORMING GLOBAL PARTNERSHIPS TEAM MEMBERS ABOUT OVERDUE MILESTONES, AND SENDING REMINDERS TO GRANTEES ABOUT OVERDUE MILESTONES. GRANTEE REPORTS ARE REVIEWED BY A STAFF MEMBER OR CONSULTANT USING A STANDARD REVIEW FORM TO HIGHLIGHT ANY CONCERNS AND EVALUATE PROGRESS MADE BY THE GRANTEE TOWARD THEIR GOALS AND THEIR USE OF THE FUNDS. AFTER THIS INITIAL REVIEW, REPORTS MUST BE REVIEWED AND APPROVED BY THE GLOBAL PARTNERSHIPS TEAM MEMBER ASSIGNED TO THE INITIATIVE PRIOR TO THE RELEASE OF THE NEXT INSTALLMENT OF THE GRANT. IF A DONOR REQUIRES DETAILED FINANCIAL REPORTING, THE FINANCE TEAM WILL REVIEW FINANCIAL REPORTS. IN THE CASE WHEN A WRITTEN REPORT IS NOT REQUIRED, THE GLOBAL PARTNERSHIPS TEAM MUST COMPLETE BOTH THE REVIEW AND APPROVAL WITHIN THE GRANTMAKING DATABASE, INDICATING SATISFACTORY COMPLETION OF OTHER MILESTONES, I.E., PARTICIPATION IN A PROCESS OR CONVENING. ONCE THE FINAL REPORT OR MILESTONE IS REVIEWED Schedule I (Form 990)

| Schedule I (Form 990) GLOBAL FUND FOR WOMEN, INC. Part IV Supplemental Information | 77-0155782 Page 2 |
|--|--------------------------|
| | |
| AND APPROVED, THE GRANTS MANAGEMENT TEAM CLOSES THE GRANT | AND SENDS A |
| CLOSING LETTER TO THE GRANTEE. AT THIS TIME, ALL GRANTEES | WILL BE INVITED |
| TO PARTICIPATE IN AN ANONYMOUS SURVEY TO PROVIDE FEEDBACK | ON THEIR |
| EXPERIENCE WITH GLOBAL FUND FOR WOMEN, INC. | |
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| 332291 04-01-23 | Schedule I (Form 990) |

| SCI | HEDULE J | Compensation Information | I | OMB No. 1 | 545-004 | 47 | |
|---|---|---|-----------|---------------|---------|----------|--|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | , | | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 20 | ZJ |) | |
| Denar | epartment of the Treasury Attach to Form 990. | | | | | | |
| | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | | |
| Nam | e of the organizatior | | | identificatio | | mber | |
| | | GLOBAL FUND FOR WOMEN, INC. | 77-0 | 0155782 | 2 | | |
| Pa | rt I Question | s Regarding Compensation | | | | | |
| | | | | | Yes | No | |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or c | | | | | | |
| | Travel for com | | | | | | |
| | | ation and gross-up payments Health or social club dues or initiation fee | | | | | |
| | Discretionary s | pending account Personal services (such as maid, chauffer | ir, chet) | | | | |
| | 16 | | | | | | |
| D | • | on line 1a are checked, did the organization follow a written policy regarding payment or | | 41 | | | |
| • | | rovision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | <u> </u> | |
| 2 | • | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | |
| | trustees, and onice | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | |
| 3 | Indicate which if ar | y, of the following the organization used to establish the compensation of the organization's | | | | | |
| 5 | | ctor. Check all that apply. Do not check any boxes for methods used by a related organization | | | | | |
| | | tion of the CEO/Executive Director, but explain in Part III. | JITTO | | | | |
| | X Compensation | | | | | | |
| | | ompensation consultant IX Compensation survey or study | | | | | |
| | · | ther organizations \overline{X} Approval by the board or compensation of | ommittee | | | | |
| | | | Ommittee | | | | |
| 4 | During the year did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a re | | | | | | |
| а | - | e payment or change-of-control payment? | | 4a | | X | |
| | | eive payment from a supplemental nonqualified retirement plan? | | | | x | |
| | | aire an unant from an an its based as manufactor among an anto | | | | x | |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | |
| | | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 | | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | on | | | | |
| | contingent on the re | | | | | | |
| а | 0 | | | | | X | |
| | | ation? | | | | X | |
| | | r 5b, describe in Part III. | | | | | |
| 6 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic | n | | | | |
| | contingent on the n | et earnings of: | | | | | |
| а | The organization? | | | 6a | | X | |
| | | ation? | | | | X | |
| | | r 6b, describe in Part III. | | | | | |
| 7 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | ; | | | | |
| | | es 5 and 6? If "Yes," describe in Part III | | 7 | Х | | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th | | | | | |
| | initial contract exce | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | | X | |
| 9 | | d the organization also follow the rebuttable presumption procedure described in | | | | | |
| | Regulations section | | <u></u> | 9 | | | |
| For I | Paperwork Reducti | on Act Notice, see the Instructions for Form 990. | Sched | dule J (Forn | n 990) |) 2023 | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) LATANYA MAPP FRETT | (i) | 390,434. | 0. | 600. | 24,000. | 29,762. | 444,796. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) PEIYAO CHEN | (i) | 207,599. | 0. | 600. | 24,000. | 31,161. | 263,360. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CRAIG SARSONY | (i) | 211,325. | 0. | 600. | 24,000. | 4,568. | 240,493. | 0. |
| SENIOR VP, GLOBAL OPERATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) JACQUELINE HARDWARE GLIN | (i) | 172,017. | 0. | 15,000. | 16,134. | 894. | 204,045. | 0. |
| VP OF GLOBAL PARTNERSHIPS UNTIL 1/24 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) OBED KABANDA | (i) | 162,547. | 3,000. | 0. | 8,277. | 29,934. | 203,758. | 0. |
| SD, GOV. P'SHIPS, INNOV.S, & ACCT. | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ANIL AWASTI | (i) | 172,643. | 0. | 0. | 22,000. | 8,813. | 203,456. | 0. |
| CHIEF HR OFFICER UNTIL 11/23 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) ZAHRA VIENEUVE | (i) | 146,447. | 3,000. | 3,511. | 16,189. | 25,752. | 194,899. | 0. |
| VP OF GLOBAL PARTNERSHIPS UNTIL 9/23 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) KAVITA RAMDAS | (i) | 162,650. | 0. | 0. | 8,138. | 20,312. | 191,100. | 0. |
| ACTIVIST IN RESIDENCE UNTIL 4/24 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) SHONDA BROOKS | (i) | 142,550. | 0. | 0. | 24,000. | 24,178. | 190,728. | 0. |
| SD, EQUITY AND ENGAGEMENT UNTIL 3/24 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) RANDALL TRIGG | (i) | 144,780. | 0. | 0. | 7,264. | 31,203. | 183,247. | 0. |
| DIRECTOR OF INFO. MANAGEMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) KRISTA POTTER | (i) | 140,475. | 3,000. | 0. | 7,424. | 29,496. | 180,395. | 0. |
| SD OF COMMUNICATIONS UNTIL 6/24 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 7:

SOME EMPLOYEES WERE AWARDED BONUSES FOR PERFORMING DUTIES ABOVE AND BEYOND

THEIR REGULAR POSITION.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

23

2

77 - 0155782

| Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30 |
|---|
| Attach to Form 990. |

Department of the Treasury Internal Revenue Service

| | Employer | identification number |
|--|----------|-----------------------|
| Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspection |
| Attach to Form 990. | | Open to Public |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

GLOBAL FUND FOR WOMEN, INC.

| Par | rt I Types of Property | | | | | | |
|-------|--|------------------------|----------------------------|---|--------------------------------|-------------------|----------|
| | | (a) | (b) | (c) | (d) | | |
| | | Check if applicable | Number of contributions or | Noncash contribution amounts reported on | Method of d noncash contrib | • | nto |
| | | applicable | | Form 990, Part VIII, line 1g | TIONCASH CONTIND | ution amou | 111.5 |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 39 | 593,150. | FAIR VALUE | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | · | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other (ENTM'T LUNCH |) X | 1 | 2,875. | FMV | | |
| 26 | Other (|) | | | | | |
| 27 | Other (|) | | | | | |
| 28 | Other (|) | | | | | |
| 29 | Number of Forms 8283 received by the or | ganization during | g the tax year for co | ontributions | | | |
| | for which the organization completed Forn | n 8283, Part V, D | onee Acknowledg | ement 29 | | | 0 |
| | | | | | | Ye | s No |
| 30a | During the year, did the organization received | ve by contributio | n any property rep | orted in Part I, lines 1 throug | gh 28, that it | | |
| | must hold for at least 3 years from the date | e of the initial co | ntribution, and whi | ich isn't required to be used | for | | |
| | exempt purposes for the entire holding pe | riod? | | | | 30a | <u> </u> |
| b | If "Yes," describe the arrangement in Part | II. | | | | | |
| 31 | Does the organization have a gift acceptar | nce policy that re | equires the review o | of any nonstandard contribu | tions? | 31 X | |
| 32a | Does the organization hire or use third par | ties or related or | ganizations to solid | cit, process, or sell noncash | | | |
| | contributions? | | | | | 32a X | |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount | in column (c) fo | r a type of property | / for which column (a) is che | cked, | | |
| | describe in Part II. | | | | | | |
| For P | Paperwork Reduction Act Notice, see the | Instructions for | r Form 990. | | Schedule I | M (Form 99 | 0) 2023 |

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 32B:

THE GLOBAL FUND FOR WOMEN, INC. UTILIZES THE SERVICES OF DIRECT ANSWER,

A LOCKBOX AND DATA ENTRY SERVICER TO ASSIST IN OUR SALESFORCE DONATION

ENTRIES.

SCHEDULE O (Form 990)

Name of the organization

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.



77-0155782

GLOBAL FUND FOR WOMEN, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICULARLY FOCUSED ON UKRAINE, PALESTINE, SUDAN, AND AFGHANISTAN. WE

ALSO FUNDED GLOBAL ADVOCACY WORK, INITIATIVES ON ANTI-CORRUPTION, AND

INNOVATIVE APPROACHES TO FINDING AND FUNDING EMERGING GENDER JUSTICE

MOVEMENTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT, IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE AND ACCOUNTING STAFF. THE DRAFT FORM 990 IS THEN REVIEWED BY THE SR VP OF GLOBAL OPERATIONS AND THE AUDIT COMMITTEE; ADJUSTMENTS ARE MADE, AS NECESSARY. A FINAL COPY OF THE FORM 990 IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

TRUSTEES, OFFICERS, AND EXECUTIVE STAFF MEMBERS DISCLOSE ANNUALLY ANY ANTICIPATED OR POSSIBLE CONFLICT SITUATIONS. THIS STATEMENT INCLUDES CURRENT PARTICIPATION, AFFILIATION, OR OTHER INVOLVEMENT WITH ANY NONPROFIT ORGANIZATION AND WITH ANY FOR-PROFIT ORGANIZATION USED BY GLOBAL FUND FOR WOMEN, INC. IN WHICH AN AFFILIATED PERSON OR AN IMMEDIATE FAMILY MEMBER MAY HAVE AN INTEREST. IF A CONFLICT ARISES THE PERSON WITH A CONFLICT IS NOT ALLOWED TO VOTE ON THE TRANSACTION. THERE HAVE BEEN NO INCIDENCES OF CONFLICT DURING THE REPORTING PERIOD.

FORM 990, PART VI, SECTION B, LINE 15:

| Name of the organization GLOBAL FUND FOR WOMEN, INC. | Employer identification number 77-0155782 |
|---|---|
| ATTAINS VARIOUS PUBLISHED SALARY SOURCES TO CONDUCT A COMP | REHENSIVE REVIEW |
| AND ANALYSIS. THE DIRECTOR OF PEOPLE AND CULTURE REVIEWS T | HESE WITH CEO AND |
| OTHER MEMBERS OF EXECUTIVE LEADERSHIP. CEO REPORTS COMPENS | ATION REVIEW TO |
| THE BOARD OF DIRECTORS. THIS PROCESS IS DOCUMENTED. | |
| | |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY | OF FORM 990: |
| AL, AZ, AK, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, ME, M | D, MA, MI, MN, MO, MS |
| MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, OR, RI, SC, SD, UT, TN, TX, V | T, VA, WA, WV, WI, WY |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLIC | T OF INTEREST |
| POLICY ARE ALL AVAILABLE UPON REQUEST. AUDITED FINANCIAL S | TATEMENTS AND TAX |
| RETURNS ARE AVAILABLE ON OUR WEBSITE. | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 5,616,717. |
| MANAGEMENT AND GENERAL EXPENSES | 336,577. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 5,953,294. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 5,953,294. |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| LOSS ON PLEDGES RECEIVEABLE | -425,000. |
| RESCINDED GRANTS | 350,500. |
| PRESENT VALUE DISCOUNT ON GRANTS PAYABLE | -362,135. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -436,635. |
| | |
| 332212 11-14-23 | Schedule O (Form 990) 2023 |

Page **2**

Schedule O (Form 990) 2023

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 77 - 0155782

Department of the Treasury Internal Revenue Service

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

Name of the organization

GLOBAL FUND FOR WOMEN, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| GLOBAL FUND FOR WOMEN FUNDAMENTAL PROJECT | | | | | |
| LLC, 505 MONTGOMERY STREET, 11TH FLOOR, SAN | HOLD TITLE TO DOCUMENTARY | | | | THE GLOBAL FUND FOR |
| FRANCISCO, CA 94111 | SERIES | CALIFORNIA | 0. | 0. | WOMEN INC |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | cont | g) 512(b)(13) rolled tity? |
|--|--------------------------------|---|--------------------------------------|--|-------------------------------------|------|--|
| | | | | 501(c)(3)) | | Yes | No |
| GLOBAL FUND FOR WOMEN UK | | | | | | | |
| 14-18 CITY ROAD | GRANTMAKING TO WOMEN-LED | | | | THE GLOBAL FUND | | |
| CARDIFF, UNITED KINGDOM CF24 3DL | ORGANIZATIONS | UNITED KINGDOM | | | FOR WOMEN INC | | Х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 GLOBAL FUND FOR WOMEN, INC.

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| | r an | , jour | | | | | | | | | |
|--|--|---|------------------------------|--|-----------------------|-----------------------------------|-----|---------------------|-----------------|--------------------------|--|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate tions? | | Genera manag partn | ^{ll or} Percentage ^{jing} ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(t contr ent | i) o)(13) olled ity? |
|---|--------------------------------|---|--|--|--|---|--------------------------------|------------------------------|-------------------------------|
| | | country) | | | | 233013 | | Yes | No |
| | | | THE GLOBAL FUND FOR WOMEN | | | | | | |
| CHARITABLE REMAINDER UNITRUST (1) | CHARITABLE GIVING | CA | INC | | | | | X | |
| | - | | | | | | | | |
| | - | | | | | | | | |
| | - | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Note | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No | | | |
|------|---|----|-----|--------|--|--|--|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | |
| а | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | | | |
| | b Gift, grant, or capital contribution to related organization(s) | | | | | | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | Х | | | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | Х | | | |
| | Loans or loan guarantees by related organization(s) | 1e | | Х | | | |
| | | | | | | | |
| f | Dividends from related organization(s) | 1f | | Х | | | |
| | Sale of assets to related organization(s) | 1g | | X X | | | |
| h | h Purchase of assets from related organization(s) | | | | | | |
| | i Exchange of assets with related organization(s) | | | | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X | | | |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | Х | | | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | Х | | | |
| | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | Х | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | Х | | | |
| | Sharing of paid employees with related organization(s) | 10 | | X | | | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | Х | | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | Х | | | |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X | | | |
| S | Other transfer of cash or property from related organization(s) | 1s | | Х | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1) | | | |
| (2) | | | |
| <u>(3)</u> | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| (6) | | | |

Schedule R (Form 990) 2023 GLOBAL FUND FOR WOMEN, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e Are partner 501(c org: | e) all rs sec. c)(3) s.? | (f) Share of total | (g) Share of end-of-year | h) ropor- nate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General o managin partner? | (k) Percentage ownership |
|--|--------------------------------|---|---|---------------------------------------|--------------------------------------|---------------------------------|---------------------------------------|---------------------------------------|---|---|--------------------------------|
| | | country) | sections 512-514) | Yes | | income | | No | (Form 1065) | Yes No | |
| | | | | | | | | | | | |
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Schedule R (Form 990) 2023

| Part VII | Supplemental Information |
|----------|---------------------------|
| | ouppionicital internation |

Provide additional information for responses to questions on Schedule R. See instructions.