

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE GLOBAL FUND FOR WOMEN, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 800 MARKET STREET, 7TH FLOOR City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102 F Name and address of principal officer: LATANYA MAPP FRETT SAME AS C ABOVE	D Employer identification number 77-0155782 E Telephone number (415) 248-4800 G Gross receipts \$ 20,026,593. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GLOBALFUNDFORWOMEN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987 M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: WE ARE A GLOBAL CHAMPION FOR THE HUMAN RIGHTS OF WOMEN AND GIRLS. WE USE OUR POWERFUL NETWORKS TO		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	46
	6	Total number of volunteers (estimate if necessary)	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	19,801,611.	17,208,723.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	690,517.	416,488.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	719,869.	664,783.
12		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,068.	3,210.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,214,065.	18,293,204.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,380,319.	11,173,623.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,812,670.	5,477,361.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	71,081.	118,474.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,489,975.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,211,402.	2,249,573.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,475,472.	19,019,031.
	19	Revenue less expenses. Subtract line 18 from line 12	5,738,593.	-725,827.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	36,336,129.	41,278,798.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,092,685.	14,082,412.
	22	Net assets or fund balances. Subtract line 21 from line 20	27,243,444.	27,196,386.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LATANYA MAPP FRETT, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name TRACY S. PAGLIA	Preparer's signature TRACY S. PAGLIA
	Date	Check if self-employed <input type="checkbox"/> PTIN 06/30/20 P00366884
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318
	Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105	Phone no. 415-956-1500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WE ARE A GLOBAL CHAMPION FOR THE HUMAN RIGHTS OF WOMEN AND GIRLS. WE USE OUR POWERFUL NETWORKS TO FIND, FUND, AND AMPLIFY THE COURAGEOUS WORK OF WOMEN WHO ARE BUILDING SOCIAL MOVEMENTS AND CHALLENGING THE STATUS QUO. BY SHINING A SPOTLIGHT ON CRITICAL ISSUES, WE RALLY

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 13,291,082. including grants of \$ 11,173,623.) (Revenue \$ 416,488.) GRANTS AND GRANTEE SERVICES: DURING THE JUNE 30, 2019 FISCAL YEAR, WE AWARDED 328 GRANTS TOTALING \$11,173,623 TO 299 ORGANIZATIONS IN 68 COUNTRIES. THESE GRANTS HELPED STRENGTHEN AND SUSTAIN WOMEN'S RIGHTS ORGANIZATIONS AND MOVEMENTS IN FIVE MAIN REGIONS OF THE WORLD: ASIA AND THE PACIFIC, EUROPE AND CENTRAL ASIA, LATIN AMERICA AND THE CARIBBEAN, THE MIDDLE EAST AND NORTH AFRICA, AND SUB-SAHARAN AFRICA. OUR FUNDING SUPPORTED GROUPS WORKING TO ADVANCE FREEDOM FROM VIOLENCE, ECONOMIC JUSTICE, AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ISSUES THAT ARE INCREASINGLY UNDER THREAT. EXAMPLES INCLUDE: ENDING GENDER-BASED VIOLENCE IN THE GARMENT INDUSTRY IN SOUTH ASIA; STRENGTHENING YOUNG WOMEN'S LEADERSHIP IN SOUTH ASIA AND EAST AFRICA; SUPPORTING SYRIAN WOMEN'S LEADERSHIP IN THE MIDDLE EAST; CHALLENGING THE INFLUENCE OF

4b (Code:) (Expenses \$ 1,736,722. including grants of \$) (Revenue \$) ADVOCACY AND INNOVATION: GLOBAL FUND FOR WOMEN HAS EXPANDED ITS STRATEGIC COMMUNICATIONS AND ADVOCACY EFFORTS OVER THE PAST YEAR WITH INTENSIFYING MEDIA, CAMPAIGNING, AND DIGITAL ENGAGEMENT ACTIVITIES. WE CONTINUE TO BUILD OUR CUMULATIVE AUDIENCE, REACHING A RECORD 1.8 MILLION PEOPLE WITH CRITICAL INFORMATION ABOUT WOMEN'S HUMAN RIGHTS ISSUES, AND WITH NEWS AND SOLIDARITY STATEMENTS. CAMPAIGNS THIS YEAR FEATURED GRANTEE PARTNER VOICES AND INCLUDED: "AMPLIFY HER VOICE", A CAMPAIGN TO BRING VISIBILITY TO WOMEN'S HUMAN RIGHTS DEFENDERS; "WORKING FOR JUSTICE", WHICH CENTERED ON GARMENT WORKERS' RIGHTS; AND "THE FUTURE IS OURS", WHICH HIGHLIGHTED YOUNG WOMEN'S LEADERSHIP INITIATIVES IN KENYA, TANZANIA, BANGLADESH, INDIA, AND NEPAL. OUR CRISIS RESPONSE INCLUDED ONLINE VISIBILITY AND FUNDRAISING TO SUPPORT

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 15,027,804.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	18	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	17	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7a			
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
8a			
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16a			
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records **SANDRA BECKER - (415) 248-4800**
800 MARKET STREET, 7TH FLOOR, SAN FRANCISCO, CA 94102

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON BHAGWAN ROLLS BOARD CO-CHAIR	2.00 0.00	X		X				0.	0.	0.
(2) BLYTHE MASTERS BOARD CO-CHAIR	2.00 0.00	X		X				0.	0.	0.
(3) LINDA GRUBER SECRETARY THROUGH 5/2019	2.00 0.00	X		X				0.	0.	0.
(4) MARIA NUNEZ SECRETARY EFFECTIVE 5/2019	2.00 0.00	X		X				0.	0.	0.
(5) BISI ADELEYE-FAYEMI DIRECTOR THROUGH 5/2019	2.00 0.00	X						0.	0.	0.
(6) CAROLINE BARLERIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) RADHIKA BYNON DIRECTOR / UK BOARD CHAIR	2.00 2.00	X						0.	0.	0.
(8) ROXANE DIVOL DIRECTOR THROUGH 5/2019	2.00 0.00	X						0.	0.	0.
(9) NURGUL DJANAIEVA DIRECTOR THROUGH 11/2018	2.00 0.00	X						0.	0.	0.
(10) AMINA DOHERTY DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) LAURIE EMRICH DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) KERRY GARDNER DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) MOZN HASSAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) NITA ING DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) MEKALA KRISHNAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) LAYLI MAPARYAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) TABARA NDIAYE DIRECTOR	2.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD SOCHER DIRECTOR	2.00 0.00	X					0.	0.	0.	
(19) REBEKKA VAN ROEMBURG DIRECTOR	2.00 0.00	X					0.	0.	0.	
(20) MOEZ VIRANI DIRECTOR	2.00 0.00	X					0.	0.	0.	
(21) JUREMA WERNECK DIRECTOR	2.00 0.00	X					0.	0.	0.	
(22) MARISSA WESELY DIRECTOR THROUGH 11/2018	2.00 0.00	X					0.	0.	0.	
(23) MUSIMBI KANYORO PRESIDENT AND CEO	40.00 0.00	X		X			293,875.	0.	44,031.	
(24) MARCI DAVIS INTERIM CFO	30.00 0.00			X			90,000.	0.	0.	
(25) CLARE WINTERTON COO THROUGH 1/2019	40.00 0.00				X		189,203.	0.	29,551.	
(26) PEIYAO CHEN VP, IMPACT AND EFFECTIVENESS	40.00 0.00					X	169,594.	0.	17,414.	
1b Sub-total							742,672.	0.	90,996.	
c Total from continuation sheets to Part VII, Section A							745,349.	0.	80,487.	
d Total (add lines 1b and 1c)							1,488,021.	0.	171,483.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	11,345.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	20,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,177,378.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		17,208,723.				
	Program Service Revenue	2 a	FEEES FOR SERVICES	Business Code	900099	416,488.	416,488.	
b							
c							
d							
e							
f		All other program service revenue						
g		Total. Add lines 2a-2f		416,488.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		388,364.			388,364.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		d	Net gain or (loss)			276,419.		276,419.
	8 a	Gross income from fundraising events (not including \$ 11,345. of contributions reported on line 1c). See Part IV, line 18	a	9,005.				
		Less: direct expenses	b	8,448.				
		c	Net income or (loss) from fundraising events		557.			557.
	9 a	Gross income from gaming activities. See Part IV, line 19	a	2,653.				
Less: direct expenses		b	0.					
c		Net income or (loss) from gaming activities		2,653.			2,653.	
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a							
	b						
	c						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			18,293,204.	416,488.	0.	667,993.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	55,613.	55,613.		
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	11,118,010.	11,118,010.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	567,283.	109,377.	457,906.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,808,096.	2,101,052.	379,893.	1,327,151.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	167,547.	97,697.	7,840.	62,010.
9 Other employee benefits	637,668.	361,394.	52,158.	224,116.
10 Payroll taxes	296,767.	153,829.	44,044.	98,894.
11 Fees for services (non-employees):				
a Management				
b Legal	20,936.		20,936.	
c Accounting	60,224.		60,224.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	118,474.			118,474.
f Investment management fees	65,420.		65,420.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	630,439.	277,985.	183,236.	169,218.
12 Advertising and promotion	38,632.	25,394.	388.	12,850.
13 Office expenses	228,534.	45,425.	16,729.	166,380.
14 Information technology	251,778.	124,863.	62,102.	64,813.
15 Royalties				
16 Occupancy	450,061.	256,373.	45,581.	148,107.
17 Travel	412,073.	257,762.	81,589.	72,722.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	17,856.	10,512.	950.	6,394.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,257.	32,517.	6,894.	18,846.
23 Insurance	13,254.		13,254.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBI TAX PAYMENT	2,100.		2,100.	
b _____				
c _____				
d _____				
e All other expenses _____	9.	1.	8.	
25 Total functional expenses. Add lines 1 through 24e	19,019,031.	15,027,804.	1,501,252.	2,489,975.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	12,546,585.	1	10,223,811.
	2 Savings and temporary cash investments	1,915,098.	2	10,528,343.
	3 Pledges and grants receivable, net	8,500,532.	3	5,738,531.
	4 Accounts receivable, net	465,765.	4	222,655.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	202,251.	9	419,256.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 280,705.		
	b Less: accumulated depreciation	10b 104,663.	111,270.	10c 176,042.
	11 Investments - publicly traded securities	12,551,948.	11	13,927,480.
	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	42,680.	15	42,680.
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,336,129.	16	41,278,798.	
Liabilities	17 Accounts payable and accrued expenses	459,178.	17	876,284.
	18 Grants payable	8,516,915.	18	12,616,249.
	19 Deferred revenue		19	480,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	116,592.	25	109,879.
	26 Total liabilities. Add lines 17 through 25	9,092,685.	26	14,082,412.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,654,922.	27	10,051,548.
	28 Temporarily restricted net assets	13,174,176.	28	12,730,492.
	29 Permanently restricted net assets	4,414,346.	29	4,414,346.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	27,243,444.	33	27,196,386.	
34 Total liabilities and net assets/fund balances	36,336,129.	34	41,278,798.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,293,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,019,031.
3	Revenue less expenses. Subtract line 2 from line 1	3	-725,827.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,243,444.
5	Net unrealized gains (losses) on investments	5	645,178.
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 in Schedule O)	9	33,591.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,196,386.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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? _____
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 Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **THE GLOBAL FUND FOR WOMEN, INC.** Employer identification number **77-0155782**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13064122.	15169795.	14768360.	19801611.	17208723.	80012611.
2 Tax revenues levied for the organization'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	13064122.	15169795.	14768360.	19801611.	17208723.	80012611.
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)						13619805.
6 Public support. Subtract line 5 from line 4.						66392806.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	13064122.	15169795.	14768360.	19801611.	17208723.	80012611.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	299,043.	224,652.	292,252.	326,524.	388,364.	1530835.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,032.	8,386.	8,406.	2,068.	3,210.	30,102.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			43,000.			43,000.
11 Total support. Add lines 7 through 10						81616548.
12 Gross receipts from related activities, etc. (see instructions)					12	2,107,639.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	81.35 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	80.06 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
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):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

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

INSURANCE CLAIM PROCEEDS

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 43,000.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

Multiple horizontal lines for additional information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

THE GLOBAL FUND FOR WOMEN, INC.

Employer identification number

77-0155782

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 or 990-EZ), 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 ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization THE GLOBAL FUND FOR WOMEN, INC.	Employer identification number 77-0155782
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>521,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>520,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>410,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,452,465.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE GLOBAL FUND FOR WOMEN, INC.	Employer identification number 77-0155782
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>625,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>1,049,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE GLOBAL FUND FOR WOMEN, INC.	Employer identification number 77-0155782
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE GLOBAL FUND FOR WOMEN, INC.	Employer identification number 77-0155782
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE GLOBAL FUND FOR WOMEN, INC.	Employer identification number 77-0155782
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from 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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► **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.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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.

Name of organization THE GLOBAL FUND FOR WOMEN, INC.	Employer identification number 77-0155782
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and 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 employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	18,835,137.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	18,835,137.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	739,267.	896,674.	831,045.	1,000,000.	3,466,986.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,200,479.
c Total lobbying expenditures					
d Grassroots nontaxable amount	184,817.	224,169.	207,761.	250,000.	866,747.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,300,121.
f Grassroots lobbying expenditures					

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 of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g 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?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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 prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

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 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization THE GLOBAL FUND FOR WOMEN, INC. Employer identification number 77-0155782

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,924,383.	12,582,398.	11,480,114.	12,765,695.	11,609,265.
b Contributions		760,296.	208,637.	-46,334.	1,190,963.
c Net investment earnings, gains, and losses	1,296,043.	845,367.	1,265,408.	-241,315.	518,858.
d Grants or scholarships	263,000.	172,800.	215,000.	233,000.	200,000.
e Other expenditures for facilities and programs		43,200.	113,237.	764,932.	306,286.
f Administrative expenses	287,331.	47,678.	43,524.		47,105.
g End of year balance	14,670,095.	13,924,383.	12,582,398.	11,480,114.	12,765,695.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 59.21 %
 - b Permanent endowment 30.09 %
 - c Temporarily restricted endowment 10.70 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,898.	10,809.	10,089.
d Equipment		259,807.	93,854.	165,953.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				176,042.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, 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, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	109,879.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	109,879.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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 THREE 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

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. (GLOBAL FUND FOR WOMEN) 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 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, 2019 AND 2018; AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

GLOBAL FUND FOR WOMEN 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.

THE ORGANIZATION ASSESSES ITS ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN ITS CONSOLIDATED FINANCIAL STATEMENTS AND PRESCRIBES A

Part XIII Supplemental Information *(continued)*

THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DE-RECOGNITION OF
TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **THE GLOBAL FUND FOR WOMEN, INC.**
Employer identification number: **77-0155782**

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		505,863.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		710,500.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		1,001,700.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		1,364,115.
NORTH AMERICA (CANADA AND MEXICO)	0	0	GRANTMAKING		317,783.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		850,900.
SOUTH AMERICA	0	0	GRANTMAKING		1,031,690.
SOUTH ASIA	0	1	GRANTMAKING		1,319,458.
3 a Subtotal	0	1			7,102,009.
b Total from continuation sheets to Part I	0	1			4,016,001.
c Totals (add lines 3a and 3b)	0	2			11,118,010.

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Schedule F (Form 990) 2018

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)					
(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
SUB-SAHARAN AFRICA	0	1	GRANTMAKING		4,016,001.
Totals		1			4,016,001.

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 AND THE CARIBBEAN	EVENT	8,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CRISIS	10,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CRISIS	10,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EVENT	10,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	15,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	15,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	15,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EVENT	15,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **223**

3 Enter total number of other organizations or entities **63**

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 (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)
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	23,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	23,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	30,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	30,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	23,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	10,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	40,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	40,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	40,000.	WIRE TRANSFER	0.		

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 (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)
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	45,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	45,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STANDARD	48,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CRISIS	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	12,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	20,000.	WIRE TRANSFER	0.		

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 (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)
		EAST ASIA AND THE PACIFIC	STANDARD	25,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	30,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	40,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	56,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	60,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	60,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	20,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	60,000.	WIRE TRANSFER	0.		

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 (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)
		EAST ASIA AND THE PACIFIC	STANDARD	90,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	50,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	STANDARD	90,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	90,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	EVENT	8,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	EVENT	13,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	EVENT	13,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	25,000.	WIRE TRANSFER	0.		

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 (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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	30,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	37,200.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	38,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	38,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	40,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	40,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	40,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	40,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	40,000.	WIRE TRANSFER	0.		

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 (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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	45,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	60,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	60,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	65,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	75,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	STANDARD	179,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	150,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	EVENT	12,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	EVENT	25,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	25,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	29,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	29,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	38,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	44,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	45,400.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	47,715.	WIRE TRANSFER	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	STANDARD	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	58,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	75,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	80,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	STANDARD	95,000.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	6,900.	WIRE TRANSFER	0.		

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 (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)
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	10,560.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	48,200.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	17,491.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	40,000.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	20,000.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	15,738.	WIRE TRANSFER	0.		

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 (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)
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	71,600.	WIRE TRANSFER	0.		
		NORTH AMERICA (CANADA AND MEXICO)	STANDARD	57,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	EVENT	10,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	10,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	15,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	15,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	15,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	18,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	20,000.	WIRE TRANSFER	0.		

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 (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)
		RUSSIA AND NEIGHBORING STATES	STANDARD	20,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	20,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	30,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	30,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	38,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	38,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	40,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	44,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	45,000.	WIRE TRANSFER	0.		

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 (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)
		RUSSIA AND NEIGHBORING STATES	STANDARD	45,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	60,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	60,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	105,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	130,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	STANDARD	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EVENT	12,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	15,000.	WIRE TRANSFER	0.		

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 (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)
		SOUTH AMERICA	STANDARD	23,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	23,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	23,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	23,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	23,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	23,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	23,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	24,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	24,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	24,000.	WIRE TRANSFER	0.		

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 (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)
		SOUTH AMERICA	STANDARD	25,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	23,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	29,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	24,500.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	38,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	60,000.	WIRE TRANSFER	0.		

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 (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)
		SOUTH AMERICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	55,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TRAVEL	10,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	6,000.	WIRE TRANSFER	0.		

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 (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)
		SOUTH ASIA	STANDARD	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	10,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	12,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	12,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	13,347.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	EVENT	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	15,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	15,000.	WIRE TRANSFER	0.		

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 (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)
		SOUTH ASIA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	EVENT	20,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	31,700.	WIRE TRANSFER	0.		

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 (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)
		SOUTH ASIA	STANDARD	32,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	38,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	47,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	50,000.	WIRE TRANSFER	0.		

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 (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)
		SOUTH ASIA	STANDARD	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	90,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	90,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	STANDARD	90,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	STANDARD	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVENT	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CRISIS	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVENT	13,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVENT	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	15,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVENT	20,665.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	23,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	27,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	39,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	STANDARD	39,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	42,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVENT	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	45,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	49,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	50,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	CRISIS	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	38,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	53,250.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CRISIS	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	56,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	56,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	35,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	EVENT	10,300.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CRISIS	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	70,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	75,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVENT	75,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	81,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	82,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	85,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	81,000.	WIRE TRANSFER	0.		

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 (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 AFRICA	EVENT	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	81,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	99,750.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	90,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVENT	60,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STANDARD	90,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVENT	80,000.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

ALL GRANTS AWARDED FIT BOARD-APPROVED CRITERIA, ALIGN WITH PROGRAMMATIC PRIORITIES, AND HAVE ONE STRONG ENDORSEMENT FROM A LOCAL ADVISOR IN THE PAST 2 YEARS FOR RENEWAL GRANTEES (TWO STRONG ENDORSEMENTS ARE REQUIRED FOR NEW GROUPS).

THROUGHOUT THE YEAR, GRANT APPLICANTS ARE REVIEWED, RECOMMENDED, AND AWARDED BY MEMBERS OF THE PROGRAMS TEAM BASED ON THE BOARD-APPROVED GUIDELINES. GLOBAL FUND FOR WOMEN STAFF CAN AWARD SINGLE-YEAR GRANTS UNDER \$30,000 AND MULTI-YEAR GRANTS UNDER \$50,000 THAT ARE IN LINE WITH OUR BOARD-APPROVED GRANTMAKING STRATEGY, ALLOCATION, POLICIES AND PROCEDURES.

EXECUTIVE COMMITTEE OR BOARD APPROVAL IS REQUIRED FOR SINGLE-YEAR GRANTS EQUAL TO OR OVER \$30,000 AND MULTI-YEAR GRANTS EQUAL TO OR OVER \$50,000. THE CEO AND BOARD CHAIR MAY ALSO APPROVE CRISIS GRANTS UP TO \$50,000 TO ACCOMMODATE AN EXPEDITED PROCESS FOR SPECIFIC EMERGENCIES. STAFF MUST SUBMIT A RATIONALE FOR SUCH GRANTS TO THE EXECUTIVE COMMITTEE OR BOARD. AT EACH BOARD MEETING, THE BOARD RECEIVES A LIST OF ALL GRANTS APPROVED BY GLOBAL FUND FOR WOMEN STAFF SINCE THE LAST MEETING TO RATIFY AND REVIEW.

PROPOSALS THAT REQUIRE ADDITIONAL DISCUSSION BY THE BOARD BECAUSE THEY RAISE AN ISSUE OF POLICY ARE ALSO PRESENTED TO THE BOARD OR EXECUTIVE COMMITTEE FOR APPROVAL PRIOR TO GRANT AWARD.

GRANTMAKING APPROVAL WILL BE SOLICITED FROM THE EXECUTIVE COMMITTEE/BOARD

Part V Supplemental Information

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

FOR ANY OF THE FOLLOWING CONDITIONS: GRANT AMOUNT ABOVE STAFF APPROVAL THRESHOLD; PROPOSED GRANTEE DOES NOT MEET ELIGIBILITY CRITERIA; PROPOSED GRANT DOES NOT ALIGN WITH APPROVED PRIORITIES.

GRANTEES ARE REQUIRED TO SUBMIT A FINANCIAL AND NARRATIVE REPORT AT THE END OF THE GRANT PERIOD. RECIPIENTS OF MULTI-YEAR GRANTS ARE REQUIRED TO SUBMIT ANNUAL PROGRESS REPORTS ON THE GRANT (FOR EACH YEAR OF THE GRANT). THESE REPORTS ARE REVIEWED AND ACCEPTED BY ASSIGNED PROGRAMS TEAM MEMBERS PRIOR TO THE RELEASE OF PAYMENT FOR THE NEXT INSTALLMENT OF THE GRANT AWARD. WHILE THE GRANTS OPERATIONS TEAM IS RESPONSIBLE FOR MONITORING REPORT DUE DATES, INFORMING PROGRAMS TEAM MEMBERS ABOUT OVERDUE REPORTS, AND SENDING REMINDERS TO GRANTEES ABOUT UPCOMING AND OVERDUE REPORTS, THE PROGRAMS TEAM IS RESPONSIBLE FOR EVALUATING ALL REPORTS TO DETERMINE IF THE GRANT WAS PROPERLY USED AND IF THE GROUP ACCOMPLISHED ITS SET GOALS AND APPROVING ALL REPORTS. THE LEARNING AND EVALUATION TEAM MANAGES THE YEARLY REPORT REVIEW PROCESS DURING WHICH TIME THE RESULTS OF EACH GRANT ARE ANALYZED. ON A PERIODIC BASIS, PROGRAMS TEAM MEMBERS REVIEW THEIR PORTFOLIO AND DETERMINE WHICH GRANTS ARE READY TO CLOSE BY ENTERING THE "DATE ACCOUNTABILITY VERIFIED" AFTER ALL APPROVALS AND CODING IS COMPLETE. ASSIGNED GRANTS OPERATIONS TEAM MEMBERS ARE THEN RESPONSIBLE FOR FORMALLY CLOSING THE GRANT BY ENTERING THE DATE CLOSED AND SENDING A CLOSING LETTER TO THE GRANTEE.

PART I, LINE 3:

EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS METHOD OF ACCOUNTING FOR FINANCIAL STATEMENT PURPOSES.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

THE GLOBAL FUND FOR WOMEN, INC.

Employer identification number

77-0155782

Part I

Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BENEFACTOR GROUP - 450 S FRONT ST, COLUMBUS, OH 43215	FUNDRAISING ADVISER		X	0.	36,447.	-36,447.
FRESH EYES DIGITAL - 2821 N SPAULDING AVE, CHICAGO, IL	ONLINE FUNDRAISING ADVISER		X	0.	29,353.	-29,353.
MARY MAGELLAN - 1000 GREEN ST APT 201, SAN FRANCISCO, CA	DEVELOPMENT WRITER		X	0.	37,535.	-37,535.
TRIFI CONSULTING ASSOCIATES, INC - 255 PLUTARCH RD,	DIRECT MAIL CONSULTANT		X	0.	12,600.	-12,600.
Total					115,935.	-115,935.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, 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, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ART LIVE LOUNGE 2019 (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	20,350.		20,350.
	2	Less: Contributions	11,345.		11,345.
	3	Gross income (line 1 minus line 2)	9,005.		9,005.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,000.		1,000.
	7	Food and beverages	6,577.		6,577.
	8	Entertainment	300.		300.
	9	Other direct expenses	571.		571.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			8,448.
11	Net income summary. Subtract line 10 from line 3, column (d)			557.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	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: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b 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

17 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
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FRESH EYES DIGITAL

(I) ADDRESS OF FUNDRAISER: 2821 N SPAULDING AVE, CHICAGO, IL 60618

(I) NAME OF FUNDRAISER: MARY MAGELLAN

(I) ADDRESS OF FUNDRAISER: 1000 GREEN ST APT 201, SAN FRANCISCO, CA 94133

(I) NAME OF FUNDRAISER: TRIPI CONSULTING ASSOCIATES, INC

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 255 PLUTARCH RD, HIGHLAND, NY 12528

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **THE GLOBAL FUND FOR WOMEN, INC.** Employer identification number **77-0155782**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 E 16TH STREET, 7TH FLOOR - NEW YORK, NY 10003	13-2992977	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOMEN'S FUNDING NETWORK 57 POST STREET, SUITE 801 SAN FRANCISCO, CA 94104	41-1685134	501(C)(3)	7,500.	0.			GENERAL SUPPORT
AFRICAN DIASPORA NETWORK 961 ASTER COURT, SUITE 100 SUNNYVALE, CA 94086	46-0632056	501(C)(3)	15,000.	0.			SUPPORT FOR THE AFRICAN DIASPORA INVESTMENT SYMPOSIUM 2018 (ADIS2018)
PEACE DEVELOPMENT FUND 44 N. PROSPECT STREET PO BOX 1280 AMHERST, MA 01002	04-2738794	501(C)(3)	23,113.	0.			LANDSCAPE ANALYSIS FOR TECHNOLOGY STRATEGY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **4.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2018)

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

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:

ALL GRANTS AWARDED FIT BOARD-APPROVED CRITERIA, ALIGN WITH PROGRAMMATIC PRIORITIES, AND HAVE ONE STRONG ENDORSEMENT FROM A LOCAL ADVISOR IN THE PAST 2 YEARS FOR RENEWAL GRANTEES (TWO STRONG ENDORSEMENTS ARE REQUIRED FOR NEW GROUPS).

THROUGHOUT THE YEAR, GRANT APPLICANTS ARE REVIEWED, RECOMMENDED, AND AWARDED BY MEMBERS OF THE PROGRAMS TEAM BASED ON THE BOARD-APPROVED GUIDELINES. GLOBAL FUND FOR WOMEN STAFF CAN AWARD SINGLE-YEAR GRANTS UNDER

Part IV Supplemental Information

\$30,000 AND MULTI-YEAR GRANTS UNDER \$50,000 THAT ARE IN LINE WITH OUR BOARD-APPROVED GRANTMAKING STRATEGY, ALLOCATION, POLICIES AND PROCEDURES.

EXECUTIVE COMMITTEE OR BOARD APPROVAL IS REQUIRED FOR SINGLE-YEAR GRANTS EQUAL TO OR OVER \$30,000 AND MULTI-YEAR GRANTS EQUAL TO OR OVER \$50,000.

THE CEO AND BOARD CHAIR MAY ALSO APPROVE CRISIS GRANTS UP TO \$50,000 TO ACCOMMODATE AN EXPEDITED PROCESS FOR SPECIFIC EMERGENCIES. STAFF MUST SUBMIT A RATIONALE FOR SUCH GRANTS TO THE EXECUTIVE COMMITTEE OR BOARD. AT EACH BOARD MEETING, THE BOARD RECEIVES A LIST OF ALL GRANTS APPROVED BY GLOBAL FUND FOR WOMEN STAFF SINCE THE LAST MEETING TO RATIFY AND REVIEW.

PROPOSALS THAT REQUIRE ADDITIONAL DISCUSSION BY THE BOARD BECAUSE THEY RAISE AN ISSUE OF POLICY ARE ALSO PRESENTED TO THE BOARD OR EXECUTIVE COMMITTEE FOR APPROVAL PRIOR TO GRANT AWARD.

GRANTMAKING APPROVAL WILL BE SOLICITED FROM THE EXECUTIVE COMMITTEE/BOARD FOR ANY OF THE FOLLOWING CONDITIONS: GRANT AMOUNT ABOVE STAFF APPROVAL THRESHOLD; PROPOSED GRANTEE DOES NOT MEET ELIGIBILITY CRITERIA; PROPOSED GRANT DOES NOT ALIGN WITH APPROVED PRIORITIES.

GRANTEES ARE REQUIRED TO SUBMIT A FINANCIAL AND NARRATIVE REPORT AT THE END OF THE GRANT PERIOD. RECIPIENTS OF MULTI-YEAR GRANTS ARE REQUIRED TO SUBMIT ANNUAL PROGRESS REPORTS ON THE GRANT (FOR EACH YEAR OF THE GRANT). THESE REPORTS ARE REVIEWED AND ACCEPTED BY ASSIGNED PROGRAMS TEAM MEMBERS PRIOR TO THE RELEASE OF PAYMENT FOR THE NEXT INSTALLMENT OF THE GRANT AWARD. WHILE THE GRANTS OPERATIONS TEAM IS RESPONSIBLE FOR MONITORING REPORT DUE DATES, INFORMING PROGRAMS TEAM MEMBERS ABOUT OVERDUE REPORTS, AND SENDING REMINDERS TO GRANTEES ABOUT UPCOMING AND OVERDUE REPORTS, THE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **THE GLOBAL FUND FOR WOMEN, INC.**
 Employer identification number: **77-0155782**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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 related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MUSIMBI KANYORO PRESIDENT AND CEO	(i)	293,875.	0.	0.	14,694.	29,337.	337,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLARE WINTERTON COO THROUGH 1/2019	(i)	184,203.	5,000.	0.	9,310.	20,241.	218,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PEIYAO CHEN VP, IMPACT AND EFFECTIVENESS	(i)	169,594.	0.	0.	8,480.	8,934.	187,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LEILA HESSINI VP, PROGRAMS	(i)	169,594.	0.	0.	5,688.	0.	175,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANELLE CAVANAGH VP, STRATEGIC PARTNERSHIPS	(i)	155,903.	0.	0.	7,795.	9,703.	173,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMELIA WU SR. DIR. PHILANTHROPIC PARTNERSHIPS	(i)	148,807.	2,000.	0.	7,340.	20,165.	178,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CATHERINE M. KING EXECUTIVE PRODUCER	(i)	147,543.	0.	0.	7,377.	9,667.	164,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANNALISA SYNNESTVEDT FORMER HEAD OF FINANCE AND OPS / CFO	(i)	121,502.	0.	0.	6,376.	6,376.	134,254.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

THE GLOBAL FUND FOR WOMEN, INC.

Employer identification number

77-0155782

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FIND, FUND, AND AMPLIFY THE COURAGEOUS WORK OF WOMEN WHO ARE BUILDING
SOCIAL MOVEMENTS AND CHALLENGING THE STATUS QUO. BY SHINING A
SPOTLIGHT ON CRITICAL ISSUES, WE RALLY COMMUNITIES OF ADVOCATES WHO
TAKE ACTION AND INVEST MONEY TO EMPOWER WOMEN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES OF ADVOCATES WHO TAKE ACTION AND INVEST MONEY TO EMPOWER
WOMEN.

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

FUNDAMENTALISMS, ESPECIALLY IN JUSTIFYING AND CONDONING GENDER-BASED
VIOLENCE; AND SUPPORTING CAMPAIGNS FOR SAFE ABORTION AND THE
DECRIMINALIZATION OF ABORTION. WE LAUNCHED THE ADOLESCENT GIRLS'
RIGHTS INITIATIVE TO SUPPORT GIRL-CENTERED ORGANIZATIONS TO DEEPEN AND
EXPAND THEIR WORK WITH AND FOR ADOLESCENT GIRLS. WE CONTINUED TO GIVE
CRISIS SUPPORT FUNDING TO WOMEN'S RIGHTS ORGANIZATIONS IN RESPONSE TO
POLITICAL AND HEALTH CRISES AND CLIMATE-INDUCED DISASTERS, AS WELL AS
PROVIDING ONGOING SUPPORT TO NATIONAL AND REGIONAL WOMEN'S FUNDS TO
STRENGTHEN THE ECOSYSTEMS OF WOMEN'S RIGHTS MOVEMENTS GLOBALLY. WE ARE
COMMITTED TO SUPPORT WOMEN'S RIGHTS ORGANIZATIONS WHO HAVE MORE
DIFFICULTY IN ACCESSING FUNDING. FOR EXAMPLE, 28% OF OUR PROGRAM
GRANTS (IN NUMBERS) WERE AWARDED TO GROUPS WITH BUDGETS OF \$50,000 OR
LESS, 12% WENT TO GROUPS THAT WERE FIVE YEARS OLD OR YOUNGER, AND 15%
WENT TO GROUPS THAT WERE NOT REGISTERED.

Name of the organization THE GLOBAL FUND FOR WOMEN, INC.	Employer identification number 77-0155782
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WOMEN'S GROUPS RESPONDING TO URGENT SITUATIONS IN SUDAN, SRI LANKA, EGYPT, AND BEYOND. WE SECURED COVERAGE OF WOMEN'S RIGHTS AND GENDER JUSTICE ISSUES IN INTERNATIONAL MEDIA FROM REFINERY 29, FORBES, THE WALL STREET JOURNAL, ASSOCIATED PRESS, HARPER'S BAZAAR, AND MORE. THROUGH OUR BI-MONTHLY MOVEMENT NEWSLETTER, WE SHARED RESOURCES AND KNOWLEDGE WITH GRANTEE PARTNERS AND WOMEN'S MOVEMENT ALLIES. LASTLY, WE CONTINUED PREPARATORY WORK AROUND THE "FUNDAMENTAL: GENDER JUSTICE. NO EXCEPTIONS" DOCUMENTARY SERIES FOR LATE 2019 LAUNCH.

FORM 990, PART VI, SECTION A, LINE 3:

FROM APRIL 2018 THROUGH THE END OF THE JUNE 30, 2019 FISCAL YEAR, THE ROLE OF INTERIM CHIEF FINANCIAL OFFICER WAS FULFILLED BY MARCI DAVIS, AN INDEPENDENT CONTRACTOR. COMPENSATION PAID TO MARCI DAVIS IN EXCHANGE FOR THESE SERVICES TOTALED \$90,000 DURING THE 2018 CALENDAR YEAR AND \$120,000 FOR THE FISCAL YEAR-ENDING JUNE 30, 2019.

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 CFO; 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

Name of the organization THE GLOBAL FUND FOR WOMEN, INC.	Employer identification number 77-0155782
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ORGANIZATION AND WITH ANY FOR-PROFIT ORGANIZATION USED BY GLOBAL FUND FOR WOMEN 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:

GLOBAL FUND FOR WOMEN ENDEAVORS TO ATTRACT, RECRUIT, AND RETAIN THE MOST WELL-QUALIFIED PEOPLE IN THE FIELD OF INTERNATIONAL WOMEN'S RIGHTS. DECISIONS ON LEADERSHIP COMPENSATION, INCLUDING THAT OF THE CEO, OFFICERS, AND KEY EMPLOYEES, ARE BASED ON COMPARABILITY DATA FROM SALARY SURVEYS FOR POSITIONS AT SIMILAR ORGANIZATIONS AND INFORMATION OBTAINED FROM PUBLICLY AVAILABLE REGULATORY FILINGS OF SIMILAR ORGANIZATIONS. COMPENSATION FOR THE CEO, OFFICERS, AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, 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, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GRANTS WITHDRAWN

14,729.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **THE GLOBAL FUND FOR WOMEN, INC.** Employer identification number **77-0155782**

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, 800 MARKET STREET, SEVENTH FLOOR, SAN FRANCISCO, CA 94102	HOLD TITLE TO DOCUMENTARY SERIES	CALIFORNIA	0.	304,975.	THE GLOBAL FUND FOR 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GLOBAL FUND FOR WOMEN UK 14-18 CITY ROAD CARDIFF, UNITED KINGDOM CF24 3DL	GRANTMAKING TO WOMEN-LED ORGANIZATIONS	UNITED KINGDOM			THE GLOBAL FUND FOR WOMEN, INC.	X	

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

Schedule R (Form 990) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE GLOBAL FUND FOR WOMEN, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 800 MARKET STREET, 7TH FLOOR</p> <p>City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102</p>	<p>D Employer identification number (Employees' trust, see instructions.) 77-0155782</p> <p>E Unrelated business activity code (See instructions.)</p>
---	---------------------	--	--

<p>C Book value of all assets at end of year 41,278,798.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	--

H Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ **N/A**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **SANDRA BECKER** Telephone number ▶ **(415) 248-4800**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)			14
15 Salaries and wages			15
16 Repairs and maintenance			16
17 Bad debts			17
18 Interest (attach schedule) (see instructions)			18
19 Taxes and licenses			19
20 Charitable contributions (See instructions for limitation rules)			20
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion			23
24 Contributions to deferred compensation plans			24
25 Employee benefit programs			25
26 Excess exempt expenses (Schedule I)			26
27 Excess readership costs (Schedule J)			27
28 Other deductions (attach schedule)			28
29 Total deductions. Add lines 14 through 28			29 0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30 0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31
32 Unrelated business taxable income. Subtract line 31 from line 30			32 0.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	733.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	4,650.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	5,383.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	5,383.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	5,383.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TRACY S. PAGLIA	TRACY S. PAGLIA	06/30/20		P00366884
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318			
Firm's address 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105			Phone no. 415-956-1500		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2					
3	Cost of labor	3		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.