Internal Revenue Service

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

▶ 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

Α	For the	2018 calendar year, or tax year beginning and ending	g								
В	Check if applicable	C Name of organization		D Employer identific	cation number						
	Addres	WOMEN'S EMPOWERMENT									
	Name change			03-0	520643						
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 1590 NORTH A STREET Room/	'suite	E Telephone numbe	r 669-2307						
	return/ termin- ated			G Gross receipts \$	1,635,000.						
	Ameno		İ	H(a) Is this a group re							
	Application		for subordinates								
SAME AS C ABOVE H(b) Are all subordinates included? Yes											
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	527	If "No," attach a	list. (see instructions)						
		e: WWW.WOMENS-EMPOWERMENT.ORG		H(c) Group exemptio							
			Year o	of formation: 2004 N	A State of legal domicile: CA						
P		Summary	T334	DOMEDMENT T	C 3						
9	1	Briefly describe the organization's mission or most significant activities: WOMEN'S HOLISTIC PROGRAM THAT RESPONDS TO THE UNIQUI	<u> </u>	EEDG OE EYG BOMEKWENI I	D A WOMAN WUO						
Governance											
Veri		Check this box if the organization discontinued its operations or disposed of			ssets.						
ဇ္		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			17						
დ თ		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			33						
iŧie		Total number of violunteers (estimate if necessary)			600						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
⋖		Net unrelated business taxable income from Form 990-T, line 38			0.						
		<i>,</i>		Prior Year	Current Year						
Φ	8	Contributions and grants (Part VIII, line 1h)		986,046.	1,277,042.						
ž		Program service revenue (Part VIII, line 2g)		0.	0.						
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		38,473.	17,975.						
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-27,723.	38,868.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		996,796.	1,333,885.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		706,160.	769,522.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ă	b b	Total fundraising expenses (Part IX, column (D), line 25) 138,018.		251 024	501 554						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		371,034.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	1,077,194.	1,361,096.						
	19	Revenue less expenses. Subtract line 18 from line 12	+	-80,398.							
Net Assets or Find Balances		T. I. (D. I.V.); 40)	Rec	ginning of Current Year 885,379.	End of Year 822,505.						
Asse Rais	20	Total assets (Part X, line 16)	-	57,465.	62,942.						
Net /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		827,914.	759,563.						
P	art II	Signature Block		027,511.	133,3031						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tateme	ents, and to the best of m	v knowledge and belief, it is						
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			,,,,,,						
	,		•								
Sig	ın	Signature of officer		Date							
He		LISA CULP, EXECUTIVE DIRECTOR									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		ate Check	PTIN						
Pai	d	JENNIFER Z IWATA JENNIFER Z IWATA	0	8/01/19 if self-employ	P01310188						
		Firm's name GILBERT CPAS		Firm's EIN	68-0037990						
Use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100									
		SACRAMENTO, CA 95833		Phone no.91	6-646-6464						
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No						

Pai	Statement of Program Service Accomplishments	\neg
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: THE MISSION OF WOMEN'S EMPOWERMENT IS TO EDUCATE AND EMPOWER WOMEN WHO	
	ARE HOMELESS WITH THE SKILLS AND THE CONFIDENCE NECESSARY TO GET A	
	JOB, CREATE A HEALTHY LIFESTYLE, AND REGAIN A HOME FOR THEMSELVES AND	
	THEIR CHILDREN.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		ı.
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? — Yes X N	J.
3	If "Yes," describe these changes on Schedule O.	10
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.	
 4а	(Code:) (Expenses \$ 1,119,693 • including grants of \$) (Revenue \$	
	WOMEN'S EMPOWERMENT WITNESSED LIFE-CHANGING MOMENTS IN 2018 AS 87 WOMEN	<u>v</u>
	GRADUATED AND ARE THRIVING. IN 2018, 76% OF STUDENTS SECURED JOBS	
	AND/OR ENROLLED IN SCHOOL OR TRAINING AND 554 WOMEN UTILIZED GRADUATE	
	SERVICES INCLUDING SUPPORT FROM SOCIAL WORKERS AND EMPLOYMENT	
	SPECIALISTS, TRAINING PROGRAMS, ENRICHMENT CLASSES, GATHERINGS AND	
	ACCESS TO CLOTHING IN OUR CLOTHING CLOSET. SEVENTY-NINE WOMEN	
	PARTICIPATED IN PAID AND UNPAID TRAINING IN 2018, INCLUDING 34 WOMEN	
	WHO PARTICIPATED IN THE GET A JOB KIT TRAINING PROGRAM. EIGHTY-TWO	
	PERCENT OF WOMEN AND THEIR CHILDREN REGAINED AND MAINTAINED A SAFE AND	
	STABLE HOME. THE ON-SITE CHILDCARE PROGRAM PROVIDED SERVICES TO 127	
	HOMELESS CHILDREN. HEALTHY MEALS AND EDUCATIONAL GAMES HELPED KIDS	
	HANDLE THE STRESS OF HOMELESSNESS AND REACH DEVELOPMENTAL MILESTONES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
	THE INSTITUTE OF REAL ESTATE MANAGEMENT AND WOMEN'S EMPOWERMENT HAVE	
	CONTINUED THEIR PARTNERSHIP IN 2018, PROVIDING 19 WOMEN'S EMPOWERMENT	
	GRADUATES WITH TRAINING IN PROPERTY MANAGEMENT. GRADUATES OF THE	
	TRAINING PROGRAM NOT ONLY GAINED POSITIONS AS PROPERTY MANAGERS, BUT ALSO SECURED HOUSING IN THE PROPERITES WHERE THEY ARE EMPLOYED.	
	ALSO SECORED HOUSING IN THE PROPERTIES WHERE THEI ARE EMPLOYED.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (Listance 4	- ′
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,119,693.	

Form 990 (2018) WOMEN'S EMPOWERMENT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		. v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			. v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Iu		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11.2		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1,7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) WOMEN'S EMPOWERMENT Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			X
04 -	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		-
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
2 00	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes,"			
	complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32 Enter the number of Forms W-2G included in line 1a Enter 0, if not applicable 1b	4		
	Litter the number of Forms wize included in line 1a. Litter 10- in not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	- 22	Щ_

WOMEN'S EMPOWERMENT Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 33								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X					
b	If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			X					
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•			37					
	to file Form 8282?		7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х					
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
8	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 									
Ü	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Didd		9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c			77					
			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v					
	excess parachute payment(s) during the year?		15		X					
40	If "Yes," see instructions and file Form 4720, Schedule N.	t in a cons 0	40		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.									

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			X					
Sec	tion A. Governing Body and Management								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17								
	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.								
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?								
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?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion 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?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		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?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X 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	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	MICHELE SMITH - 916-669-2307 1590 NORTH A STREET, SACRAMENTO, CA 95811								
	IJJU NUKIR A SIKEEI, SACKAMENTU, CA JOSII								

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.

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

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

(list any hours for related organizations or	other pensation om the anization of related nizations 0. 0. 0. 0.
Color	0. 0. 0.
C2 KELLIE ENGLAND C3 C4 C5 C5 C6 C6 C6 C6 C6 C6	0. 0. 0.
X	0.
NYEL JENKINS 2.00 X	0.
VICE PRESIDENT	0.
(4) SUSAN GOWER 2.00 X X 0. 0. TREASURER X X X 0. 0. (5) JOHNATHAN KAUFMAN 2.00 X 0. 0. SECRETARY X X 0. 0. (6) BOB ERLENBUSCH X 0. 0. MEMBER X 0. 0. (7) FIMY SAHAIDA 2.00 0. 0. (8) FRANK APGAR X 0. 0. (8) FRANK APGAR X 0. 0. (9) HEDY GOVENAR X 0. 0. MEMBER X 0. 0. (10) JESSICA COOK 2.00 0. 0. MEMBER X 0. 0. (11) JESSICA LEESON 2.00 0. 0. MEMBER X 0. 0.	0.
X	0.
SECRETARY	0.
X	
(6) BOB ERLENBUSCH 2.00 MEMBER X (7) FIMY SAHAIDA 2.00 MEMBER X (8) FRANK APGAR 2.00 MEMBER X (9) HEDY GOVENAR 2.00 MEMBER X (10) JESSICA COOK 2.00 MEMBER X (11) JESSICA LEESON 2.00 MEMBER X 0. 0. 0. 0.	
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(8) FRANK APGAR 2.00 MEMBER X (9) HEDY GOVENAR 2.00 MEMBER X (10) JESSICA COOK 2.00 MEMBER X (11) JESSICA LEESON 2.00 MEMBER X 0. 0. 0. 0.	0.
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(9) HEDY GOVENAR 2.00 MEMBER X (10) JESSICA COOK 2.00 MEMBER X (11) JESSICA LEESON 2.00 MEMBER X 0. 0. 0. 0.	0.
MEMBER X 0. 0. (10) JESSICA COOK 2.00 X 0. 0. MEMBER X 0. 0. 0. (11) JESSICA LEESON 2.00 X 0. 0. MEMBER X 0. 0. 0.	
(10) JESSICA COOK 2.00 MEMBER X (11) JESSICA LEESON 2.00 MEMBER X	0.
MEMBER X 0. 0. (11) JESSICA LEESON 2.00 0. 0. MEMBER X 0. 0.	
(11) JESSICA LEESON Z.00 X 0. 0.	0.
MEMBER X 0. 0.	
(12) LESLIE MEDINA 2.00	0.
MEMBER X 0. 0.	0.
(13) MARISA SHARKEY 2.00	
MEMBER X 0 • 0 • 0 •	0.
(14) NATOSHI DUBOSE 2.00	
MEMBER X 0 • 0 •	0.
(15) PREET KUAR 2.00	
MEMBER	0.
(16) SUZANNE DIZON 2.00	
MEMBER X 0. 0.	0.
(17) NIKKY MOHANNA 2.00	
MEMBER X 0. 0.	0.

Form **990** (2018)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highe (A) (B) (C)						_	(D)	(E)			(F)		
Name and title	Average	Average Position						Reportable	Reportable		Es	timate	ed
	hours per	s per (do not check more that box, unless person is b			is bot	h an	compensation	compensation	า	an	nount	of	
	week	-	cer ar	nd a d	irecto	or/trus	tee)	from	from related			other	
	(list any	director			1			the	organizations			pensa	
	hours for related	or di	8			ated		organization	(W-2/1099-MIS	C)		om the	
	organizations	rustee	trust		9.6	mpen		(W-2/1099-MISC)			_	anizat d relat	
	below	dual tr	tional	L.	nploye	st cor.	<u>_</u>					anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				90		
(18) AMANDA BAUER	2.00	1	T_	Ť	Ť	1 "	Ť						
MEMBER UNTIL AUGUST 2018		X						0.		0.			0.
(19) LISA CULP	40.00												
EXECUTIVE DIRECTOR				Х				80,627.		0.	1	2,2	32.
		-											
			-		<u> </u>	-							
		1											
		\vdash	\vdash	\vdash	\vdash	+							
		1											
							L	00 607		^	1	2 2	20
1b Sub-total							>	80,627.		0.		2,2	
c Total from continuation sheets to Part								80,627.		0.	1	2,2	0.
d Total (add lines 1b and 1c)								·				4,4	<u>3∠.</u>
2 Total number of individuals (including bu		nose	liste	ed a	bov	e) w	no r	eceived more than \$100	,000 of reportable	Э			0
compensation from the organization	•											Yes	No
3 Did the organization list any former office	er director or tr	usta	o ka	av er	mnla	NAA	or	highest compensated e	mnlovee on			100	
line 1a? If "Yes," complete Schedule J for											3		х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$	•							•	•		4		Х
5 Did any person listed on line 1a receive													
rendered to the organization? If "Yes," c	omplete Schedu	le J i	for s	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest	-	-								pens	ation f	from	
the organization. Report compensation f	or the calendar y	/ear	endi	ng v	vith	or w	ithii		year.				
(A) Name and busine	ess address	NT/	INC	7				(B) Description of s	ervices)) ompe		n
- Traine and busine		7//	OT/1				\dashv	2030 Iption of 3			Jinpe		
							\dashv						
2 Total number of independent contractor	· ·	not li	mite	d to		se li 0	stec	d above) who received m	nore than				
\$100,000 of compensation from the orga	anization 🚩											990 (

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ... (**D**)
Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function husiness revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 5,086. 1 a Federated campaigns **b** Membership dues 1b 223,117. c Fundraising events 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above $\frac{1}{1}$ 1, 048, 839 415,378. g Noncash contributions included in lines 1a-1f: \$ 1,277,042. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,847. 10,847. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 101,964. assets other than inventory b Less: cost or other basis 94,836. and sales expenses 7,128. c Gain or (loss) 7,128. 7,128. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 223,117. of contributions reported on line 1c). See Part IV, line 18 a 110, 258 Other b Less: direct expenses b 125,642. -15,384. -15,384c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns a 134,889. and allowances 80,637. **b** Less: cost of goods sold 54,252. 54,252. **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 1,333,885. 54,252. Total revenue. See instructions

Part IX Statement of Functional Expenses

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

3601	On 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			, , ,	
	(C)	(D)			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,859.	71,576.	10,027.	11,256.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	524 045	444 500	5E 601	<u> </u>
7	Other salaries and wages	534,245.	411,793.	57,691.	64,761.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	87,661.	67,569.	9,466.	10,626.
9	Other employee benefits	54,757.	42,206.	5,913.	6,638.
10	Payroll taxes	J=, I J I •	44,400•	3,913.	0,030.
11	Fees for services (non-employees): Management				
	Legal				
	Accounting	15,169.		15,169.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	32,244.	13,111.	148.	18,985.
12	Advertising and promotion	15,011.	7,355.		7,656.
13	Office expenses	38,257.	25,266.	1,302.	11,689.
14	Information technology	11,996.	11,396.	300.	300.
15	Royalties	E 4 C 4 O	E1 016	1 266	1 266
16	Occupancy	54,648. 19,817.	51,916. 19,745.	1,366.	1,366.
17	Travel	19,01/•	19,745.	30.	30.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	2,076.	1,599.	228.	249.
20	Interest	2,0,00	=,355.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,659.	10,125.	267.	267.
23	Insurance	13,494.	10,395.	1,472.	1,627.
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 0.)	04.4.1.	04 1 1 = 2		
а	IN-KIND GOODS	314,450.	314,450.	0.	0.
b	GET A JOB - TRAINING ST	33,480.	33,480.		1 024
С	PROGRAM SUPPLIES	26,633.	24,799.		1,834.
d	VOLUNTEER EXPENSE	3,640.	2,912.		728.
	All other expenses	1,361,096.	1,119,693.	103,385.	138,018.
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,301,090.	1,113,033.	103,303.	130,010.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.10.21.10				Earm 990 (2018)

Form 990 (2018) Part X Balance Sheet

Pa	πχ	Balance Sneet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1				199,426.	1	108,776.
	2	Savings and temporary cash investments	7,534.	2	140 650		
	3	Pledges and grants receivable, net	53,628.	3	140,678.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	•	,			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		·		_	
ets	_	employees' beneficiary organizations (see instr).		F		6	
Assets	7	Notes and loans receivable, net			42 000	7	72 202
	8	Inventories for sale or use			43,998.	8	72,293.
	9	Prepaid expenses and deferred charges			12,874.	9	10,370.
	10a	Land, buildings, and equipment: cost or other	ا ا	83,440.			
		basis. Complete Part VI of Schedule D		62,356.	29,783.		21 004
	l .	Less: accumulated depreciation			23,703.	10c	21,084.
	11	Investments - publicly traded securities			536,279.	11	467,531.
	12	Investments - other securities. See Part IV, line			330,213.	12	407,331.
	13	Investments - program-related. See Part IV, line			1,857.	13	1,773.
	14	Intangible assets		1,057.	14	1,775	
	15	Other assets. See Part IV, line 11	885,379.	15	822,505.		
	16	Total assets. Add lines 1 through 15 (must equ	57,465.	16 17	62,942.		
	17 18	Accounts payable and accrued expenses			37,403.	18	02,542.
	19	Grants payable				19	
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete l				21	
w	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
iqe		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	, s 17-24). Complete Part X of			
		Schedule D		•		25	
	26	T			57,465.	26	62,942.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here X and			
S		complete lines 27 through 29, and lines 33 an	id 34.				
ŭ	27	Unrestricted net assets			658,602.	27	610,265.
3ale	28	Temporarily restricted net assets			169,312.	28	149,298.
βE	29	Permanently restricted net assets		<u></u>		29	
Fund Balances		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶Ш			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			827,914.	33	759,563.
	34	Total liabilities and net assets/fund balances			885,379.	34	822,505.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		.,33					
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
		10	75	9,5	63.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	Jle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WOMEN'S EMPOWERMENT 03-0520643 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Se	ction A. Public Support		•	•			
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(-,	(-, : :	(-/	(-,	(-)	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	778,134.	1,033,984.	1,106,407.	986,046.	1,277,042.	5,181,613.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	778,134.	1,033,984.	1,106,407.	986,046.	1,277,042.	5,181,613.
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,						110 007
_	column (f)						112,237.
	Public support. Subtract line 5 from line 4.						5,069,376.
		(a) 2014	(b) 2015	(a) 2016	(d) 2017	(a) 2019	(f) Total
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2014 778,134.	(b) 2015 1,033,984.	(c) 2016 1,106,407.	(d) 2017 986, 046.	(e) 2018 1,277,042.	(f) Total 5,181,613.
	Gross income from interest,	770,134.	1,033,304.	1,100,407.	J00,040.	1,277,042.	3,101,013.
0	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	10,087.	8,418.	11,321.	11,738.	10,847.	52,411.
a	Net income from unrelated business	20,0070	0,1201		2277333	20,0270	32,122
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,216.	800.			2,016.
11	Total support. Add lines 7 through 10		_				5,236,040.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	134,889.
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop						>
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	96.82 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	98.93 %
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2017. If the o	O .				,	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	· ·					*
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						_ _
18	Private foundation. If the organizatio	n ala not check a	00x on line 13, 16	a, 160, 1∕a, or 17b	o, cneck this box a	na see instruction	s ▶∟∟

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.)

Galledar year (or fiscal year segnining in) Galledar year (or fiscal	Section	n A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandles acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide 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. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. 5 A mounts included on lines 1, 2, and 3 received from disqualified persons. 6 Total. Add lines 1 through 5. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. 8 D invest ten ideal of the travel of the services of			(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
membership fees received. (Do not include any trustal grants?) 2. Gross receipts from admissions, memchandiss old or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from admissions performed, or facilities furnished to the organization's tax-exempt purpose 3. Gross receipts from admissions that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization or services or solidites furnished by a governmental unit to the organization without charge 5. The value of services or solidites furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5		· ` ` · · · · · · · · · · · · · · · · ·	(-,	(-, 25.5	(-, 25.5	(=, ==::	(=,	(-)
include any *unusual grants*) Gross receipts from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt 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 trave-empt purpose 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and offither paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's whorld charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by a furnished by a governmental unit to the organization without charge. 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by a furnished by a governmental control of the services of services or facilities with the services of services or facilities with the services of services or facilities for the services of services or facilities for the services or facilities for services for services or facilities for services for services or facilities for services for servic		, ,						
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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

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

		Yes	No
	1		
	2		
	3a		
	- Ju		
	3b		
	30		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	0-EZ	2018
		-,	

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or more supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	[↑] Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations			
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. A					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 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				
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2018

rai	rt V Type III	Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributio				Current Year
1	Amounts paid to				
2	Amounts paid to				
	organizations, in				
3	Administrative ex	ns			
4	Amounts paid to	acquire exempt-use assets			
5	Qualified set-asid	le amounts (prior IRS approval required)			
6	Other distribution	ns (describe in Part VI). See instructions.			
7	Total annual dis	tributions. Add lines 1 through 6.			
8	Distributions to a	ttentive supported organizations to which the	he organization is responsive	Э	
	(provide details in	Part VI). See instructions.			
9	Distributable amo	ount for 2018 from Section C, line 6			
10	Line 8 amount di	vided by line 9 amount			
Sect	ion E - Distributio	on Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amo	ount for 2018 from Section C, line 6			
2	Underdistribution	ns, if any, for years prior to 2018 (reason-			
	able cause requir	red- explain in Part VI). See instructions.			
3	Excess distribution	ons carryover, if any, to 2018			
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a	through e			
g	Applied to under	distributions of prior years			
h	Applied to 2018 of	distributable amount			
i	Carryover from 2	013 not applied (see instructions)			
j	Remainder. Subt	ract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2	2018 from Section D,			
	line 7:	\$			
а	Applied to under	distributions of prior years			
b	Applied to 2018 of	distributable amount			
С	Remainder. Subt	ract lines 4a and 4b from 4.			
5	Remaining under	distributions for years prior to 2018, if			
	any. Subtract line	es 3g and 4a from line 2. For result greater			
	than zero, explair	n in Part VI. See instructions.			
6	Remaining under	distributions for 2018. Subtract lines 3h			
	and 4b from line	1. For result greater than zero, explain in			
	Part VI. See instr	ructions.			
7	Excess distribut	tions carryover to 2019. Add lines 3j			
	and 4c.				
8	Breakdown of line	e 7:			
а	Excess from 201	4			
b	Excess from 201	5			
С	Excess from 2010	6			
d	Excess from 2017	7			
е	Excess from 2018	8			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 WOMEN'S EMPOWERMENT	03-0520643 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, IS Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V,

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

WOMEN'S EMPOWERMENT

03-0520643

Organization type (check one):

Filers of: Section:

Filers of:		Section:					
Form 990	or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990-l	PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
•	•	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General R	ule						
	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 R	ules						
se	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.						
y. p	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.						
y is p	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						
re	eligious, charitable	e, etc., contributions totaling \$5,000 or more during the year \ \ \ \ \					
Courtism /	\n araanization the	et ian't accord by the Congrel Dule and/or the Special Dules decen't file Schodule D (Form 000, 000 F7, or 000 DE)					

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

WOMEN'S EMPOWERMENT

03-0520643

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	\$ 53,900.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$ 214,400.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WOMEN'S EMPOWERMENT

03-0520643

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
3	EYE EXAM/GLASSES VOUCHERS	_	
		53,900.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	MAKE UP	_	
		214,400.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
000450 11.0		<u> </u>	000 000 F7 ~* 000 PF\ (0040\

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number WOMEN'S EMPOWERMENT 03-0520643 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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 (a) No.

(c) Use of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

from

Part I

(b) Purpose of gift

(d) Description of how gift is held

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 Open to Public Inspection

Name of the organization

WOMEN'S EMPOWERMENT

Employer identification number 03-0520643

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds						
	are the organization's property, subject to the organization's	exclusive legal control?	Yes						
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only						
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring						
	impermissible private benefit?								
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).							
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area						
	Protection of natural habitat	Preservation of a cer	tified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last						
	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements								
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c						
d	Number of conservation easements included in (c) acquired		ture						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax						
	year ▶								
4	Number of states where property subject to conservation ea	sement is located >							
5	Does the organization have a written policy regarding the pe								
	violations, and enforcement of the conservation easements								
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year						
									
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year						
	▶ \$								
8	Does each conservation easement reported on line 2(d) abor								
	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservat	·							
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for						
Dor	conservation easements. t III Organizations Maintaining Collections or	of Art Historical Transuras or (Other Similar Assets						
Par		· ·	Other Similar Assets.						
4-	Complete if the organization answered "Yes" on Form								
та	If the organization elected, as permitted under SFAS 116 (AS	•							
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that described as assistant and a second text of the constraints and the second text of the constraints and the second text of the constraints and the second text of the								
D	If the organization elected, as permitted under SFAS 116 (AS								
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts						
	relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1								
^									
2	If the organization received or held works of art, historical tre		ai gain, provide						
_	the following amounts required to be reported under SFAS 1		•						
a	Revenue included on Form 990, Part VIII, line 1								
a	Assets included in Form 990, Part X		▶ ⊅						

Pai	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Other	Similar A	\ssets (con	tinued)	1
3	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):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exem	pt purpose i	n Part XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's c	ollection?			Yes		☐ No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990, Pa	rt IV, line 9,	or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributior	ns or other as	sets not ir	ncluded		_	_
	on Form 990, Part X?							L Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
								Amou	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liability	y?	L Yes	Ļ	_ No
	If "Yes," explain the arrangement in Part XIII.								<u> </u>	
Pai	rt V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Parl	t IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (c	I) Three years	back (e) Fo	our years	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	<u></u> %								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for the	e organizatio	n		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								<u>i)</u>	
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requi	red on S	chedule R?) 			3b		
4	Describe in Part XIII the intended uses of the		owment :	funds.						
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	l "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o			t or other	. ,	cumulated	(d) Bo	ook valu	ıe
		basis (investr	ment)	basis	(other)	depr	eciation	—		
1a	Land									
b	9									
	Leasehold improvements				2 442		<u> </u>		71 7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
d	Equipment			8	3,440.		62,356	<u> </u>	21,0	υ δ4.
	Other							+	71 7	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
Total	II. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colun	nn (B), line 1	10c.)				21,0	184.

Schedule D (Form 990) 2018 WOMEN'S EMPOWERMENT		03-0520643 _{Page}		
Part VII Investments - Other Securities.			_	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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) MUTUAL FUNDS	467,531.	END-OF-YEAR MARKE	ET VALUE	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	468 534			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	467,531.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(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.				
	F 000 D+ IV II 4	dal Oca Farma 000 Bart V Bac 45		
Complete if the organization answered "Yes" (on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value	
	Description		(b) BOOK Value	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8) (9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities.	: 10.)			
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1e or 11f See Form 990 Part Y line	25	
(15)	<u></u>	b) Book value	20.	
<u> </u>	(*	y Book value		
(1) Federal income taxes (2)				
(3)				
(4)				
(5)				
(6)				
(7)				

(8)

Pai	t XI	Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	eturr) .
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total	revenue, gains, and other support per audited financial statements			1	1,648,517.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	-41,140. 355,772.		
b	Donat	ted services and use of facilities	2b	355,772.		
С		veries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
е		nes 2a through 2d			2e	314,632.
3		act line 2e from line 1			3	1,333,885.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
		tment expenses not included on Form 990, Part VIII, line 7b				
b	Other	(Describe in Part XIII.)	4b			•
С		nes 4a and 4b			4c	0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,333,885.
Pai	rt XII	Reconciliation of Expenses per Audited Financial State		ı Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1 71 6 0 6 0
1		expenses and losses per audited financial statements			1	1,716,868.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	255 772		
а		ted services and use of facilities		355,772.		
b		year adjustments	1 - 1			
C		losses				
d		(Describe in Part XIII.)				255 772
		nes 2a through 2d			2e	355,772. 1,361,096.
3		act line 2e from line 1			3	1,301,090
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 4-1			
		tment expenses not included on Form 990, Part VIII, line 7b				
		(Describe in Part XIII.) nes 4a and 4b			10	0.
		nes 4a and 4b expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			4c	1,361,096
		Supplemental Information.			<u> </u>	1/301/030
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h	and 2b: Part V line	4· Part	X line 2: Part XI
		I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			, r arc	λ, πιο Σ, ι αι ε λι,
	_ a a	ins, and i are an, into 2a and is. Also complete and part to provide any a	adicional innon	nation.		
PAI	RT X	, LINE 2:				
		•				
ΓHΙ	E AG	ENCY HAS APPLIED ACCOUNTING PRINCIPLE	S RELAT	ED TO THE	ACC	OUNTING FOR
JNC	CERT	AINITY IN INCOME TAXES AND HAS DETERM	INED TH	ERE IS NO	MAT:	ERIAL
IMI	PACT	ON THE FINANCIAL STATEMENTS. WITH SO	ME EXCE	PTIONS, TH	E A	GENCY IS NO
	NGER	SUBJUCT TO U.S FEDERAL AND STATE INC	OME TAX	EXAMINATI	ONS	BY TAX
3 TTC		THIRG FOR WEIGHT DRIVE TO 2014				
AU'.	LHOK	ITIES FOR YEARS PRIOR TO 2014.				

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► 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

Schedule G (Form 990 or 990-EZ) 2018

Employer identification number Name of the organization WOMEN'S EMPOWERMENT 03-0520643 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. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

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

Schedule G (Form 990 or 990-EZ) 2018 WOMEN'S EMPOWERMENT 03-0520643 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event 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 NONE (add col. (a) through CABARET ON K ANNUAL GALA col. (c)) (event type) (event type) (total number) Revenue 22,508. 300,896. 1 Gross receipts 278,388. 204,609 18,508. 223,117. 2 Less: Contributions 4,000. 73,779. 77,779. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 24,406. 24,406. 7 Food and beverages 8 Entertainment 86,980. 14,255. 101,235. 9 Other direct expenses 125,641. 10 Direct expense summary. Add lines 4 through 9 in column (d) -47,862. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 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? 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:

Sch	nedule G (Form 990 or 990-EZ) 2018 WOMEN'S EMPOWERMENT 03-	-0520	643	Page 3							
	Does the organization conduct gaming activities with nonmembers?		Yes	No No							
	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		%							
k	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ш	Yes	└── No							
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount										
	of gaming revenue retained by the third party ▶\$										
c	If "Yes," enter name and address of the third party:										
	Name N										
	Name										
	Address										
16	Gaming manager information:										
	Name ▶										
	Gaming manager compensation > \$										
	Garming manager compensation > \$										
	Description of services provided										
	Director/officer Employee Independent contractor										
17	Mandatory distributions:										
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to										
	retain the state gaming license?	Ш	Yes	└── No							
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the										
Da	organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Devit III 1	O	05 105							
1 6	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	-art III, I	iiies 9,	90, 100,							
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.										

Schedule G	G (Form 990 or 990-EZ)	WOMEN'S	EMPOWERMENT		03-0520643	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continu	ıed)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization WOMEN'S EMPOWERMENT Employer identification number 03 - 0520643

Par	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of noncash cont		•	s		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded		1	19,690	•FMV					
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or trust interests									
12	trust interests Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Ot									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (PROGRAM SUPI		2,494		•FMV OF DO					
26	Other (GALA AUCTION		180		.FMV OF DO			PPL		
27	Other (SPECIAL EVE	<u>1T</u>) X	5	14,255	.FMV OF DO	NATED	SU	PPL		
28	Other ()								
29	Number of Forms 8283 received by the									
	for which the organization completed F	orm 8283, Part IV,	Donee Acknowled	gement 29						
							Yes	No		
30a	During the year, did the organization re	•			- ·					
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?									
	exempt purposes for the entire holding period?									
	o If "Yes," describe the arrangement in Part II.									
31										
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
L						32a	Х			
	If "Yes," describe in Part II. If the organization didn't report an amo	unt in column (a) fa	ur a type of prepart	y for which column (a) is at	nockod					
33	describe in Part II.	unt in Column (C) 10	ı a type ol propert	y for writeri columni (a) is cr	ieuneu,					
	GOSOTIDE III I AIL II.									

Part	II	is repo	rting in	Part I	I nform , column ditional in	ı (b), th	e numb	de the in per of co	forma ntribu	ition requitions, the	uired by e numbe	Part I, lin er of item	nes 30 ns rec	0b, 32k eived,	o, and to or a co	33, and ombina	d whet tion of	her th both	ie orga . Also d	nization complete
SCHI	EDU	JLE M	[, L	INE	32B	:														
THE	OF	RGANI	ZAT	ION	CON	TRAC	TS '	WITH	SI	LENT	PAR	TNERS	S,	LLC	то	SOI	ıCI	T A	UCT	ION
ITE	MS	FOR	OUR	ANI	NUAL	EVE	NT.	TH	EY	SEND	DON.	ATION	1 S	OLI	CITA	ATIC	N L	ETI	ERS	ON
OUR	BE	CHALF	•	SOL:	ICIT	ED I	TEM	S TH	EN	COME	DIR	ECTLY	ΥT	O W	OMEN	1'S	EMP	OWE	RME	NT.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WOMEN'S EMPOWERMENT

Employer identification number 03-0520643

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

IS HOMELESS.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE ORGANIZATION EMAILS AN ELECTRONIC COPY OF THE FORM 990 TO THE BOARD

MEMBERS FOR REVIEW. APPROVAL FROM BOARD MEMBERS IS OBTAINED PRIOR TO

SUBMISSION OF THE FORM.

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

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE

GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT

OF INTEREST IS DISCUSSED AND VOTED UPON.

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

SALARY SURVEYS ARE CONDUCTED USING LOCAL SMALL NON-PROFITS AND ADJUSTMENTS

ARE MADE IF BOARD DETERMINES KEY EMPLOYEE OR EXECUTIVE DIRECTOR SALARIES

ARE BELOW MARKET AVERAGE FOR THE POSITION. THIS PROCESS WAS LAST

UNDERTAKEN IN THE YEAR 2018.

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

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON

REQUEST. AUDITED FINANCIALS STATEMENTS ARE AVAILABLE BY REQUEST OR ON THE

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization WOMEN'S EMPOWERMENT	Employer identification number 03-0520643
ORGANIZATION'S WEBSITE.	
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	