	_		l Retu	** PU n of Org					DPY ** From		Тах	OMB No. 1545-0047
For	_ g	90		-				-				2023
		Do not enter social security numbers on this form as it may be made public.							Open to Public			
Inter	nal Reve	of the Treasury enue Service		o to www.irs.g								Inspection
	For th		ar year, or tax y	ear beginning	OCT	1,	2023	and	d ending	<u>SEP 30,</u>		
	Check if applicab	ole:	f organization							D Employ	er identificat	ion number
	Addre		N'S REFU	GEE COMM	ISSIC	N,	INC.					
	Name chang Initial	ge Doing b	usiness as						1	46-	3668128	}
	Final	Number	and street (or P. EST 37TH		ot delivered	d to str	eet address	;)	Room/sui	te E Telepho L (21	ne number 2)551-3	8111
	termi ated	2	own, state or pro	vince, country,	and ZIP c	or forei	ign postal	code	•	G Gross rece		12,775,375.
	Amer returr	nded NEW	YORK, NY	10018						H(a) Is this	a group retu	rn
	Appli tion pend	F Name a	nd address of pri		SARAH	COS	STA			for su	bordinates?	Yes X No
_	-	SAME	AS C ABO								ubordinates inclue	
		empt status:	<u>X 501(c)(3)</u> WOMENSREI	501(c) (insert I		4947(a)(1)	or 52			t. See instructions
	Websi		X Corporation	Trust	Associa		OKG	r			2013 M	itate of legal domicile: NY
_	art I	Summary		Trust	A3300la	lion	Other	1		ai ui iuiinatiun.		
	1	-	be the organizatio	n's mission or i	nost signi	ficant	activities:	SEE	PART	III, LI	NE 1.	
Governance			6		0							
rna	2	Check this bo	if the	e organization c	liscontinu	ed its	operations	s or dispo	sed of mo	re than 25% of	its net assets	δ.
ove	3		ting members of	0 0	2 (,					17
			dependent voting									17
es	5		of individuals em									44
Activities &	6		of volunteers (est									17
Act	7a		d business reven									0.
	b	Net unrelated	business taxable	Income from F	orm 990-	I, Part	I, line 11		<u></u>	Prior Ye		Current Year
	8	Contributions	and grants (Part	VIII line 1b)					-	11,557		6,144,042.
ant	9		ice revenue (Part							11/00/	0.	0.
Revenue	10	•	come (Part VIII, c							118	,289.	204,254.
Å	11		e (Part VIII, colum								,530.	-10,461.
	12		- add lines 8 thro	(),		,	,			11,646		6,337,835.
	13	Grants and sir	milar amounts pa	id (Part IX, colu	mn (A), lin	nes 1-3	3)			548	,641.	541,307.
	14	Benefits paid	to or for member	s (Part IX, colur	nn (A), line	e 4)					0.	0.
S	15	Salaries, othe	r compensation,	employee bene	fits (Part I	X, colı	umn (A), lir	nes 5-10)		4,963		5,067,808.
sus	16a	Professional f	undraising fees (F ing expenses (Pa	Part IX, column	(A), line 1	1e)				36	<u>,375.</u>	30,000.
Expenses	b									2 410	107	2 400 466
ш	1 1		es (Part IX, colum							3,412	-	3,420,466.
	18		es. Add lines 13-1							<u>8,960</u> 2,686		<u>9,059,581.</u> -2,721,746.
	19 a	Revenue less	expenses. Subtra	act line 18 from	line 12 .					Beginning of Cu		End of Year
Assets or	20	Total assets (F	Part X line 16)							10,921		8,059,708.
Asse	21		(Part X, line 26)							2,658		1,939,185.
Net	22		fund balances. S							8,263		6,120,523.
	art II								•	-		· · ·
Unc	ler pen	alties of perjury,	I declare that I have	e examined this re	eturn, inclu	ding ac	companyin	g schedule	es and state	ments, and to the	e best of my kn	owledge and belief, it is
true	e, corre	ct, and complete	. Declarati <u>on of pre</u>	parer (other than	officer) is t	based o	on all inform	nation of w	hich prepar	er has any know	ledge.	
		- Sarah	(asta								03/25	/25
Sig	n	Signature of of			= =					Dat	te	
He	re	SARAH C	OSTA, EXI	CUTIVE	DIREC	TOR						
			ianie anu lille									

	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	ELIZABETH W. HELLER	Elizaduralle	03/21/25	self-employed	P0039782	9
Preparer	Firm's name GELMAN, ROSENBERG	& FREEDMAN	Fir	m's EIN 52-	1392008	
Use Only	Firm's address 4550 MONTGOMERY A	VE SUITE 800N				
	BETHESDA, MD 20814-2930 Phone no. 301-951-9090					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No					
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

	990 (2023) WOMEN'S REFUGEE COMMISSION, INC. 46-3668128 Page	2
Pa	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO IMPROVE THE LIVES AND PROTECT THE RIGHTS OF WOMEN, CHILDREN AND	
	YOUTH DISPLACED BY CONFLICT AND CRISIS. THE WOMEN'S REFUGEE COMMISSION	_
	ENVISIONS A WORLD IN WHICH REFUGEES ARE SAFE, HEALTHY AND RELIANT AND	_
	SEEKS TO DRIVE CHANGE IN HUMANITARIAN PRACTICE.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	2
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 303, 969. including grants of \$1, 000.) (Revenue \$)
	ECONOMIC EMPOWERMENT & SELF RELIANCE: MOST REFUGEES DEEPLY WANT TO	
	PROVIDE FOR THEMSELVES AND THEIR FAMILIES-TO WORK, TO USE THEIR SKILLS,	
	AND TO MAKE THEIR OWN DECISIONS ABOUT THEIR FINANCES, THEIR LIVES, AND	
	THEIR FUTURES. THE WOMEN'S REFUGEE COMMISSION WORKS TO ENSURE THAT	
	HUMANITARIAN PROGRAMS PROVIDE REFUGEE WOMEN AND YOUTH ACCESS TO CASH	
	ASSISTANCE OPPORTUNITIES AND HELP THEM SAFELY EARN A LIVING. THIS, IN	
	TURN, INCREASES REFUGEES' SELF-RELIANCE AND RESILIENCE. OUR ECONOMIC	
	EMPOWERMENT AND SELF-RELIANCE WORK INVOLVES DEVELOPING GUIDANCE ON CASH	
	ASSISTANCE AND LIVELIHOOD OPPORTUNITIES FOR REFUGEE WOMEN, AS WELL AS	
	BUILDING REFUGEES' SELF-RELIANCE AND RESILIENCE.	
4b	(Code:) (Expenses \$1,142,653. including grants of \$134.) (Revenue \$)
	MIGRANT RIGHTS AND JUSTICE (MRJ): THE MIGRANTS RIGHTS AND JUSTICE	
	(MRJ) PROGRAM WORKS TO ENSURE FAIR ACCESS TO ASYLUM IN THE U.S. FOR	
	THOSE FLEEING PERSECUTION AND VIOLENCE, PROMOTES THE USE OF	
	ALTERNATIVES TO DETENTION ESPECIALLY OF ASYLUM-SEEKING CHILDREN AND	
	FAMILIES, HUMANE CONDITIONS IN DETENTION FACILITIES WHEN THEY ARE USED,	
	AND ACCESS TO LEGAL SERVICES FOR THEIR ASYLUM CLAIMS. THE MRJ PROGRAM	
	SUCCESSFULLY ADVOCATED AGAINST THE FAMILY SEPARATION POLICY, FOR BETTER	
	PROTECTIONS FOR UNACCOMPANIED MINORS ARRIVING IN THE U.S., AND FOR	
	RELEASE OF FAMILIES WHEN FEASIBLE. WRC, WORKING WITH PARTNERS, ASSISTED	
	IN THE REUNIFICATION OF THOUSANDS OF CHILDREN WHO HAD BEEN SEPARATED	
	FROM THEIR FAMILIES AND HAS DRAFTED A MORE HUMANE ASYLUM POLICY FOR THE	
	INCOMING ADMINISTRATION.	_
4c	(Code:) (Expenses \$1,015,761. including grants of \$54,831.) (Revenue \$)
	GENDER AND SOCIAL INCLUSION: ENSURING EQUAL ACCESS AND OPPORTUNITY FOR	_
	ALL REQUIRES RECOGNIZING THAT SOME GROUPS FACE ADDITIONAL OBSTACLES AND	
	BARRIERS. THE WOMEN'S REFUGEE COMMISSION PROMOTES THE FULL INCLUSION OF TRADITIONALLY MARGINALIZED GROUPS, SUCH AS REFUGEE WOMEN, PEOPLE WITH	
	DISABILITIES, THE LGBTQI COMMUNITY, AND ADOLESCENT GIRLS, IN	—
		—
	IDENTIFYING SOLUTIONS AND DESIGNING PROGRAMS THAT MEET THEIR UNIQUE	_
	NEEDS AND BUILD UPON THEIR CAPACITIES. OUR GENDER AND SOCIAL INCLUSION	—
	WORK INCLUDES LEARNING DIRECTLY FROM REFUGEES FROM TRADITIONALLY	—
	MARGINALIZED GROUPS ABOUT THEIR NEEDS AND WORKING TO ADVANCE GENDER	—
	EQUALITY.	—
		—
4.1	Other program comission (Decerities on Schedule O.)	_
40	Other program services (Describe on Schedule O.) (Expenses \$ 3,374,539. including grants of \$ 485,342.) (Revenue \$)	
40	(Expenses \$ 5,574,555. including grants of \$ 465,542.) (Revenue \$) Total program service expenses 6,836,922.	—
40		

4e	Total program service expenses	

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Form **990** (2023)

Form	990	(2023)

 Form 990 (2023)
 WOMEN'S REFUGEE COMMISSION, INC.
 46-3668128
 Page 3

 Part IV
 Checklist of Required Schedules
 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	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			77
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	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,	<u>_</u>		х
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	Schedule D, Part III	8		<u>_</u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_		
10		10		х
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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		v	
	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	10	v	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	х	
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17	Δ	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"		- 23	
13		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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 Form 990 (2023)
 WOMEN'S REFUGEE COMMISSION, INC.
 46-3668128
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in noncash 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			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Do	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4 2			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c		(0000)
332004	12-21-23	⊦orm	390 ((2023)

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2023.05060 WOMEN'S REFUGEE COMMISSIO 39548_1

Cancel Participation of employees reported on Form W-3. Transmittal of Wage and Tax Statements. Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 44 X b If least one is reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 44 X b If "hes," has field a Form 90-T for This yes? 3a X 3b 3c b If "hes," has field a Form 90-T for This yes? 1b 1c 3c X b If "hes," has field a Form 90-T for This yes? 1c 3c X 3c b If "hes," has field a Form 90-T for This yes? 3c X 3c X b If "hes," has field a Form 90-T for This yes? 3a X 3c X b If "hes," has field a Form 90-T for This yes? 3a X 3a X b If "hes," has field a Form 90-T for This yes? 3a X 3a X b If "hes," has field a Form 90-T form 114, Report of Foreign BarA and Financial Accounts (FBAR). Sa X c <th>Form</th> <th>990 (2023) WOMEN'S REFUGEE COMMISSION, INC. 46-3668 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th> <th>128</th> <th>P</th> <th>age 5</th>	Form	990 (2023) WOMEN'S REFUGEE COMMISSION, INC. 46-3668 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	128	P	age 5
2a Enter the number of employees reported on form W3. Transmittal of Wage and Tax Statements. 2a 44 b If a test one is reported on line 2a, dd the organization file at measure federal employment tax returns? 2a X a Dd the organization hear under business groom of 51000 or mond uning the yave? 3a X b If Yes, 'nast filed a Form 800. Tore this yav? /f Ye's to ites 3b, provide an exploration on Schodulo D 3b X a At any line dung the calendar year, if d the organization have on the set in, or a signature or other authority over, a financial Accounts (FBAH). 5a X b If Yes, 'nast the name of the foreign country (such as a bank account, eventials secount, or other financial Accounts (FBAH). 5a X c Was in the organization thar equination that was or a a part to a prohibid tax sheat transaction? 5a X D Dd any toxicitan the organization thar end and groot explosition tax sheat transaction? 5a X D Dd any toxicitan tax end organization tax at a normal groot explosition tax sheat transaction? 5a X D If Yes, 'add the organization tax at a normal groot explosition tax sheat transaction? 5a X D If Yes, 'add the organization tax at a contribution? 5a X D If Yes, 'add tax deal cothexplosition an exprese statement that such contribution	I GI	Statements negaring other ins rinings and rax compliance (continued)		Y.	N
Ite tor the calendary space radius with or within the year overal by the return 12 44 36 Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 36 Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 47 At any time during the calendar year, dot the organization have an interest in, or a Signiture or other authority over, a financial account? 4a X 50 If 'tes,' return the name of the foreign contry. 5a X 50 If 'tes,' return the name of the foreign contry. 5a X 50 Was the organization in a prot to protibulet dax shelet transaction of the organization for file to space the organization file from 8861-7 5a X 50 Dose the organization financial account is a control state docubble act shele arbitable contributions? 5a X 61 Tes,' return the docubble act shele arbitable contributions? 5a X 61 Tes,' return the docubble act shele arbitable contributions? 5a X 61 Tes,' return the docubble act shele arbitable contributions? 7a X 61 Tes,' return the docubble act shele arbitable controlocon? 7a X <t< td=""><td>0-</td><td></td><td></td><td>Yes</td><td>NO</td></t<>	0-			Yes	NO
b If least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a X 36 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 36 If "Yes," has it filed a form 800-T for this year? If w/o' to line 3b, provide an explanation on Schedule 0 3a X 37 Af any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, is certification of this requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 38 Did any taxable party notify the organization have organization that was or is a party to a prohibited tax shelter transaction? 5a X 41 Vest to ine 5a or 5b, did the organization hile form 88857? 5a X 50 Did any taxable party notify the organization hile contributions under section 170(c). 5a X 51 If "Yes," to line 5a or 5b, did the organization hile contributions under section 170(c). 5a X 51 If "Yes," to line bit organization near that are onimally greater than \$100,000, and did the organization solid maximum on a party to a prohibited tax shelter transaction? 5a X 51 If "Yes," to line the organization have set that are onimaly party torgonos and services provided? 7	za				
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If "Yes," complete Form 6069.			17		
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Form 990	(2023)
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WOMEN'S REFUGEE COMMISSION, INC.

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17	7			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17	7			
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?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X X	
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?						
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, or				
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e 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 read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)				
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	e filing the form?	11a	Х		
b	Describe on 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	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	escribe				
	on Schedule O how this was done			12c	Х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent				
	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		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith 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						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatior	ı'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 <u>SEE</u> SCHEDULE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (section 501(c)(3)	is only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	of interest policy, an	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 boo	ks an	a records				
	ELDAR KEKIC - $(212)551-3111$						
	15 WEST 37TH STREET, 9TH FL, NEW YORK, NY 10018			F	000	(0000)	
33200	6 12-21-23 6			Form	590	(2023)	
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldu	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARAH COSTA	37.50		_		-		4			
EXECUTIVE DIRECTOR		1		x				250,747.	0.	41,312.
(2) DALE BUSCHER	37.50									
VICE-PRESIDENT, PROGRAMS		1				x		203,860.	Ο.	21,615.
(3) ELDAR KEKIC	37.50									
VICE-PRESIDENT, FINANCE & ADMIN.		1		X				178,091.	Ο.	22,259.
(4) SANDRA KRAUSE	37.50									
SR. DIR., SEXUAL REPRODUCTIVE HEALTH						Х		173,321.	0.	20,747.
(5) JOANNA KUEBLER	37.50									
SR. DIR., EXTERNAL COMMUNICATION						X		172,820.	0.	15,913.
(6) NICOLE JORDANIA	37.50									
SR. DIR., INSTITUTIONAL GIVING						X		151,851.	0.	27,470.
(7) DIANA GROH	37.50									
CHIEF WRITER AND EDITOR						X		153,180.	0.	20,624.
(8) ALEX ARRIAGE	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(9) HEATHER BECKMAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(10) LEILA MILANI	2.00									
SECRETARY		Х		Х				0.	0.	0.
(11) CATHERINE COOK LACOUR	2.00									
DIRECTOR		Х						0.	0.	0.
(12) BERKELEY WARBURTON	2.00									
DIRECTOR		Х						0.	0.	0.
(13) FONI JOYCE VUNI	2.00									
DIRECTOR		Х						0.	0.	0.
(14) YEN POTTINGER	2.00									
DIRECTOR		Х						0.	0.	0.
(15) TRISH MALLOCH BROWN	2.00									
DIRECTOR		Х						0.	0.	0.
(16) NANDANA SEN	2.00									
DIRECTOR		Х						0.	0.	0.
(17) IVONNE DERSCH	2.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

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Form 990 (2023)

Form 990 (2023) WOMEN'S R	EFUGEE	CO	MM	IS	SI	ON	ί,	INC.	46-360	<u>581</u>	.28	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F	=)
Name and title	Average			Pos	ition			Reportable	Reportable		Estim	
	hours per					than o is both		compensation	compensation		amou	
	week					or/trus		from	from related		oth	
	(list any	tor						the	organizations		comper	
	hours for	direc				5		organization	(W-2/1099-MISC	;/	from	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organi	zation
	organizations	trust	lal tru		yee	ampe		1099-NEC)			and re	elated
	below	ndividual trustee or director	nstitutional trustee	er	am pla	est ci loyee	ler				organiz	zations
	line)	Indiv	ln sti	Officer	Keye	Highest compensated employee	Former					
(18) MADDY DWERTMAN	2.00											
DIRECTOR		х						0.	(b .		Ο.
(19) JOANNA POZEN	2.00									-		
DIRECTOR		х						0.	(o.		Ο.
(20) SANDRA TULLY	2.00									<u> </u>		<u> </u>
DIRECTOR	2.00	x						0.	(b .		0
(21) BRADFORD MCGANN	2 00	Δ				-		0.		·		0.
	2.00											0
DIRECTOR		Х						0.		0.		0.
(22) ADELA CRISTINA COMAN	2.00											
DIRECTOR		Х						0.	(0.		0.
(23) MICHELE MANATT	2.00											
DIRECTOR		х						0.	(D .		Ο.
(24) MICHELLE NOYES	2.00											
DIRECTOR		х						0.	(b .		Ο.
						-				+		
								1 000 070		\rightarrow	1.0	040
1b Subtotal								1,283,870.		<u>).</u>	169,	940.
c Total from continuation sheets to Part VII	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,283,870.	(0.	<u>169,</u>	940.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												14
										_	Ye	es No
3 Did the organization list any former officer,	director. truste	ee. k	ev e	mpl	ove	e. or	hia	hest compensated emp	ovee on	_ [
line 1a? If "Yes," complete Schedule J for su										- E	3	X
4 For any individual listed on line 1a, is the su										" F		
										- 1	4 X	7
and related organizations greater than \$150										·· -	4 2	<u> </u>
5 Did any person listed on line 1a receive or a	•							•	iual for services		-	v
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich i	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	leper	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsati	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Cc	ompensa	ation
RATTAN PLUS COMPANY, LLC								TRAINING AND	WEBINAR			
131 W PHAR ROAD, ATLANTA,	GA 300	30						FOR IAWG PRO	GRAM		112,	000.
							_					
2 Total number of independent contractors (in	cluding but no	ot lin	nited	l to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation				1	L						

Form **990** (2023)

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	τν		Check if Schedule O			nse (or note to any line	e in this Part VIII			
							Si note to any inv	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts Its			Federated campaigns								
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
s, G		С	Fundraising events		1c		386,963.				
ar /		d	Related organizations		1d						
s, C		е	Government grants (contr	ibutio	ons) 1e		2,665,630.				
r Si		f	All other contributions, gifts,	grant	s, and						
but			similar amounts not included	l abov	re 1f		3,091,449.				
d Or		g	Noncash contributions included in	lines 1	a-1f 1g	\$	18,298.				
Col		h	Total. Add lines 1a-1f					6,144,042.			
							Business Code				
e	2	а									
vic		b									
Ser		с									
Program Service Revenue		d									
Be		е									
Pro		f	All other program service	rever	nue						
		a	Total. Add lines 2a-2f								
	3	2	Investment income (includ								
			other similar amounts)	-				190,246.			190,246.
	4		Income from investment of					·			
	5		Royalties			•					
	-				(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of	,	(i) Securi		(ii) Other				
	'	u	assets other than inventory	7a			(
		h	Less: cost or other basis	14	, ,						
e			and sales expenses	7b	6,310,	078.					
Revenue		c									
eve			Net gain or (loss)		,			14,008.			14,008.
er B			Gross income from fundraisi			······		,			,
Othe	0	a			963. of						
0			contributions reported on								
			Part IV, line 18			8a	117,001.				
		h				8b	127,462.				
			Net income or (loss) from					-10,461.			-10,461.
			Gross income from gamin					- · / - · - ·			
	3	a	Part IV, line 19			9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from								
			Gross sales of inventory, I			°					
	10	a	and allowances			10a					
		h	Less: cost of goods sold			10b					
			Net income or (loss) from								
		<u> </u>		50105		·y	Business Code				
sņ	11	2									
neo		a b									
ilai ven											
Miscellaneous Revenue		с С	All other revenue								
Ϊ			Total. Add lines 11a-11d				L				
	12		Total revenue. See instruction					6,337,835.	0.	0.	193,793.
	9 12-			5110			·····	, ,			Form 990 (2023)

WOMEN'S REFUGEE COMMISSION, INC.

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Form 990 (2023)

46-3668128 Page **9**

WOMEN'S REFUGEE COMMISSION, INC. Part IX Statement of Functional Expenses

lo n	Check if Schedule O contains a respons ot include amounts reported on lines 6b.	(A)	(B) Program service	(C)	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	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	541,307.	541,307.		
ŧ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	523,931.	224,711.	244,132.	55,088
;	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	3,685,885.	2,871,969.	178,245.	635,671
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	135,891.	107,020.	5,198.	23,673
	Other employee benefits	413,932.	316,843.	26,344.	70,745
)	Payroll taxes	308,169.	228,003.	29,367.	50,799
	Fees for services (nonemployees):				
а	Management				
	Legal	27,749.	23,266.	1,840.	2,643
	Accounting	65,000.	54,499.	4,309.	2,643 6,192
	Lobbying			-	-
	Professional fundraising services. See Part IV, line 17	30,000.			30,000
	Investment management fees	31,673.		31,673.	
	Other. (If line 11g amount exceeds 10% of line 25,	-		-	
-	column (A), amount, list line 11g expenses on Sch 0.)	1,769,325.	1,508,626.	119,295.	141,404
	Advertising and promotion	4,858.	793.	4,065.	-
	Office expenses	220,069.	134,578.	32,546.	52,945
	Information technology	193,471.	101,042.	17,846.	74,583
	Royalties		,	,	•
	Occupancy	497,067.	340,982.	65,763.	90,322
	Travel	291,618.	222,843.	49,504.	19,271
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	72,011.	31,513.	12,055.	28,443
,)	Interest	/ _ / • •	01/0101		
	Payments to affiliates				
2	Depreciation, depletion, and amortization	18,302.	6,614.	9,579.	2,109
	Insurance	71,864.	45,675.	14,838.	11,351
	Other expenses. Itemize expenses not covered	/ _ / 0 0 _ 1	10 / 0 / 0 /		11,001
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	126,465.	71,219.	36,145.	19,101
	PAYROLL PROCESSING FEES	20,213.	463.	16,041.	3,709
	EQUIPMENT RENTAL	6,761.	3,531.	624.	2,600
	OTHER	2,717.	122.	2,466.	129
		1,303.	1,303.	2,400.	±2.
	All other expenses	9,059,581.	6,836,922.	901,875.	1,320,78
	Total functional expenses. Add lines 1 through 24e	• 100, 500, 6	0,030,944.	JUL,013.	т, 540, 707
	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

10 2023.05060 WOMEN'S REFUGEE COMMISSIO 39548_1

WOMEN'S REFUGEE COMMISSION, INC.

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		Check if Schedule O contains a response or not	e to anv l	ine in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,888,089.	1	1,220,249.
	2	Savings and temporary cash investments			3,751,036.	2	716,703.
	3	Pledges and grants receivable, net			787,657.	3	1,286,592.
	4	Accounts receivable, net			60,904.	4	26,888.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes	e person	s		5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9				94,248.	9	78,209.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	366,350.			
	b	Less: accumulated depreciation	10b	336,804.	35,115.	10c	29,546.
	11	Investments - publicly traded securities	2,886,562.	11	3,698,447.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,418,326.	15	1,003,074.
	16	Total assets. Add lines 1 through 15 (must equa			10,921,937.	16	8,059,708.
	17	Accounts payable and accrued expenses	411,913.	17	407,426.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		F		22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, partice, and other liabilities net included on lines					
		parties, and other liabilities not included on lines of Schedule D		· .	2,246,266.	25	1,531,759.
	26	Total liabilities. Add lines 17 through 25			2,658,179.	25	1,939,185.
	20	Organizations that follow FASB ASC 958, che	ck here	X	2703072730	20	1,555,1051
es		and complete lines 27, 28, 32, and 33.					
anc.	27	.			8,029,880.	27	5,880,597.
Bala	28	Net assets with donor restrictions		E E E E E E E E E E E E E E E E E E E	233,878.	28	239,926.
l pr		Organizations that do not follow FASB ASC 9			•		
μ		and complete lines 29 through 33.	,				
, C	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		Г	8,263,758.	32	6,120,523.
_	33	Total liabilities and net assets/fund balances			10,921,937.	33	8,059,708.

Form 990 (2023)

Form 990 (2023) WOMEN'S RI Part X Balance Sheet

	990 (2023) WOMEN'S REFUGEE COMMISSION, INC.	46-36	68128	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,337		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,059		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,721		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,263		
5	Net unrealized gains (losses) on investments	5	579	9,94	45.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	L ,4 3	34.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,120),5:	<u>23.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	
				aan /	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

	2023
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Nam	ame of the organization Employer identification number								
				E COMMISSION					6-3668128
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	v integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		_ requirement (see instructi							
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information		<u> </u>	(iv) Is the ora:	inization listed	() A manual at		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No		istructions)	
				i i i i i i i i i i i i i i i i i i i	1	1			1

Schedule	A (Form 990)) 2023
Part II	Suppor	t Sc

WOMEN'S REFUGEE COMMISSION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	4594381.	8279185.	7736844.	11557159.	6144042.	38311611.
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	4594381.	8279185.	7736844.	11557159.	6144042.	38311611.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1024285.
	Public support. Subtract line 5 from line 4.						37287326.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d)2022 11557159.	(e) 2023	(f) Total 38311611.
-	Amounts from line 4	4594381.	8279185.	//30844.	1122/128.	0144042.	20211011.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				100 655	100 246	200 001
	and income from similar sources				100,655.	190,246.	290,901.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						38602512.
			-no)			12	50002512.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			iourth or fifth tox y	voor op o postion El		
13	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi	c Support Per	centage			<u></u>	
	Public support percentage for 2023 (I		-	olumn (f))		14	96.59 %
	Public support percentage from 2022					15	96.84 %
	33 1/3% support test - 2023. If the o					· · · · ·	
	stop here. The organization qualifies						V
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	~	
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

WOMEN'S REFUGEE COMMISSION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20)23 (f)) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20)23 (f)) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) org	janization,	
	check this box and stop here				·			
Se	ction C. Computation of Publi	c Support Per	rcentage					
15	Public support percentage for 2023 (ine 8, column (f), c	livided by line 13, o	column (f))		15		%
	Public support percentage from 2022					16		%
Se	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17		%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18		%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, an	d line 17 is not	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion		
k	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33	1/3%, and	
	line 18 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	nization qualifies	as a publicly suppo	orted organi	ization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins			
3320	23 12-21-23					Sch	edule A (Form	i 990) 2023

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WOMEN'S REFUGEE COMMISSION, INC.

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1

Yes No

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

Section A. All Supporting Organizations

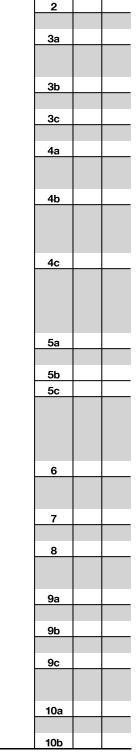
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.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

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 WOMEN ' S Part IV Supporting Organizations



WOMEN'S REFUGEE COMMISSION, INC.

2

V. N

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>l. or controlled the su</u>	upporting organization.	
Section C. T	vpe II Supportin	ng Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations	

			res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

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Sche	dule A (Form 990) 2023 WOMEN'S REFUGEE COMMISS			46-3668128 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 WOMEN'S REFUGEE COMMISSION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

			100110110	<u>, , , , , , , , , , , , , , , , , , , </u>	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
-	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
0	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022 Excess from 2023				
e					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	WOMEN'S	REFUGEE	COMMISSION	, INC.	46-3668128 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provi , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanatio c, 5a, 6, 9a, 9b, art IV, Section E,	ons required by Part II 9c, 11a, 11b, and 11c lines 1c, 2a, 2b, 3a, a	, line 10; Part II, line 17; ; Part IV, Section B, line nd 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
332028 12-21-2	3					Schedule A (Form 990) 2023

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Schedule of Contributors

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

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

VOMEN'S	REFUGEE	COMMISSION,	INC.

46-3668128

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>2,173,781.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$212,568.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$211,664.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$174,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$157,637.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

WOMEN'S REFUGEE COMMISSION, INC.

Name of organization

323452 12-26-23

15370321 745960 39548

46-3668128

Employer identification number

Page **2**

Schedule B (Form 990) (2023)

(c) **Total contributions** Type of contribution Person Payroll 133,079. Noncash \$

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)
No.	Name, address, and ZIP + 4
7	

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>136,403.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

46 - 3668128

(d)

X

Name of organization

Part I

323452 12-26-23

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

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

Schedule B (Form 990) (2023)

24 2023.05060 WOMEN'S REFUGEE COMMISSIO 39548_1

Page 3

46 - 3668128

(c)

WOMEN'S REFUGEE COMMISSION, INC.

Name of organization

Part II

(a)

Schedule	B (Form 990) (2023)		Page 4			
Name of c	organization		Employer identification number			
WOMEN	'S REFUGEE COMMISSION,	INC.	46-3668128			
Part III		ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd 7IP + 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, a	nd 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. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
323454 12-26	6.23		Schedule B (Form 990) (2023)			

Schedule B (Form 990) (2023)

25 2023.05060 WOMEN'S REFUGEE COMMISSIO 39548_1

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

LHA 332041 11-06-23

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nam	ne of organization				Emplo	over identification number
	WOMEN'S	REFUGEE COMMISSI	ON, INC.			46-3668128
Pa	rt I-A Complete if the org	ganization is exempt under	r section 501(c) o	r is a section 52	7 org	anization.
2	Provide a description of the organiz Political campaign activity expendi Volunteer hours for political campa	tures				
Pa	rt I-B Complete if the org	ganization is exempt under	section 501(c)(3)			
2 3 4a b	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the org	incurred by organization managers on 4955 tax, did it file Form 4720 fo	s under section 4955 r this year?		\$	Yes No
				-		
	Enter the amount directly expended		•		Þ	
2	Enter the amount of the filing organ				¢	
•	exempt function activities				Þ	
3	Total exempt function expenditures				•	
	line 17b					
	Did the filing organization file Form					
Э	Enter the names, addresses, and e made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount paid f comptly and directly delivered to a s	rom the filing organiza eparate political organ	tion's funds. Also en ization, such as a se	ter the	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990) 2023



OMB No. 1545-0047

2023 Open to Public Inspection

SCHEDULE C
(Form 990)

Department of the Treasury

Internal Revenue Service

Sche	dule C (Form 990) 2023	WOMEN'S REE	UGEE COMMIS	SION,	INC.	46-3	668128	Page 2
Pa	rt II-A Complete if the org	anization is exe	mpt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ction unde	ər
	section 501(h)).							
Α	Check if the filing organiza	ation belongs to an aff	iliated group (and list ir	Part IV ea	ch affiliated	group member's name	e, address, El	N,
		re of excess lobbying	· ·					
B (Check if the filing organiza	ation checked box A a	nd "limited control" pro	visions ap	ply.	1		
		ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)			(a) Filing organization's totals	(b) Affiliated totals	
1a	Total lobbying expenditures to influ	uence public opinion	(grassroots lobbying)			0.		
b	Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)			9,027.		
с	Total lobbying expenditures (add li	nes 1a and 1b)				9,027.		
d	Other exempt purpose expenditure	es				8,988,881.		
е	Total exempt purpose expenditure	es (add lines 1c and 10	(k			8,997,908.		
f	Lobbying nontaxable amount. Ente	er the amount from th	e following table in bot	n columns		599,895.		
	If the amount on line 1e, column (a) o	or (b) is: The lol	obying nontaxable am	ount is:				
	not over \$500,000,	20% of	the amount on line 1e.					
	over \$500,000 but not over \$1,000	0,000, \$100,0	00 plus 15% of the exc	ess over \$	500,000.			
	over \$1,000,000 but not over \$1,5	00,000, \$175,0	00 plus 10% of the exc	ess over \$	1,000,000.			
	over \$1,500,000 but not over \$17,0	000,000, \$225,0	00 plus 5% of the exce	ss over \$1	,500,000.			
	over \$17,000,000,	\$1,000	,000.					
g	Grassroots nontaxable amount (en	ter 25% of line 1f)				149,974.		
h	Subtract line 1g from line 1a. If zer	o or less, enter -0-				0.		
i	Subtract line 1f from line 1c. If zero	,				0.		
j	If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file F	orm 4720	-		
	reporting section 4911 tax for this			<u></u>			Yes	No No
	(Some organizations t	hat made a section §	eraging Period Under 601(h) election do not rate instructions for lin	have to co	omplete all o	of the five columns be	low.	
		Lobbying Expe	nditures During 4-Yea	ar Averagi	ng Period			
	Colondar voor							

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
2a Lobbying nontaxable amount	638,025.	625,326.	595,519.	599,895.	2,458,765.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					3,688,148.				
c Total lobbying expenditures	10,588.	23,891.	13,602.	9,027.	57,108.				
d Grassroots nontaxable amount	159,506.	156,332.	148,880.	149,974.	614,692.				
e Grassroots ceiling amount (150% of line 2d, column (e))					922,038.				
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

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

Schedule C (Form 990) 2023

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	WOMEN'S REFUGEE CON		46-3668128
Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	YesNo
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	erring
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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			2a
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
3		eased, extinguished, or terminated by the orga	
	year	ement is leasted	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
~	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	tion easements during the year
7	Amount of overcess incurred in monitoring, increating, hand	ling of violations, and enforcing concernation	accomente duving the very
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
•	Dese such assessment reported on line 2d above	a_{1}	
8	Does each conservation easement reported on line 2d above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	iote to the organization's financial statements	that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assets
T ai			Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		rance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public 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 trea		n, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023
332051	09-28-23		

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Sche		REFUGEE CO						46-36			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	asures, or	Othe	r Similaı	r Assets	(contir	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the f	ollowing that	make si	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 Lo	oan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	y further th	ie organizatio	n's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histe	orical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		te if the o	rganizatior	ו answered "א	es" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod		•					_	٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:					Amoun		
	D · · · · ·								Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •	∟			
Par											1
		(a) Current year		or year	(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance								. ,		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held ar	nd administer	ed for th	e		r		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Fai	t VI Land, Buildings, and Equipm			line 11e C	aa Farm 000	Dout V	line 10				
	Complete if the organization answere				I				() =		
	Description of property	(a) Cost or o basis (investr		• •	or other (other)	• •	ccumulate preciation	d	(d) Boo	< value	e
1a	Land										
b	Buildings										
с	Leasehold improvements				1,191.		58,20			2,93	
d	Equipment				5,538.		101,1			4,40	
	Other				9,621.		177,40			2,21	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, line 10c</u>	c, column	<u>(B))</u>	<u></u>			2	9,54	46.

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 000 Part IV lina	11d Soc Form 990 Part V line 15	
	Description	11d. See Form 990, 1 art A, line 13.	(b) Book value
(1) SECURITY DEPOSITS			133,637
(2) RIGHT-OF-USE ASSETS			869,437
(3)			
(4)			
(5)			
(6)			
(7)			
••			
(8)			
(8) (9)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B)</i>)		1,003,074
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES	n Form 990, Part IV, line		(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line		(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES	n Form 990, Part IV, line		(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) OPERATING LEASE LIABILITIE	n Form 990, Part IV, line		(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) OPERATING LEASE LIABILITIE (4)	n Form 990, Part IV, line		(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) OPERATING LEASE LIABILITIE (4) (5)	n Form 990, Part IV, line		(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) OPERATING LEASE LIABILITIE (4) (5) (6)	n Form 990, Part IV, line		(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) OPERATING LEASE LIABILITIE (4) (5) (6) (7)	n Form 990, Part IV, line		(b) Book value

15370321 745960 39548

		······································
(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, line 13, col. (B))		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023 WOMEN'S REFUGEE COMMISSION, INC. 46-3668128 Page 3 Part VII Investments - Other Securities

	(1 0111 330) 2023	
art VII	Investments	 Other Securitie

Sche	edule D (Form 990) 2023 WOMEN'S REFUGEE COMMISSION,	INC.		46-3	3668128 _F	bage 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,003,3	10.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	579,945.			
b	Donated services and use of facilities	2b	117,203.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	697,1	
3	Subtract line 2e from line 1			3	6,306,1	62.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,673.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	31,6	73.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	6,337,8	35.
	internet in the second se					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With I	Expenses per F	Retur		<u></u>
Pa	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With I	Expenses per F		1	
Pa	Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	nts With I	Expenses per F	leturi		
	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts With I	Expenses per F		1	
1	Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts With I	Expenses per F		1	
1 2	Image: Second liable in the organization of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per F		1	
1 2 a	Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses per F		1	
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F		9,145,1	11.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1 2e	9,145,1	.11.
1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	9,145,1	.11.
1 2 b c d e	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	9,145,1	.11.
1 2 b c d 8 3	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	Expenses per F	1 2e	9,145,1	.11.
1 2 3 4	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	Expenses per F	1 2e	9,145,1 9,145,1 117,2 9,027,9	<u>.11.</u>
1 2 b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d	Expenses per F	1 2e 3 4c	9,145,1 9,145,1 117,2 9,027,9 31,6	<u>.11.</u> .03. .08.
1 2 a b c d e 3 4 a b c 5	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e 3	9,145,1 9,145,1 117,2 9,027,9	<u>.11.</u> .03. .08.

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

332054 09-28-23

SCHEDULE F Statement of Activities Outside the United States					tes –	OMB No. 1545-0047		
(Form 990)	Complete if the		2023					
Department of the Treasury			Attach to Form 990.			Open to Public		
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest in	formation.		Inspection		
Name of the organization					Employer id	dentification number		
WOMEN'S REFUGEE	COMMISS	ION, INC	•		46-366			
		ctivities Out	side the United States. Comple	te if the organ	ization answe	red "Yes" on		
Form 990, Part I								
_	-		ds to substantiate the amount of its gran the selection criteria used to award the g			X Yes No		
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outside the		
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded.)				
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, specific type (s) in the regio	expenditures for and investments		
			GRANTS TO RECIPIENTS IN THE					
SUB-SAHARAN AFRICA	0	0	REGION			228,129.		
			GRANTS TO RECIPIENTS IN THE					
SOUTH ASIA	0	0	REGION			42,492.		
	, , , , , , , , , , , , , , , , , , ,							
			GRANTS TO RECIPIENTS IN THE					
SOUTH AMERICA	0	0	REGION			270,686.		
SOUTH ASIA	0	0	PROGRAM SERVICES TO RECIPIENTS IN THE REGION			1,303.		
SOUTH ASIA	0	0	RECIFIENTS IN THE REGION			1,303.		
	-	-				F 40 (11)		
3 a Subtotal	0	0				542,610.		
b Total from continuation sheets to Part I	0	0				0.		
c Totals (add lines 3a								
and 3b)	0	0				542,610.		

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SEXUAL & REPRODUCTIVE					
			HEALTH	92,558.	WIRE	0.		
			SEXUAL & REPRODUCTIVE HEALTH	111,661.	WIRE	0.		
				,				
			SEXUAL & REPRODUCTIVE					
		SOUTH ASIA	HEALTH	37,492.	WIRE	0.		
			SEXUAL & REPRODUCTIVE					
		AFRICA	HEALTH	68,381.	WIRE	0.		
		SUB-SAHARAN	SEXUAL & REPRODUCTIVE					
		AFRICA	HEALTH	43,087.	WIRE	0.		
			SEXUAL & REPRODUCTIVE HEALTH	123,296.	WIRE	0.		
		SOUTH AMERICA	SOCIAL INCLUSION	39,743.	WIRE	0.		
		SOUTH AMERICA	SOCIAL INCLUSION	15,088.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

0 8

Page 2

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HONOREE GRANT	SOUTH ASIA	1	5,000.	WIRE	0.		
HONOREE GRANT	SUB-SAHARAN AFRICA	1	5,000.	WIRE	0.		
			3,000				

Schedule F (Form 990) 2023

			REFUGEE	COMMISSION,	INC.	
Part I	/ Foreign Form	IS				

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

Schedule F (Form 990) 2023

332074 11-29-23

Schedule F	(Form 990) 2023	WOMEN'S R	REFUGEE	COMMISSION,	INC.	46-3668128	Page
Part V	Supplemental	I Information					
	Provide the inform	nation required by F	Part I, line 2 (m	nonitoring of funds); Par	t I, line 3, colum	n (f) (accounting method; amounts of	
	investments vs. ex	xpenditures per reg	jion); Part II, lii	ne 1 (accounting metho	d); Part III (accou	unting method); and Part III, column (c)	

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

WRC HAS DETAILED PROCEDURES FOR MONITORING USE OF FUNDS INCLUDING BUT NOT

LIMITED TO REVIEWING PROGRAMMATIC AND FINANCIAL REPORTS, ON-SITE

MONITORING VISITS AND PHONE CONTACTS.

Schedule F (Form 990) 2023

332075 11-29-23

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctivi	ties o	DMB No. 1545-0047		
(Form 990)	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury		Attach to Form 990 of	or Forr	n 990 [.]	-EZ.			Open to Public		
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.		Inspection		
Name of the organization								ntification number		
		REFUGEE COMMISSIO					46-3668			
	complete this par	 Complete if the organization answe t. 	red "Y	'es" or	n Form 990, Part IV, I	line 17	'. Form 990-EZ	filers are not		
 a Mail solicitat b Internet and c Phone solicitat d In-person social 2 a Did the organization key employees list 	tions email solicitations itations blicitations on have a written o ted in Form 990, P) highest paid indiv	f Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	X Yes			
(i) Name and addres	s of individual	(ii) Activity	fundi have c or cor	fundraiser have custody or control of from activity			Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
KAIROS NONPROFIT S	OLUTIONS -		Yes	No						
474 48TH AVENUE, #	11J, LONG	FUNDRAISING		x	0.		30,000.	-30,000.		
Total			<u></u>				30,000.	-30,000.		
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	l it is e	exempt from re	gistration		

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NV, NY, NC, OR, PA, RI, SC, TN, UT VA, WV, WI

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

Schedule G (Form 990) 2023 WOMEN'S REFUGEE COMMISSION, INC. 46-3668128 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
			(a) Event #1 VOICES OF COURAGE EVEN	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ø			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	503,964.			503,964.
	2	Less: Contributions	386,963.			386,963.
	3	Gross income (line 1 minus line 2)	117,001.			117,001.
	4	Cash prizes				
Ś		Noncash prizes				
pense	6	Rent/facility costs	127,462.			127,462.
Direct Expenses	7	Food and beverages				
Ō	8	Entertainment				
		Other direct expenses Direct expense summary. Add lines 4 through				127,462,
		Net income summary. Subtract line 10 from li				<u>127,462.</u> -10,461.
Pa	ırt l					
e		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
			(a) Bingo		(c) Other gaming	(d) Total gaming (add
/enu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1		(a) Bingo		(c) Other gaming	
Direct Expenses Reven	1	Cash prizes	(a) Bingo		(c) Other gaming	
	1 2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
	1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	. ,	(c) Other gaming	
	1 2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	☐ Yes %	
	1 2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		bingo/progressive bingo	☐ Yes %	
Direct Expenses	1 2 3 4 5 6 7 8	Cash prizes	Yes% No from line 1, column (d)	bingo/progressive bingo	☐ Yes %	
6 Direct Expenses	1 2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No from line 1, column (d)	bingo/progressive bingo	Yes%	

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

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	WOMEN'S REFU	JGEE CO	MMISSION,	, INC.	46-3	668128	Page 3
11	Does the organization conduct ga	aming activities with nonn	nembers?				Yes	No No
12	Is the organization a grantor, ben	eficiary or trustee of a true	st, or a mem	ber of a partnersh	ip or other entit	y formed		
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gaming							
а	The organization's facility						13a	%
b	An outside facility						13b	%
14	Enter the name and address of th	e person who prepares the	ne organizat	ion's gaming/spec	ial events books	s and records:		
	Name							
	Address							
15a	Does the organization have a con	tract with a third party fro	om whom the	e organization rece	eives gaming re	venue?	Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by t	he organiza	tion \$		and the amount		
	of gaming revenue retained by the	e third party \$		_				
С	If "Yes," enter name and address	of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Coming monoger componention	¢						
	Gaming manager compensation	\$	_					
	Description of services provided							
		_						
	Director/officer	Employee	L Inc	dependent contrac	ctor			
47								
	Mandatory distributions:							
а	Is the organization required under	r state law to make charit	able distribu	tions from the gan	ning proceeds t	0	Vee	
	retain the state gaming license?						L Yes	
b	Enter the amount of distributions			uted to other exen	npt organizatior	is or spent in the		
Pa	organization's own exempt activit rt IV Supplemental Infor		\$ rolanationa r	aquirad by Dart L	line 2h. column		t III, lines O	0h 10h
ı a	15b, 15c, 16, and 17b, as		•			s (III) and (V); and Par	t III, lines 9,	90, 100,
c۲	HEDULE G, PART I,		<u>ጥ</u> <u>ጉ</u> ጥ	EN HIGUES	ם הדגם ש		· •	
50	IEDOLE G, FARI I,			EN IIIGIIES	I FAID F	UNDKAISEKS		
(I) NAME OF FUNDRAI:	<u>SER: KAIROS N</u>	ONPROF	IT SOLUTI	ONS			
(I) ADDRESS OF FUND	RAISER:						
47	4 48TH AVENUE, #11	1J. LONG ISLA	ND CIT	Y. NY 11	109-5611			
					105 0011			

Schedule G		
D - I IV	0	

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

SCHEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ດງ)
	Compensated Employees		20	Z J)
Department of the Traceury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Name of the organization		Employer i			nber
	WOMEN'S REFUGEE COMMISSION, INC.	46-3	668128	3	
Part I Questi	ons Regarding Compensation				
				Yes	No
	priate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Part VII, Section	A, line 1a. Complete Part III to provide any relevant information regarding these items.				
First-class	or charter travel Housing allowance or residence for perso	nal use			
Travel for c					
	ification and gross-up payments				
Discretiona	ry spending account Personal services (such as maid, chauffer	ur, chef)			
•	es on line 1a are checked, did the organization follow a written policy regarding payment or		4		
	or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
-	tion require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
trustees, and or	icers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate which.	f any, of the following the organization used to establish the compensation of the organization's				
	Director. Check all that apply. Do not check any boxes for methods used by a related organization				
	nsation of the CEO/Executive Director, but explain in Part III.				
·	ion committee Written employment contract				
	t compensation consultant III Compensation survey or study				
	f other organizations \overline{X} Approval by the board or compensation c	ommittee			
4 During the year,	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization or	related organization:				
a Receive a sever	nce payment or change-of-control payment?		4a		X
b Participate in or	receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate in or	receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any o	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
contingent on th					37
a The organization	?		<u>5a</u>		X X
	nization?		5b		A
	a or 5b, describe in Part III.				
	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation pay and accrue any compensation	n			
•	e net earnings of:		60		x
a The organization	?		<u>6a</u>		X
	nization? a or 6b, describe in Part III.		6b		
	d on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
-	a lines 5 and 6? If "Yes," describe in Part III		7		x
	its reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		x
	, did the organization also follow the rebuttable presumption procedure described in				_
	ion 53.4958-6(c)?		9		
	iction Act Notice, see the Instructions for Form 990.		ule J (Form	n 990)	2023
			-		

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARAH COSTA	(i)	250,747.	0.	0.	10,448.	30,864.	292,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DALE BUSCHER	(i)	203,860.	0.	0.	8,030.	13,585.	225,475.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELDAR KEKIC	(i)	178,091.	0.	0.	8,267.	13,992.	200,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SANDRA KRAUSE	(i)	173,321.	0.	0.	7,489.	13,258.	194,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOANNA KUEBLER	(i)	172,820.	0.	0.	2,094.	13,819.	188,733.	0.
SR. DIR., EXTERNAL COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NICOLE JORDANIA	(i)	151,851.	0.	0.	6,975.	20,495.	179,321.	0.
SR. DIR., INSTITUTIONAL GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIANA GROH	(i)	153,180.	0.	0.	6,937.	13,687.	173,804.	0.
CHIEF WRITER AND EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

Schedule J (Form 990) 2023

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



46-3668128

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY: WRC'S ADVOCACY TEAM WORKS TO ENSURE THAT U.S. AND

WOMEN'S REFUGEE COMMISSION,

INTERNATIONAL LAWS, POLICIES, AND PRACTICES PROTECT THE HUMAN RIGHTS OF

WOMEN, YOUTH, AND LGBTQIA+ PEOPLE WHO ARE DISPLACED BY CONFLICT AND

CRISIS. WRC ENGAGES WITH U.S. ELECTED OFFICIALS AND FEDERAL GOVERNMENT

AGENCIES, THE UNITED NATIONS REFUGEE AGENCY, AND OTHER INTERNATIONAL

ACTORS IN GENEVA, AND UN BODIES IN NEW YORK, INCLUDING THE UNITED

NATIONS SECURITY COUNCIL. ROOTED IN THE PRINCIPLES OF RESILIENCE AND

GENDER EQUALITY AND SUPPORTING THE LEADERSHIP OF LOCAL ACTORS, THE

ADVOCACY TEAM WORKS WITH STAKEHOLDERS ACROSS ALL SECTORS TO ENSURE THAT

PREVENTION AND RESPONSES TO FORCED DISPLACEMENT REFLECT THE NEEDS AND

PRIORITIES OF THOSE WHO ARE MOST AFFECTED.

EXPENSES \$ 306,788. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COMMUNICATIONS: THROUGH ITS COMMUNICATIONS DEPARTMENT, WRC USES

TRADITIONAL MEDIA, DIGITAL MEDIA, EVENTS, AND STRATEGIC COMMUNICATIONS

PLANNING TO HELP ADVANCE ITS PROGRAM, ADVOCACY, AND DEVELOPMENT GOALS

AS WELL AS TO ADVANCE WRC STRATEGIC PLAN. COMMUNICATIONS WORKS

CROSS-DEPARTMENTALLY AND IN PARTNERSHIP WITH EXTERNAL ORGANIZATIONS AND

DISPLACED PERSONS TO FOSTER A CONTINUUM OF ENGAGEMENT ACROSS ITS KEY

AUDIENCES - PRACTITIONER, POLICYMAKER, DONOR, MEDIA, AND NPR TO ELEVATE

WRC'S BRAND AND REINFORCE OUR EXPERTISE IN THE HUMANITARIAN AND HUMAN

RIGHTS SECTORS.

EXPENSES \$ 568,921. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

 GENDER-BASED VIOLENCE: AROUND THE WORLD, UP TO SIX OF EVERY TEN WOMEN

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

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Name of the organization WOMEN'S REFUGEE COMMISSION, INC.	Employer identification number 46-3668128
EXPERIENCE PHYSICAL AND/OR SEXUAL VIOLENCE IN THEIR LIFETI	ME. DURING
WAR OR OTHER HUMANITARIAN CRISES-SUCH AS THE BRUTAL CONFLI	CT CURRENTLY
OCCURRING IN SYRIA-THE RISKS TO WOMEN AND GIRLS ARE HEIGHT	ENED. WITH
THE BREAKDOWN OF MORAL AND SOCIAL ORDER THAT OCCURS DURING	EMERGENCIES,
WOMEN AND GIRLS ARE PARTICULARLY VULNERABLE TO PHYSICAL AB	USE AND
EXPLOITATION, RAPE AND HUMAN TRAFFICKING. PERPETRATORS MAY	BE FAMILY
MEMBERS, NEIGHBORS OR OTHERS IN THE COMMUNITY, MEMBERS OF	ARMED GROUPS
OR, IN SOME INSTANCES, HUMANITARIAN WORKERS. EVEN AFTER A	CRISIS
ABATES, GENDER-BASED VIOLENCE (GBV) MAY CONTINUE AT HIGH L	EVELS AS
COMMUNITIES STRUGGLE TO HEAL AND REBUILD.	
WRC IS PART OF THE MULTI-STAKEHOLDER INITIATIVE, CALL TO A	CTION TO
ADDRESS GBV IN EMERGENCIES. THIS INCLUDES SUPPORTING THE G	OVERNMENT
LEAD (CANADA IN 2018 - 2020/ DENMARK IN 2021 -2023), SUPPO	RTING ROLLOUT
AT THE COUNTRY LEVEL, ANALYZING PARTNER COMMITMENTS TO ADD	RESS GAPS,
AND CAPTURING PROGRESS AGAINST THE CALL TO ACTION ROADMAP	INDICATORS.
WRC ALSO LEADS GLOBAL EFFORTS ON RESEARCHING SEXUAL VIOLEN	CE AGAINST
DISPLACED MEN, BOYS, AND LGBTQIA+ POPULATIONS AND HAS PUT	THESE
UNDESERVED POPULATIONS ON THE HUMANITARIAN AGENDA THROUGH	FACT-FINDING
RESEARCH, THE DEVELOPMENT OF GUIDANCE AND RESOURCES, AND T	HE PROVISION
OF TECHNICAL ASSISTANCE.	
EXPENSES \$ 836,720. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
INTER-AGENCY WORKING GROUP (IAWG): WRC SERVES AS THE SECRE	TARIAT FOR
THE INTER-AGENCY WORKING GROUP ON REPRODUCTIVE HEALTH IN E	MERGENCIES
AND LEADS EFFORTS ON FAMILY PLANNING, SAFE ACCESS TO ABORT	ION CARE, AND
ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SERVICES. WRC IS	ALSO LEADING
INTER-AGENCY EFFORTS TO RESEARCH AND UNDERSTAND HOW CONFLI	CT AND
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Name of the organization		'S R	EFUGEE	COMMI	SSION,	INC.			yer identification number 5-3668128	r
DISPLACEMENT	ТМРАСТ	тне	PRACTT	CE OF	CHILD	MARRIAGE	ΤΟ ΤΟΕΝ	ͲͳϜϒ	тне	

DRIVERS OF SUCH AND IDENTIFY PROGRAMS AND SERVICES THAT MITIGATE RISKS

AND REDUCE THE PRACTICE OF CHILD MARRIAGE.

EXPENSES \$ 672,121. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SEXUAL & REPRODUCTIVE HEALTH

EXPENSES \$ 989,989. INCLUDING GRANTS OF \$ 485,342. REVENUE \$ 0.

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

THE 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTANT. THE RETURN WAS REVIEWED

IN DETAIL BY THE EXECUTIVE DIRECTOR AND VP, FINANCE & ADMIN FOR

COMPLETENESS AND ACCURACY. THE FORM 990 WAS DISTRIBUTED ELECTRONICALLY TO

ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION REGULARLY MONITORS CONFLICTS OF INTEREST AND REQUESTS ANNUAL DISCLOSURES FROM THE ORGANIZATION'S BOARD.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST TO THE WRC'S A RESPONSIBLE SUPERVISOR, THE WRC'S LEGAL COUNSEL, THE EXECUTIVE DIRECTOR, BOARD CHAIRS, OR CHAIR OF THE FINANCE COMMITTEE. THE INTERESTED PERSON MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS, INCLUDING SPECIFIC INFORMATION CONCERNING THE TERMS OF ANY CONTRACT OR TRANSACTION WITH WRC, AND TO THE DIRECTORS AND MEMBERS OF ANY COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

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Name of the organization WOMEN'S REFUGEE COMMISSION, INC.	Employer identification number 46-3668128
AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD	OR COMMITTEE
MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE LEAVES THE ME	ETING DURING THE
DISCUSSION OF, AND VOTE ON, THE TRANSACTION OR ARRANGEMENT	THAT RESULTS IN

THE CHAIRPERSON OF THE BOARD OR COMMITTEE, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON, COMMITTEE, OR SUB-COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE DETERMINES WHETHER WRC CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN WRC'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO WRC AND MAKES ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

THE MINUTES OF THE BOARD AND ALL COMMITTEES INVESTIGATING QUESTIONS OF THIS NATURE CONTAINS ALL RECORDINGS OF THESE MEETINGS.

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

THE EXECUTIVE DIRECTOR'S ANNUAL SALARY IS REVIEWED AND APPROVED BY THE

BOARD OF DIRECTORS. THE EMPLOYEES ANNUAL SALARIES ARE REVIEWED AND APPROVED 332212 11-14-23
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BY THE EXECUTIVE DIRECTOR AND SENIOR STAFF BASED ON THE MARKET SURVEY DATA.
THE LAST COMPENSATION REVIEW TOOK PLACE OCTOBER 2023.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA,WV,WI
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
OTHER PROFESSIONAL FEES:
PROGRAM SERVICE EXPENSES 65,060.
MANAGEMENT AND GENERAL EXPENSES 5,145.
FUNDRAISING EXPENSES 7,392.
TOTAL EXPENSES 77,597.
CONTRACTED SERVICES:
PROGRAM SERVICE EXPENSES 1,443,566.
MANAGEMENT AND GENERAL EXPENSES 114,150.
FUNDRAISING EXPENSES 134,012.
TOTAL EXPENSES 1,691,728.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,769,325.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
FOREIGN CURRENCY EXCHANGE GAINS (LOSSES) -1,434.

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WOMEN'S REFUGEE COMMISSION, INC.

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Name of the organization

Employer identification number

46-3668128