### Form **8868**

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2024)

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Print GLOBAL WOMEN FOUNDATION & BAND OF BROTHERS 92-2468175 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 100 WILSHIRE BLVD, SUITE 700 rehen See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA MONICA, CA 90401 Enter the Return Code for the return that this application is for (file a separate application for each return) 04 Application Is For Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A 08 i de la c • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of BRANDY GRAY 100 WILSHIRE BLVD, SUITE 700 - SANTA MONICA, CA 90401 Telephone No. 747-224-1253 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_. If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 \_\_\_\_\_ or , 20 23 , and ending tax year beginning DEC 31 . .2023 If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit, 3Ь c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

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

# Form 990-PF Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 **2023** 

For calendar year 2023 or tax year beginning FEB 3. 2023 , and ending DEC 2023 Name of foundation A Employer identification number GLOBAL WOMEN FOUNDATION & BAND OF BROTHERS 92-2468175 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 100 WILSHIRE BLVD, SUITE 700 602-400-7119 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here SANTA MONICA, CA 90401 X Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return X Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 1 Fair market value of all assets at end of year | J Accounting method: | X Cash If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ... 14,755. (Part I, column (d), must be on cash basis.) Part | Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 37,615. Contributions, gifts, grants, etc., received ...... 1 if the foundation is not required to attach Sch. B A DE LOCATION DE Interest on savings and temporary cash investments 3 5.00 Dividends and interest from securities 5a Gross rents THE RESIDENCE OF STREET Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ..... 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a and allowances OF THE STATES b Less: Cost of goods sold ... c Gross profit or (loss) 11 Other income 17,444. 0. 17,444. STATEMENT 1 55,059. 17,444. Total. Add lines 1 through 11 0. **学生文学学学工工程** 0. 0. Compensation of officers, directors, trustees, etc. 0. 14 Other employee salaries and wages \_\_\_\_\_\_ 15 Pension plans, employee benefits 95. 16a Legal fees STMT 2 0. 29. 66. 10,000. b Accounting fees STMT 3 0. 3,040 6,960. c Other professional fees 17 Interest ..... 18 Taxes \_\_\_\_\_ 19 Depreciation and depletion asia de de la companio de la compa **20** Occupancy 21 Travel, conferences, and meetings 22 Printing and publications ..... 197. 0. 60. 137. 47,087. 23 Other expenses STMT 4 0. 14,315. 32,772. 24 Total operating and administrative expenses. Add lines 13 through 23 57,379. 0. 17,444 39,935. 25 Contributions, gifts, grants paid 0. 0. 26 Total expenses and disbursements. 57,379 17,444 39,935. Add lines 24 and 25 27 Subtract line 26 from line 12: -2,3208 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -D-) c Adjusted net income (if negative, enter -0-) .

LHA For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23

Cash - non-interest-bearing   Cash	Œ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
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23   Total liabilities (add lines 17 through 22)   0 . 17 , 075 .	Ë	1	Other liabilities (describe			
Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.  24 Net assets with donor restrictions  5 Net assets with donor restrictions  Foundations that do not follow FASB ASC 958, check here X  and complete lines 26 through 30.  25 Net assets with donor restrictions  Foundations that do not follow FASB ASC 958, check here X  and complete lines 26 through 30.  26 Capital stock, trust principal, or current funds  27 Paid-in or capital surplus, or land, bldg., and equipment fund  28 Retained earnings, accumulated income, endowment, or other funds  29 Total net assets or fund balances  10 Total labilities and net assets/fund balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29  (must agree with end-of-year figure reported on prior year's return)  20 Enter amount from Part I, line 27a  21 Other increases not included in line 2 (itemize)  32 Add lines 1, 2, and 3  33 Other labilities and of year (line 4 minus line 5) - Part II, column (b), line 29  4 Add lines 1, 2, and balances at end of year (line 4 minus line 5) - Part II, column (b), line 29  5 Other local net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29  6 - 2, 320.			Card natifices (describe			
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24 Net assets without donor restrictions  25 Net assets with donor restrictions  Foundations that do not follow FASB ASC 958, check hereX and complete lines 26 through 30.  26 Capital stock, trust principal, or current funds						
Foundations that do not follow FASB ASC 958, check here X and complete lines 26 through 30.  26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bidg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances 30 Total liabilities and net assets/fund balances 40 . 14,755.  Partillia Analysis of Changes in Net Assets or Fund Balances 41 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 42 Enter amount from Part I, line 27a 43 Other increases not included in line 2 (itemize) 44 Add lines 1, 2, and 3 55 Decreases not included in line 2 (itemize) 46 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 66 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 67 Capital stock, trust principal, on current funds 68 Capital stock, trust principal, on current funds 70 Capital stock, trust principal, on capital stock, trust principal, on current funds 70 Capital stock, trust principal, on capital stock, trust principal,	Ces	24				
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Retained earnings, accumulated income, endowment, or other funds 02,320.  Total net assets or fund balances 0. 14,755.  Reartiff Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 1 0.  Enter amount from Part I, line 27a 2 -2,320.  Other increases not included in line 2 (itemize) 3 0.  Add lines 1, 2, and 3 4 -2,320.  Decreases not included in line 2 (itemize) 5 0.  Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 -2,320.		•	Paid-in or canital surplus or land hide, and equipment fund			
30 Total liabilities and net assets/fund balances   0.   14,755.     Part III   Analysis of Changes in Net Assets or Fund Balances     Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)   1   0.     2 Enter amount from Part I, line 27a   2   -2,320.     3 Other increases not included in line 2 (itemize)   3   0.     4 Add lines 1, 2, and 3   4   -2,320.     5 Decreases not included in line 2 (itemize)   5   0.     6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29   6   -2,320.	se	ŀ				Committee of the Commit
30 Total liabilities and net assets/fund balances   0.   14,755.     Part III   Analysis of Changes in Net Assets or Fund Balances     Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)   1   0.     2 Enter amount from Part I, line 27a   2   -2,320.     3 Other increases not included in line 2 (itemize)   3   0.     4 Add lines 1, 2, and 3   4   -2,320.     5 Decreases not included in line 2 (itemize)   5   0.     6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29   6   -2,320.	E As	•				
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(must agree with end-of-year figure reported on prior year's return)10.2 Enter amount from Part I, line 27a2-2,320.3 Other Increases not included in line 2 (itemize)30.4 Add lines 1, 2, and 34-2,320.5 Decreases not included in line 2 (itemize)50.6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 296-2,320.	ER	art:	Analysis of Changes in Net Assets or Fund Ba	ajances		
(must agree with end-of-year figure reported on prior year's return)10.2 Enter amount from Part I, line 27a2-2,320.3 Other Increases not included in line 2 (itemize)30.4 Add lines 1, 2, and 34-2,320.5 Decreases not included in line 2 (itemize)50.6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 296-2,320.	1	Total	net assets or fund balances at beginning of year - Part II. column (a), line	29		
2 Enter amount from Part I, line 27a       2 -2,320.         3 Other increases not included in line 2 (itemize)       3 0.         4 Add lines 1, 2, and 3       4 -2,320.         5 Decreases not included in line 2 (itemize)       5 0.         6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29       6 -2,320.						0 -
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4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29  6 -2,320.				*************************************		
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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 -2,320.	5	Decre	eases not included in line 2 (itemize)	******************************	z z	
				olumn (b). line 29		
			, , , , , , , , , , , , , , , , , , , ,			

Part IV   Capital Gains	and Losses for Tax on Inv	restment Income				
	the kind(s) of property sold (for examarehouse; or common stock, 200 shs.		(b) How a P - Puro D - Don	cquired hase ation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b NO	NE					
C					····	
d						
8					-	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	S		(h) Gain or (loss ((e) plus (f) minus	
a						
b						
С						
d						
e						
Complete only for assets showing	ng gain in column (h) and owned by ti	ne foundation on 12/31/69.		(1	l) Gains (Col. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (l) over col. (j), if any		CO	l. (k), but not less that Losses (from col. (	n -0-) or h))
a						
b						
_ C						
ď						
е						
	apital loss) If gain, also enter If (loss), enter -0- ss) as defined in sections 1222(5) and column (c). See instructions. If (loss	In Part I, line 7	} 2			
Part I, line 8		• · · · · · · · · · · · · · · · · · · ·	] 3			
Part V Excise Tax Bas	sed on Investment Income	e (Section 4940(a),	4940(b), o	r 4948 -	see instructio	ns)
1a Exempt operating foundations	described in section 4940(d)(2), chec	k here and enter	"N/A" on line	l.		
Date of ruling or determination	letter: (atta	ach copy of letter if necessa	ry - see instru	ctions)	1	0.
b All other domestic foundations	enter 1.39% (0.0139) of line 27b. Exe	empt foreign organizations, e	nter		}	
4% (0.04) of Part I, line 12, col	. (b)					
2 Tax under section 511 (domest	tic section 4947(a)(1) trusts and taxal	ole foundations only; others,	enter -0-)	*******		0.
3 Add lines 1 and 2					3	0.
4 Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and taxa	ible foundations only; others	, enter -0-)	• • • • • • • • • • • • • • • • • • • •	4	0.
5 Tax based on investment inco	me. Subtract line 4 from line 3. If zer	o or less, enter -0-			. 5	0.
6 Credits/Payments:					100	
a 2023 estimated tax payments a	and 2022 overpayment credited to 202	23 <u>6a</u>		0	) <u>.</u>	
	tax withheld at sourcé				)	Asset Late College
c Tax paid with application for ex	dension of time to file (Form 8868)	6c			<u>.  </u> arije je	医多种皮肤病
	ly withheld				) •	
7 Total credits and payments. Ad	ld lines 6a through 6d	<u></u>	•••••		. 7	0.
8 Enter any penalty for underpay	/ment of estimated tax. Check here 📙	if Form 2220 is attache	d		8	0.
9 Tax due. If the total of lines 5	and R is more than line 7, enter amou	ent awad			9	0.
40 Oursessmant If line 7 in more					· — — — — — — — — — — — — — — — — — — —	
	than the total of lines 5 and 8, enter be: Gredited to 2024 estimated tax				10	

, Çê	INTERVIEW Statements Regarding Activities			
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	200	Yes	No
	any political campaign?	1a		Х
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	15		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		X
ć	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	A 16 (1)	T-OUT-COM-	
	(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.	100		
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$ 0.			500
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities.		feridado.	22
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
J	has the foundation made any changes, not previously reported to the two, in its governing instrument, articles of incorporation, or			77
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
-	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		<del> </del>
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	24várotagoz).	X
_	If "Yes," attach the statement required by General Instruction T.		200	8.5
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	2.0		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
		35,00		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	3.4		Marin State
	CA	1.6		4
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		100	
	year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	l .		
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			<del></del>
	If "Yes," attach statement, See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address HTTPS://WWW.GWFBOB.ORG/			1
14	The books are in care of BRANDY GRAY  Telephone no. 747-22	4-1	253	·····
	Located at 100 WILSHIRE BLVD, SUITE 700, SANTA MONICA, CA ZIP+4 90			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year		/A	L
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	and the state of t		. 55	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	16	3556335	A RESIDENCE
	foreign country			10 oraș
		rm 990	)_DC	(accs)
	ro	1111 226		(2023)

Part VI-B   Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	146	Yes	No
1a During the year, did the foundation (either directly or indirectly):	1170	1	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	1a(2)	X	
	1a(3)		X
	1a(4)		X
(5) Transfer any income or assets to a disqualified person (or make any of either available	Se in re		12-3
for the benefit or use of a disqualified person)?	1a(5)	VIII.24	X
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)	1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	CHECK.	(configuration)	44 645
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		100	
before the first day of the tax year beginning in 2023?	1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2023, did the foundation have any undistributed Income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2023?	2a		X
If "Yes," list the years,,,	e de		100
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			2000000
statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a		X
b If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	5.00		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			.02.20.20
Schedule C, to determine if the foundation had excess business holdings in 2023.)  N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Belling of Species	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2023?	4b	, DE	<u>X</u>

Page 6

Partivi-Ball Statements Regarding Activities for which Fo	Utili 4/20 Iviay Be Re	quirea <sub>(continu</sub>		ext. 2000 200 [ \ \frac{1}{2} = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
5a During the year, did the foundation pay or incur any amount to:				7es No X			
f.)							
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter realstration drive?							
(3) Provide a grant to an individual for travel, study, or other similar purposes?				5a(3) X			
(4) Provide a grant to an organization other than a charitable, etc., organization			ľ	5a(4) X			
4945(d)(4)(A)? See instructions	nr aditectional nurnness or fo			38(4)			
the prevention of cruelty to children or animals?				5a(5) X			
b If any answer is "Yes" to 5a(1)-(5), dld any of the transactions fail to qualify unc							
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b			
c Organizations relying on a current notice regarding disaster assistance, check h			'				
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr							
expenditure responsibility for the grant?			N/A	5d			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).							
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p				Library Ballion (Production			
a personal benefit contract?				6a X			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?						
If "Yes" to 6b, file Form 8870.	1 h			AND DESCRIPTION OF THE PROPERTY OF THE PERSON OF THE PERSO			
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7a X			
<ul> <li>b If "Yes," did the foundation receive any proceeds or have any net income attribuse</li> <li>8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$</li> </ul>			£3	10			
excess parachute payment(s) during the year?	•			8 X			
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation Man	agers, Highly		<u> </u>			
List all officers, directors, trustees, and foundation managers and tr	pair compansation						
1 Elst all officers, directors, trustees, and foundation managers and tr	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plan	(e) Expense			
(a) Name and address	eimployee benefit plan and deferred compensation	(e) Expense account, other allowances					
BRANDY L GRAY	to position CHIEF EXECUTI	VE OFFICE					
100 WILSHIRE BLVD, STE 700		- <b>3</b>	1	ļ			
SANTA MONICA, CA 90401	40.00	0.	0	. 0.			
	TREASURER, SE	CRETARY					
100 WILSHIRE BLVD, STE 700			Ì				
SANTA MONICA, CA 90401	10.00	0.	0	0.			
			ļ				
				İ			
		<u> </u>					
	-						
	1						
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	<u> </u>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plan and deferred	(e) Expense account, other allowances			
NONE	devoted to position	<del>                                     </del>	compensation	Biomanous			
NONE	1			1			
	1						
	1			- {			
		ļ					
	1			-			
	<u> </u>	<del></del>	<u> </u>	1 0			
Total number of other employees paid over \$50,000				rm <b>990-PF</b> (2023)			
			ru	···· ~~~ · · (٢٥٢٥)			

### GLOBAL WOMEN FOUNDATION &

Form 990-PF (2023) BAND OF BROTHERS	92-24	168175 Page 7
Part VII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE	R	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del> </del>	
Total number of others receiving over \$50,000 for professional services		0
Part VIII A Summary of Direct Charitable Activities		. <u></u> U
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor	mation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1		
SEE STATEMENT 6		27 550
2	<del></del>	37,558.
SEE STATEMENT 7		2,353.
3	<u> </u>	
SEE STATEMENT 8		1,271.
4		1,2/1.
SEE STATEMENT 9		0.
Part VIII: Ball Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are	nd 2	Amount
1 N/A	10 2.	Amount
2		
All other program-related investments. See instructions.		<del></del>
3		
- 1-day		
Total. Add lines 1 through 3		0.
	·	Form <b>990-PF</b> (2023)

	artiX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	111	······································
а		18	0.
ь	Average of monthly cash balances	1b	11,321.
C	Fair market value of all other assets (see instructions)	1c	11,321.
đ	Total (add lines 1a, b, and c)	1d	11,321.
8	Reduction claimed for blockage or other factors reported on lines 1a and	10	11, 121.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	11,321.
4	Cash deemed held for charitable activities, Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) STMT 1 (	4	9,551.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	1,770.
6	Net value of noncharitable-use assets. Subtract line 4 from line 3  Minimum investment return. Enter 5% (0.05) of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	80.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and cortain	
	foreign organizations, check here X and do not complete this part.)	and certain	•
1	Minimum investment return from Part IX, line 6	1	<del></del>
2a	Tax on investment income for 2023 from Part V, line 5		
ь	Income tax for 2023. (This does not include the tax from Part V.)		
¢	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	-
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	
P	Qualifying Distributions (see instructions)	<del></del>	·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes;		
2	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18	39,935.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		·
a	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	39,935.
			Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7	de de sergio de Roma.		personal recognition	0.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
ь Total for prior years:	Complete Communication (Communication)	0.		
3 Excess distributions carryover, if any, to 2023:		ris No. 10 May 2004 AT CO. ST.		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a From 2018				
b From 2019	grade the proper	Augustic Calegraphic	distribution and the	
c From 2020.			APPROPRIES	F00060 985 99
d From 2021				
e From 2022				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2023 from				
Part XI, line 4: \$ N/A				
a Applied to 2022, but not more than line 2a	ar an is a defined a surface	ALD HILL PRINCIPLE	0.	and the best many
b Applied to undistributed income of prior			SECTION OF SECTION SECTION	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		chi. Editare ne rispete na ces	ASSESSMENT ASSESSMENT OF THE PROPERTY OF THE P	
(Election required - see instructions)	0.	All Mesos are properties.	CHICAGO CONTRACTOR	Approximation of the second
d Applied to 2023 distributable amount	Control of the second			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.		en de la companya de La companya de la co	0.
6 Enter the net total of each column as indicated below:				
2 Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract			200	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	translation of the second		ada balan balan ba	
amount - see instructions		0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e Undistributed income for 2022. Subtract line				4.65.55.55
4a from line 2a. Taxable amount - see Instr		Application of the second seco	0.	egacino est, recolamo destablidados
f Undistributed income for 2023. Subtract				
lines 4d and 5 from line 1. This amount must	and the state of the second		programme and a second	
be distributed in 2024	Section of the second section		at Para to the season of	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		A Property of the Control of		a section comments
section 170(b)(1)(F) or 4942(g)(3) (Election				化45000000000000000000000000000000000000
may be required - see instructions)	0.	CALLED AND AND ASSESSMENT	Street Street Space Control	Eliteratura es
8 Excess distributions carryover from 2018	_		State of the state	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024.	0.			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:		and the second		
a Excess from 2019				
b Excess from 2020				
c Excess from 2021			100	
d Excess from 2022	4.000 电影响用数量电池		Section Resident	
e Excess from 2023	SECTION OF THE SECTION OF	SERVICE REPORT VIEW REPORT OF THE	NEW TRANSPORTED TO SELECTION OF COMMENTS O	a process of the second

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Part XIII Private Operating Fo	oundations (see ins	structions and Part VI-A	, question 9)		
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for				03/23	
b Check box to indicate whether the found		g foundation described in		4942(j)(3) or 494	(i)(5)
2 a Enter the lesser of the adjusted net	Tax year	/b) 0000	Prior 3 years	(4) 0000	4-3 <del></del>
income from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total
investment return from Part IX for	0.	0.	0.	0.	^
each year listed b 85% (0.85) of line 2a	0.	0.	0.	0.	0. 0.
c Qualifying distributions from Part XI,	<u></u>	0.		0.	0.
line 4, for each year listed	39,935.	0.	0.	0.	39,935.
đ Amounts included in line 2c not					33,7333.
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	39,935.	0.	0.	0.	39,935.
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter:	14 755				44 855
(1) Value of all assets	14,755.		···	<del>                                     </del>	14,755.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	14,755.				14,755.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					0.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					0
512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt					0.
organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income		-		1	0.
Part XIV Supplementary Info	mation (Complet	e this part only if	the foundation	had \$5,000 or more	in assets
at any time during th				. •	
1 Information Regarding Foundation	n Managers:		742.1.0	····.	<del>1. 1</del>
a List any managers of the foundation who year (but only if they have contributed m	have contributed more t	han 2% of the total contri ection 507(d)(2).)	butions received by the	foundation before the close	of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has	own 10% or more of the a 10% or greater interes	stock of a corporation (o	r an equally large portio	n of the ownership of a par	tnership or
NONE					
	only makes contribution	s to preselected charitable	organizations and does	not accept unsolicited requ	uests for funds, If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other condition	ns, complete items 2a, l	o, c, and d.	
a The name, address, and telephone numb	er or email address of the	e person to whom applica	tions should be address	ed:	
b The form in which applications should b	e submitted and informat	ion and materials they sho	ould include:		
c Any submission deadlines:					
	•				
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields, l	dinds of institutions, or d	ther factors:	

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Grants and Contributions Paid During th		n.mant		
Grants and Contributions Paid During the Recipient	If recipient is an individual.		_	<del></del>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
2 Paid during the year	or substantial contributor	recipient		
- Tud doing the you				
NONE				
	ļ.			
			Ì	
		·		
Total			3a -	
b Approved for future payment				
, <b>, , , , , , , , , , , , , , , , , , </b>				
NONE				
Total			3b	
IVIAI				orm <b>990-PF</b> (2

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Athount	tanenott income
<u>a</u>			ļ		*
b					
<u>.</u>					
d					
6			<del> </del>		<u> </u>
g Fees and contracts from government agencies	ļ——		├		
2 Membership dues and assessments			┢─		
3 Interest on savings and temporary cash		<u> </u>			
investments	}				
4 Dividends and interest from securities	<u> </u>				-
5 Net rental income or (loss) from real estate:	State of the		e16-16		
a Debt-financed property	~~ 10.00 A. 40.200 A. 10.00		Wantergran		0004 (014 02 000 000 000 000 000 000 000 000 000
b Not debt-financed property					
6 Net rental income or (loss) from personal				""	
property			l		
7 Other investment income					
8 Gain or (loss) from sales of assets other	-				
than inventory					
9 Net income or (loss) from special events		<del></del>			17,444.
10 Gross profit or (loss) from sales of inventory					,
11 Other revenue:					
8					
b					· · · · · · · · · · · · · · · · · · ·
C					
d					
6					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	17,444.
13 Total. Add line 12, columns (b), (d), and (e)		**************************************		13	17,444.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
				<del>-</del>	·····
Line No. Explain below how each activity for which incor	ne is reported i	in column (e) of Part XV-A	contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than be 9 THE FUNDS WERE EXCLUSIV			in air	NA TOD THERMO	TNT 0000
9 THE FUNDS WERE EXCLUSIV	ELY OSI	SD FOR THE TE	IREE	MAJOR EVENTS	IN 2023
	•				
·			-		
<del></del>		*******			
					**************************************
	······	· · · · · · · · · · · · · · · · · · ·			
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#### GLOBAL WOMEN FOUNDATION &

Use Only

orm 990		(23) BAND	OF BROTHE	RS				92-2	468175	Pa	ige 13
Part >	(VI			sfers to ar	nd Trai	nsactions an	d Relations	nips With Nonc	haritable		
		Exempt Organ	izations								
1 Did	the org	anization directly or indi	rectly engage in any	of the following	g with any	other organizatio	n described in sec	tion 501(c)		Yes	No
(oth	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										100
a Transfers from the reporting foundation to a noncharitable exempt organization of:											
(1)	Cash	••••							1a(1)	Augustion Company	Х
		assets									Х
		actions:								100	
(1)	Sales	of assets to a noncharita	ble exempt organizat	tion						· PORTHUMAR SHAW.	X
(2)	Purch	ases of assets from a no	ncharitable exempt o	rganization			•••••••••••••••••••••••••••••••••••••••	••••••	1b(2)		Х
(3)	Rental	of facilities, equipment,	or other assets	•		•••••		***************************************	1b(3)		Х
(4)	Reimb	ursement arrangements	••••	***************************************	••••••		••••••	••••••	1b(4)		х
(5)	Loans	or loan guarantees'	***************************************	••••	••••••	***************************************			1b(5)		Х
(6)	Perfor	mance of services or me	mbership or fundrals	sing solicitation	ns	*************************		******************************	1b(6)		X
c Sha	ring of	facilities, equipment, ma	iling lists, other asse	ts, or paid em	niovees	•••••••	***************************************	***************************************	1c		X
		er to any of the above is								ete	
		given by the reporting for								010,	
		the value of the goods,			24 1000 111	iii idii iiidiiiot tuidi	o iii ariy a ambabab	n or ontaining arrangeme	one, onow m		
(a) Line no	_	b) Amount involved		f noncharitable	e exempt o	proanization	(d) Descripti	on of transfers, transaction	s. and sharing arra	incemer	
	1		(4,7.1	N/A			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , , ,	-,		
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			<u> </u>								
		dation directly or indirec							<b>—</b>	177	<b>-</b>
		501(c) (other than sectio		ction 52/?	••••••	••••		····	Yes	X	. No
b !f"	es," co	mplete the following sch			L CATON	¢ltl	ı	to Description of no	_Att_		
·		(a) Name of org	janization		( <b>a</b> ) 1ypi	e of organization		(c) Description of rel	attonsnip		
		N/A			<u> </u>		<u> </u>				
					ļ	<del></del>					
			<del> </del>		ļ		ļ	·····			
					j		<u> </u>	<del> </del>			
<u> </u>	Under and b	penalties of perjury, I declare elief, it is true, correct, and co	s that I have examined this molete. Declaration of pr	is return, including recerer (other than	ng accompa In taxpaver)	nying schedules and s is based on all informa	statements, and to the ation of which prepare	best of my knowledge ar has anv knowledge.	May the IRS	iscuss 1	this
Sign Here		,							return with the	? See in:	er str.
Liete							DIRECTO	<u>R</u>	_ X Yes	;	_ No
	Sign	ature of officer or trustee		T=	Da	ite	Title	Low-t- First 1971	DELIU.		
		Print/Type preparer's na		Preparer's si	ignature		Date	·	PTIN		
n_:-		STEVEN M PI	ASCIK					self- employed			
Paid		CPA MT						<u> </u>	P01003		
Prepa	arer	Firm's name PIAS	CIK					Firm's EIN 54-	-204193	3	

Page 13

	Exempt Organ	ilzations							
1 Did	the organization directly or ind	irectly engage in any	of the followi	ng with any other organizat	ion described in sec	ction 501(c)		Yes	No
(ot)	ner than section 501(c)(3) orga	nizations) or in secti	on 527. relatin	o to political proapizations?	?	suon oo naj		KSE CON	No.
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
	Cash						539638		Х
(2)	Other assets	**********************	,	***************************************	***********	*******************************	1a(1)		_
h Oth	Other assets er transactions:	*************		•••••			1a(2)	K MIN	X
	****	able assessed assessed	at						
(1)	Sales of assets to a noncharita	mie exembt organiza	mon			***************************************	1b(1)		<u> </u>
(2)	Purchases of assets from a no	incharitable exempt	organization .		*************************		1b(2)		_X_
(3)	Rental of facilities, equipment,	or other assets	•••••		••••••		1b(3)		X
(4)	remindre sement an authentic						115(4\1		Х
(9)	Luans or toatt guarantees						116(5)		X
(o)	renormance of services of me	embersnip or tungrai	sing solicitatio	ns		•	16/6)		X
c Sna	ring of facilities, equipment, ma	alling lists, other ass	ets, or paid en	iployees			l te l		Х
a ir in	le answer to any of the above is	"Yes," complete the	following sch	edule. Column (b) should a	lways show the fair	market value of the	annds other asse	te.	
or s	ervices given by the reporting f	oundation. If the fou	ndation receiv	ed less than fair market val	ue in any transactio	n or sharing arrange	ment show in	,,	
colu	ımn (d) the value of the goods,	other assets, or serv	ices received.		,	or onaring an ango	mond and the		
(a) Line no				e exempt organization	(d) Description	on of transfers, transaction	and sharing area		
		<del>  ```</del>	N/A		(5) 5555 (5.1)	or or unitable, unitable	nis, and snaring and	ugemen	ts.
	<u> </u>		**/ *1	<del></del>					
		·			<del></del>				
	·	· · · · · ·		<del></del>			·		
•	<del></del>	<del>                                     </del>			_				
<del></del>	<del></del>	<u> </u>		<del> </del>					
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		ļ	·	<del></del>		<del>_</del>			
D = 1 = 41 =	- 4 1 At 11 At 1 B		<del> </del>			,			
Za ISTN	e foundation directly or indirect	tly affiliated with, or i	related to, one	or more tax-exempt organi	izations described				
រា ទ	ection 501(c) (other than section	n 501(c)(3)) or in se	ction 527?		*************************	***********************	Yes	X	No
b If "Y	es," complete the following sch	edule.		,					
	(a) Name of org	janization		(b) Type of organization		(c) Description of re	elationship		
	N/A					-			
				10					
							<del></del>		
			17 1.0				<del></del>		
						<del>.</del>			<del></del>
Ī	Under penalties of perjury, I declare	that I have examined thi	s return, încludin	g accompanying schedules and :	statements, and to the l	pest of my knowledge			
Sign	and belief, it is true, correct, and cor	mplete. Declaration of pr	eparer (other tha	n taxpayer) is based on all inform	ation of which preparer	bas any knowledge.	May the IRS do	cuss thi	is
Here				1			shown below?	See Inst	ŗ.
- 1	Signature of officer or trustee			D-4-	DIRECTO	х	_ X Yes		No
1.	Print/Type preparer's na	ma	Dranavaria -	Date	Title	Observa Company	DTIM.		
	<u>''</u> '		Preparer's si	Augraig	Date	Check if	PTIN		
Paid	STEVEN M PIZ	ASCIK				self- employed			
	CPA MT		l		<u> </u>		P010035		
Prepa:	1 1 1 1 1 2 1 CO 1 1 C	CIK				Firm's EIN 54	-2041933		
Use O									
	Firm's address 447	0 COX ROA	D, SUI	PE 250					
	GLE:	N ALLEN,	VA 230	60		Phone no. (8	04) 527-	181	.5
						,	Form 990		
							, 01111 000	1	

FORM 990-PF	OTHER I	NCOME	<u> </u>	TATEMENT 1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS		17,444.	0.	17,444.
TOTAL TO FORM 990-PF, PART I,	LINE 11	17,444.	0.	17,444.
FORM 990-PF	LEGAL	FEES	9	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL SERVICES	95.	0	. 29.	66.
TO FM 990-PF, PG 1, LN 16A	95.	0	. 29.	66.
FORM 990-PF	ACCOUNTI	NG FEES	S	STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
PROFESSIONAL SERVICES	10,000.	0	3,040.	6,960.
TO FORM 990-PF, PG 1, LN 16B	10,000.	0	3,040.	6,960.
=			= <del></del>	·

FORM 990-PF	OTHER EXPENSES			STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
WEBSITE SHIPPING & POSTAGE SOFTWARE & APPS INSURANCE BANK FEES & SERVICE CHARGES MISCELLANEOUS EXPENSES BUSINESS FILLING FEES SMALL TOOLS & EQUIPMENT	824. 55. 105. 1,509. 1,210. 227. 25. 803.	0. 0. 0. 0.	251. 17. 32. 459. 367. 69. 8. 244.	573. 38. 73. 1,050. 843. 158. 17. 559.		
PROGRAM SERVICE: ADVOCACY EXPENSES PROGRAM SERVICE: VETERANS	28,560.	0.	8,683.	19,877.		
EVENT PROGRAM SERVICE: VETERANS	2,353.		715.	1,638.		
MISC ASSISTANCE PROGRAM SERVICE: MISC EXPENSES FUNDRAISING EXPENSES	2,215. 202. 8,999.	0.	673. 61. 2,736.	1,542. 141. 6,263.		
TO FORM 990-PF, PG 1, LN 23	47,087.		14,315.	32,772.		

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 5
PART VI-A, LINE 10

NAME OF CONTRIBUTOR ADDRESS

## Names have been Redacted for Publication Purposes

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 6

#### ACTIVITY ONE

MASTER MIND AND NON-PROFIT LAUNCH EVENT (APRIL 1, 2023) THIS EVENT MARKED THE LAUNCH OF OUR NONPROFIT ORGANIZATION. IT SERVED AS AN OPPORTUNITY TO RAISE AWARENESS ABOUT OUR MISSION AND GOALS, CONNECT WITH THE COMMUNITY, IDENTIFY LANDLORDS FOR THE HUD VASH PROGRAM AND BEGIN FOSTERING SUPPORT FOR OUR PROGRAMS AIMED AT SOLVING HOMELESSNESS FOR OUR VETERANS. THROUGH A COMBINATION OF FUNDRAISING ACTIVITIES, A MASTERMIND SESSION, MOTIVATIONAL TALKS, AND STRATEGIC DISCUSSIONS, WE SUCCESSFULLY INTRODUCED OUR ORGANIZATION AND BUILT A FOUNDATION FOR ONGOING SUPPORT AND COMMUNITY ENGAGEMENT. THIS EVENT WAS IN COLLABORATION WITH THE CALIFORNIA WOMEN'S CONFERENCE, ALLOWING OUR MISSION TO REACH AN AUDIENCE OF OVER 7,000 VIA EMAIL COMMUNICATIONS. NUMBER OF PERSONS BENEFITED: APPROXIMATELY 12 VETERANS ATTENDED APPROXIMATELY 100 COMMUNITY MEMBERS. THIS EVENT ALSO PAVED THE WAY FOR THE IDENTIFICATION AND PROVISION OF 75 HUD-VASH UNITS TO VETERANS FACING HOMELESSNESS IN HOUSTON, TEXAS.

**EXPENSES** 

TO FORM 990-PF, PART VIII-A, LINE 1

37,558.

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 7

#### ACTIVITY TWO

JUNE RETREAT FOR VETERANS (JUNE, 2023) THIS RETREAT FOCUSED ON PROVIDING A RELAXING AND SUPPORTIVE ENVIRONMENT FOR VETERANS, PROMOTING MENTAL HEALTH AND WELL-BEING. IT ALSO PROVIDED A PLATFORM FOR VETERANS TO CONNECT WITH THE COMMUNITY, FOSTERING A SENSE OF BELONGING AND SUPPORT. NUMBER OF PERSONS BENEFITED: APPROXIMATELY 7 VETERANS AND 20 COMMUNITY MEMBERS.

SERVICES PROVIDED: THE EVENT INCLUDED TRANSPORTATION TO AND FROM THE RETREAT LOCATION, ENSURING ALL VETERANS COULD ATTEND WITHOUT LOGISTICAL CONCERNS. MEALS WERE ORGANIZED TO ENCOURAGE SOCIALIZING AND COMMUNITY BUILDING. SHARING CIRCLES WERE HELD TO OFFER VETERANS A SPACE TO DISCUSS THEIR EXPERIENCES AND SUPPORT EACH OTHER. RECREATIONAL ACTIVITIES IN NATURE WERE DESIGNED TO FOSTER RELAXATION AND MENTAL CLARITY. OUR OUTREACH EFFORTS DURING THE EVENT ENCOMPASSED RECONNECTING WITH OVER 40 VETERANS WE PREVIOUSLY ASSISTED WHO WERE NOW IN EMERGENCY SHELTERS OR PERMANENT HOUSING, AS WELL AS REACHING OUT TO THOSE WHO REMAINED UNSHELTERED

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 2

2,353.

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 8

#### ACTIVITY THREE

LINGERACE BEACH EVENT AND FUNDRAISER (OCTOBER 2023) THE GOAL OF THIS EVENT WAS TO ENGAGE THE COMMUNITY THROUGH SPORTS ACTIVITIES TO PROMOTE MENTAL WELL-BEING AND RAISE FUNDS FOR OUR VETERANS' RETREATS AND SUPPORT SERVICES. IT AIMED TO CONNECT VETERANS WITH THE COMMUNITY, PROVIDE ACCESS TO AND TEACH NEW SPORTS, AND OFFER OPPORTUNITIES FOR UNHOUSED VETERANS TO ASSIST IN EVENT PRODUCTION, THEREBY BUILDING SKILLS AND PROVIDING PART-TIME WORK. BY INTEGRATING VETERANS WITH THE COMMUNITY, THE EVENT SOUGHT TO REDUCE STIGMAS ASSOCIATED WITH HOMELESSNESS. THE FUNDS RAISED SUPPORTED OUR VETERANS' RETREATS AND OUR PARTICIPATION IN MONTHLY EVENTS, BENEFITING VETERANS CURRENTLY IN THE CTRS AND OTHER TRANSITIONAL HOUSING PROGRAMS. NUMBER OF PERSONS BENEFITED: APPROXIMATELY 200 PARTICIPANTS, INCLUDING VETERANS AND COMMUNITY SUPPORTERS BENEFITED FROM THIS EVENT. THE FUNDS RAISED SUPPORTED OUR VETERAN RETREATS AND OUR ONGOING PARTICIPATION IN EVENTS AND OTHER OUTREACH INITIATIVES THROUGH A FUNDRAISER.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 3

1,271.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 9

#### ACTIVITY FOUR

BRANDY GRAY, AN EXECUTIVE DIRECTOR AND FOUNDER DEVOTED AN AVERAGE OF 40 HOURS PER WEEK TO GLOBAL WOMEN FOUNDATION & BAND OF BROTHERS, WITHOUT RECEIVING ANY COMPENSATION FROM THE ORGANIZATION. HER CONTRIBUTIONS FOCUS ON ADVANCING THE ORGANIZATION'S MISSION TO SUPPORT VETERANS THROUGH HOUSING, WELLNESS, AND SKILLS TRAINING PROGRAMS. THIS COMMITMENT ENSURES THAT ALL AVAILABLE FUNDS GO DIRECTLY TOWARD BENEFITING THE ORGANIZATION'S PROGRAMS AND THE VETERANS IT SERVES.

ADDITIONALLY, MARC SCHUSTER HAS CONTRIBUTED AN AVERAGE OF 10 HOURS PER WEEK, ALSO ON A VOLUNTEER BASIS, OFFERING INVALUABLE SUPPORT IN HIS CAPACITY AS TREASURER AND BOARD MEMBER. THIS SHOULD BE A REFLECTION OF THE ORGANIZATIONS DEDICATION TO MISSION-CENTERED, VOLUNTEER-LED LEADERSHIP.

**EXPENSES** 

TO FORM 990-PF, PART VIII-A, LINE 4

0.

CASH DEEMED CHARITABLE EXPLANATION STATEMENT PART IX, LINE 4

STATEMENT 10

CASH IS RESERVED FOR EVENTS IN 2024

Electronic Filing PDF Attachment

Global Women Foundation & Band of Brothers FEIN 92-2468175 is filing a 2023 amended return to reclassify \$27,311 originally included in fundraising expense to program service expense. Management reclassified other transactions into appropriate general ledger accounts for a more accurate presentation of the non-profit functions. Line 27 The excess of receipts over expenses and disbursements did not change because of the reclassifications.

TAXABLE YEAR 2023

### California Exempt Organization Annual Information Return

328941 12-26-23 FORM

199

Calendar Year	2023 or fiscal year beginning (mm/dd/yyyy) 02/03/2	023 , and ending (	mm/dd/yyy	y) 12	2/31/2023	
Corporation/Org			Cali	fornia corporation i	number	
	WOMEN FOUNDATION &					
BAND O	F BROTHERS			<u>5488466</u>	<u> </u>	
Additional inform	nation, See Instructions,		FE			
				<u>92-2468</u>	175	
Street address (s	•			PMB no.		
	LSHIRE BLVD, SUITE 700		_			
City			State	ZIP code		
SANTA :			CA	90401	<u> </u>	
Foreign country	name Foreign province/state	county		Foreign postal co	ode	
A First retu	rn X Yes No	I Did the organization hav	e any chani	res to its muidel	ines .	
	return • X Yes No				Yes X	Νo
		J If exempt under R&TC S				110
	rmation return?	engaged in political activ				No
• 🔲	Dissolved Surrendered (Withdrawn) Merged/Reorganized	K Is the organization exem			••••• ==	
	(mm/dd/yyyy)	If "Yes," enter the gross i				
E Check ac	counting method: (1) X Cash (2) Accrual (3) Other	L Is the organization a limit				No
F Federal re	eturn filed? (1) ● 990T (2) ■ X 990PF (3) ● Sch H (990)	M Dld the organization file				
· · · —	Other 990 series	report taxable income?			• Yes X	No
	group filing? See instructions					
	ganization in a group exemption				• Yes X	
if "Yes," v	vhat is the parent's name?	O is federal Form 1023/10			Yes X	No
		Date filed with IRS				
Part I	l complete Part I unless not required to file this form. See General Info	emation B and C				
1 4161	1 Gross sales or receipts from other sources. From Side 2, Part II			• 1	17,444	Loo
	2 Gross dues and assessments from members and affiliates				17,111	00
	3 Gross contributions, gifts, grants, and similar amounts received	***************************************	STMT	1 0 3	37,615	
	4 Total gross receipts for filing requirement test. Add line 1 through		STMT			100
Receipts	This line must be completed. If the result is less than \$50,000,			• 41	55,059	00
and				00		
Revenues	5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold	• 6		00		
	7 Total costs. Add line 5 and line 6			7		00
	8 Total gross income. Subtract line 7 from line 4	<u></u>		• 8	55,059	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18				57,379	
ryhenses	10 Excess of receipts over expenses and disbursements. Subtract I				-2,320	00
	11 Total payments	***************************************		• <u>11</u>		00
	12 Use tax. See General Information K			• 12		00
_	13 Payments balance. If line 11 is more than line 12, subtract line 1					00
Payments	14 Use tax balance. If line 12 is more than line 11, subtract line 11			1 1		00
					<del> </del>	00
-	16 Balance due. Add line 12 and line 15. Then subtract line 11 frounder penalties of perjury, I declare that I have examined this return, including account is true, correct, and complete. Declaration of preparer (other than taxpayer) is bas	TI THE FESUIT mpanying schedules and stateme	nts, and to th	e best of my knowl	ledge and belief,	100
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is bas			knowledge.		
Here	Signature of officer	EXECUTIVE DI	Date		* Telephone 747-224-1253	
	of differ	Date	Check	ie	• PTIN	
	Preparer's signature		I	nployed 🛌 🔲	P01003571	
Paid	Firm's name				● Firm's FEIN	
Preparer's	(or yours, DTASCTK				54-2041933	
Use Only	omployed) 4470 COX ROAD, SUITE 250				Telephone	
	and address GLEN ALLEN, VA 23060				(804) 527-18	15
	May the FTB discuss this return with the preparer shown above? See	instructions		● X Yes	No	

TAXABLE YEAR 2023

## California Exempt Organization Annual Information Return

328941 12-26-23 FORM

199

	r 2023 or fiscal year beginning (mm/dd/yyyy) 02/03/2	023 , and ending (	mm/dd/yyy	y)	12/	31/2023	
Corporation/Org			Calif	ornia corp	oration num	nber	
	WOMEN FOUNDATION &						
	F BROTHERS			5 <u>488</u>	466		
Additional infor	nation. See Instructions.		FEI				
Etrant address (					<u>4681</u>	75	
Street address (	•			PMB no.			
City	LSHIRE BLVD, SUITE 700					<del></del>	
•	MONICA		State	ZIP code			
Foreign country	The state of the s	/county	CA !	9040	ostal code		
	1 only provided	rooding	i	Lox eight b	OSIAI COOB		
A First retu	rn X Yes No	Did the organization have	any chang	ac to ite	quidalina	<del></del>	
	freturn • X Yes No	not reported to the FTB?			_		Y No
		J If exempt under R&TC S					*** IMO
	rmation return?	engaged in political activ					X No
• 🔲	Dissolved Surrendered (Withdrawn) Merged/Reorganized	K Is the organization exemp					
	(mm/dd/yyyy) •	If "Yes," enter the gross r					
E Check ac	counting method: (1) X Cash (2) Accrual (3) Other	L Is the organization a limit					X No
F Federal r	eturn filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990)	M Did the organization file F					
	Other 990 series	report taxable income?				• 🔲 Yes [	X No
	group filing? See instructions						
	ganization in a group exemption Yes X No	IRS audited in a prior yea					
IT Yes, V	vhat is the parent's name?	O Is federal Form 1023/102				L Yes [	X No
F-142		Date filed with IRS					
Part I	omplete Part I unless not required to file this form. See General Info	rmation B and C					
	1 Gross sales or receipts from other sources. From Side 2, Part II,				1	17 /	44 00
	2 Gross dues and assessments from members and affiliates	, INIO O	•••••••		2		00
	3 Gross contributions, gifts, grants, and similar amounts received	***************************************	STMT	1 •	3	37.6	15 00
B	4 Total gross receipts for filing requirement test. Add line 1 throug	th line 3.	STMT				=9100
Receipts	This line must be completed. If the result is less than \$50,000,			•	4	55.0	59 00
and	5 Cost of goods sold			00			00000
Revenues	6 Cost or other basis, and sales expenses of assets sold	• 6		00		State of the state	
	7 Total costs. Add line 5 and line 6	***************************************			7		00
	8 Total gross income. Subtract line 7 from line 4	***************************************			8		59 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		•••••	•	_ 9		79 00
	10 Excess of receipts over expenses and disbursements. Subtract li	ne 9 from line 8	·····	•	10	<u>-2,3</u>	20 00
	11 Total payments			•	11	<del></del>	00
	12 Use tax. See General Information K			···· •	12		00
Daymonto	13 Payments balance. If line 11 is more than line 12, subtract line 1				13		00
Payments	<ul> <li>14 Use tax balance. If line 12 is more than line 11, subtract line 11 f</li> <li>15 Penalties and interest. See General Information J</li> </ul>				14		00
	***************************************	n the regult			15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from Under penalties of perjury, I declare that I have examined this return, including according to the true, correct, and complete. Declaration of preparer (other than taxpayer) is base	mpanying schedules and statemen	ts, and to the	best of m	/ knowledge	and belief,	00
Sign Here	•	Title	Date	nowieoge,		Тејерћопе	
	Signature of officer	EXECUTIVE DIR				47-224-12	53
	Promoto	Date	Check if			PTIN	
	Preparer's signature		self-emp	oloyed 📂		01003571	
Paid	Firm's name				•	Firm's FEIN	
Preparer's	(or yours, if self-					<u>4-2041933</u>	
Use Only	employed) 4470 COX ROAD, SUITE 250 and address CLEN ALLEN VA 230.60					Telephone	404-
	GLEN ALLEN, VA 23060			_ ==		<u>804) 527-</u>	<u> 1815</u>
	May the FTB discuss this return with the preparer shown above? See i	nstructions		• X	Yes	No	

## GLOBAL WOMEN FOUNDATION & BAND OF BROTHERS

92-2468175

328951 12-26-23

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	busines	s activities. See instru	ctions				•	1		00
		2	Interest								2		00
		3	Dividends								3		00
Recei	nts	4	Gross rents								4		00
from		5	Gross royalties								5		00
Other		6	Gross amount received from sal	e of acc	ets (See Instructions)	• • • • • • • • • •	•••••		••••••	•	6		00
Source		7	Other income	01 455			•••••	SEE STA	темент	4 •	7		
30010	<b>"</b>	-	Total gross sales or receipts fro	m other	cources Add line 1 th	rough l	 lina 7	7 Enter here and o	n Side 1 Part I	tine 1	8		
	ĺ	9	Contributions, gifts, grants, and								9	<del>                                     </del>	00
		10									10	<del>                                     </del>	00
			Disbursements to or for member Compensation of officers, direct	is		·····	•••••	ረድድ ረጥል	กษัพษพน	5	11	<del>1</del>	0 00
		11	Other relation and wages	iors, and	1 11 11 21 20 25	********					12		00
F		12	Other salaries and wages								13		00
Expen	SES		Interest								14		00
and		14	Taxes								15	+	00
Disbu		15	Rents								16		00
ments	'	16	Depreciation and depletion (See	mstrae	uons)	••••••	•••••	CPP CMA		······ -	17	+	
		17	Other expenses and disburseme	ents					tilinini.	v •	18	7	
Cab	<u> </u>		Total expenses and disburseme	nts. Adı				**	rti, ime 9			xable year	<i>3</i>   00
	edul	e L	Balance Sheet	<del> </del>	Beginning of	taxabii	e yez				ot ta		
Asset	_			500000000000000000000000000000000000000	(a)			(b)	(0	<u> -                                   </u>	ion ree	• 14,	766
•				110111111111111111111111111111111111111				<del></del>	George SACLAGE SAN	electronic con	39365. 33061		155
			receivable			_				240 3000		_	
			eivable	CT-1500 T-0					- 330000 - 4000		14	•	
				2000	and the second second					delate unit		•	
			state government obligations	1484.6	A CANADA PROPERTY AND A CO.				and the same	201-123-32-1		•	<del></del>
			in other bonds	129						700	MARKET THE PARTY OF THE PARTY O	•	
			in stock					<del></del>			8 8 8 4	•	
			ins	4.00	ran is a secondular				Section Section	Sales Alex	ž S	•	
9 (	)ther i	nvestr	nents	10000	\$16-01 B V B C					S. Oka		•	Manuface 1007
10 a	Depr	eciab:	le assets										Par S
b	Less	accu	mulated depreciation										
11 L	and.		,		A CARACTER STORY				Parking and A	et named a	LA LES	•	
12 (	)ther a	ssets	,			<b></b>			\$145 PROPERTY DIS	ek rejeste	1 9	•	
13 7	otal a	ssets	***************************************					0					<u>755</u>
Liabil	lities a	ind ne	et worth	6.65.4				3000 2000					
14 A	Ассоиг	its pay	yable	Jan 18					bada Saadaa	ant st		•	
15 (	Contrib	ution	s, gifts, or grants payable						6 574F 5 10			•	
16 E	Bonds	and n	otes payable STMT 7	20 Miles (2)								• 17,	075
17 N	/lortga	iges p	ayable	economis.								•	
			es										
19 (	Capital	stock	or principal fund									•	
20 F	ald-in o	or capit	al surplus. Attach reconciliation									•	
			nings or income fund		Alabara Albara				\$ 44 AVE 44			• -2,	320
			ies and net worth	**				0	North Control	Section	H.	14,	755
Sch	edu	le M	I-1 Reconciliation of income Do not complete this sche	per bo	oks with income per re	eturn Io I lin	. 12	column (d) is les	e than \$50 000	ı			
	lat !				•	ic L, III							
			per books		-		Ι'	Income recorded		•	ı.		scronpares.
			me tax		•		۱.	not included in the			iig		en carea
			pital losses over capital gains			2000 CORE	8	Deductions in th		argeo			100
			recorded on books this year.		STATE OF THE STATE OF		1	against book Inc	-				ar ios villa
	Attach	sched	lule		1944167522400000000000000000000000000000000000	200,000	1 -	Attach schedule					
			corded on books this year not				7	Total. Add line 7				Princhile de la company de la	
			this return. Attach schedule		•		<sup>10</sup>	Net income per r					4 - E28 (KI)
6	i otal. <i>i</i>	Add li	ne 1 through line 5		<u>l</u>		<u> </u>	Subtract line 9 fa	om line b				

CA 199	CASH CONTRIBUTI INCLUDED ON PART I,		STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRES	DATE S GI	
NI amazan 1		_	16,000
Names have be Publication Pu		for	5,000
TOTAL INCLUDED ON LINE 3	3		21,000
CA 199	NONCASH CONTRIBU INCLUDED ON PART I,		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
RECON PROCESSING CORP	11 LYRA WAY C	OTO DE CAZA, CA	92679
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
CHICKEN MEAT FOR FUNDRAI	SING 04/01/23	5,870.	5,870
TOTAL INCLUDED ON LINE 3		5,870.	F 970
			5,870
CA 199	AMENDED RETURN INFO		STATEMENT 3
CA 199 DESCRIPTION	AMENDED RETURN INFO		

CA 199 OTH	ER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
GROSS INCOME FROM SPECIAL FUNDRAISING	EVENTS	17,444.
TOTAL TO FORM 199, PART II, LINE 7		17,444.
CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BRANDY L GRAY 100 WILSHIRE BLVD, STE 700 SANTA MONICA, CA 90401	CHIEF EXECUTIVE OFFICER 40.00	0.
MARC S SCHUSTER 100 WILSHIRE BLVD, STE 700 SANTA MONICA, CA 90401	TREASURER, SECRETARY 10.00	0.
		0.
	R EXPENSES	0. STATEMENT 6
CA 199 OTHE	R EXPENSES	
TOTAL TO FORM 199, PART II, LINE 11  CA 199  DESCRIPTION  LEGAL FEES ACCOUNTING FEES PRINTING AND PUBLICATIONS WEBSITE SHIPPING & POSTAGE SOFTWARE & APPS INSURANCE BANK FEES & SERVICE CHARGES MISCELLANEOUS EXPENSES BUSINESS FILLING FEES SMALL TOOLS & EQUIPMENT PROGRAM SERVICE: ADVOCACY EXPENSES PROGRAM SERVICE: VETERANS EVENT PROGRAM SERVICE: VETERANS MISC ASSIST PROGRAM SERVICE: MISC EXPENSES FUNDRAISING EXPENSES		STATEMENT 6

CA 199 BONDS AND NOTES PAYA	BLE	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LOANS FROM OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	0.	17,075.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	0.	17,075.

CA 199 BONDS AND NOTES PAYA	ABLE	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LOANS FROM OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	0.	17,075.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	0.	17,075.

Electronic Filing PDF Attachment

Global Women Foundation & Band of Brothers FEIN 92-2468175 is filing a 2023 amended return to reclassify \$27,311 originally included in fundraising expense to program service expense. Management reclassified other transactions into appropriate general ledger accounts for a more accurate presentation of the non-profit functions. Line 10 The excess of receipts over expenses and disbursements did not change because of the reclassifications.