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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the	2009 cal	endar ye	ar, or tax	year begini	ning			, aı	nd en	ding					
В	Check if ap	plicable	Please use IRS	C Name	of organization	WOME	N WATCH A	FRIKA,	INC			D Employ	er identi	fication nun	ıber	
LJ.	Address o	change	label or	Doing 8	Business As							58-258124	46			
	Name cha	ange	print or	Numbe	r and street (or PO box if mail	is not delivered	to street a	ddress)	Roc	om/suite	E Telepho	ne numb	er		
	Initial retu	m	type. See	4151 ME	MORIAL I	DRIVE SUITE	- 205A					(404) 759-	6419			
\Box	Terminate	ed	Specific			country, and ZIP						(101/100				
$\prod_{i=1}^{n}$	Amended	return	Instruc- tions.	DECATL		•		3A	3003	32		G Gross re	ceipts \$		•	78,600
Ħ.	Applicatio	n pending	F N	lame and a	ddress of p	rincipal officer				ı	H(a) le t	his a group re	turn for s	offiliates?		X No
															=	=
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			г	7		1			e all affiliates i			Yes[No
		npt status	X 50)1(C) () ∢ (in	sert no)	4947(a)(1)	or	527			No," attach a				
<u>1</u> /	<u>Vebsite</u>	: ▶									H(c) Gro	oup exemption	numbei	<u>r</u> ▶		
KF	orm of or	ganization	c _o	rporation	Trust	Association	Other ▶	•	L	. Year	of forma	tion	М	State of lega	al domicile	
. F	art I	Sur	nmary													
	1	Briefly d	escribe i	the organ	izatıon's n	nission or mos	t significant	activities	s:							
_																
Activities & Governance																
ırıs				<u></u>												
Š	2	Check th	ns box	▶ 🔲 if	the organi	zation discont	inued its ope	erations	or dispo	sed o	of more	than 25%	of its	net assets	š .	
. 45	3	Number	of voting	g membe	rs of the g	overning body	(Part VI, line	e 1a) .		. ,			3			0
	4	Number	of indep	oendent v	oting mem	bers of the go	verning bod	y (Part \	/I, line 1	b) .			4			0
. Š	5	Total nu	mber of	employee	es (Part V,	line 2a)							5			0
3 ¥	6				•	e if necessary	•						6			
) J						nue from Part							7a	<u> </u>		0
ر م	<u>d</u> <u>b</u>	Net unre	lated bu	usiness ta	xable inco	me from Form	990-T, line	34		<u> </u>	<u> </u>	<u></u>	7b			0
<u> </u>	1									1		Prior Year		Cu	rrent Year	
SCREWENUE U	8				(Part VIII,							_		ļ		<u>78,600</u>
裂	9					line 2g)								ļ		0
	10					n (A), lines 3,								ļ		0
25	11), lines 5, 6d, 8				.						0
O	12					nust equal Part							0	<u> </u>		78,600
						art IX, column		•		.						0
	14					rt IX, column (0
S						oyee benefits										10,648
Expenses						X.[配厘面A)		<i>)</i>						ļ		1,200
ă	1		_		•	column (D), li	· · · · · ·				٠ <u>,</u> ٠,	r (in But it		r.%\\$
ш	•), lines 11a–1								ļ		68,072
	18					ust equal Pair		(A), line	25)				0	+		79,920
	19	Revenue	e less ex	rpenses.	Subtract III	ne 18 from line	<u> 12</u>		<u> </u>				0	4		<u>-1,320</u>
ts or	20	Total age	anta (Da	مصال کا است	16)	ATCC II	20 4739	Q/I		ŀ	Beginn	ing of Curre		1	nd of Year	
Assets d Baland	20 21	Total lick	seis (ra	art X, line Part X, lin∉	10)	ATSC II	75 #/50	J¬r		ł			<u>0</u>	1		<u>0</u>
Net /						ct line 21 from				ŀ			0	 		0
	rt II		nature		es Subila	Ct line 21 from	1 III e 20	<u> </u>	<u> </u>	!				<u>′1</u>		
1 6					declare that I	have examined th	us return includ	ing accom	panying sc	hedule	s and sta	atements, and	I to the b	est of my kn	owledge	
		and b	elief, it is t	nge condct	and complete	Declaration of pr	reparer (other th	an officer)	is based o	n all ın	formatio	n of which pre	parer ha	s any knowle	edge	
			i	4	(23). W	1						. 0	~ I		_	
Sig	ın		1		wy								121	411	<u>J</u>	
He			Signature	of office	100	1/1/1/	011-	1/		~ t	_0	Date				
116	16	👠 .		<u> </u>	LOK	MILT	MKO	<u>, </u>	<u>186</u>	<u>. U</u>	<u>_ 70 </u>					
		_ <u></u> -		int name and	d title					T						
-		Prepa signat			A		<u> </u>	Date		Ch	eck If f-			arer's identify nstructions)	nng numbe	er er
Pai		-	/ _		-#			5/14	/2010		ployed	▶∐	`			
	parer's	Firm's	name (or	yours	SA ACO	DUNTING BU	SINESS CO			c		EIN I	<u> </u>	-		
US	Only		employed			hlake Pkwy -							► (67º	362-750	 10	
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						er shown abo			<u> </u>	• •	· ·	<u> </u>	<u></u>	· L	Yes.	No
For	Privacy	Act and	Paperwo	ork Reduct	ion Act No	tice, see the se	eparate instru	uctions.					/\ \ -	- []	Form 99 0	(2009)

Form	990 (2009)	WOMEN WATCH AFRIKA, INC	58-2581246 Page 2
Pá	art III	Statement of Program Service Accomplishments	
1	Briefly d	escribe the organization's mission:	
2		rganization undertake any significant program services during the year which were not lis	
	•	Form 990 or 990-EZ?	· · · · L Yes No
		describe these new services on Schedule O.	
3		rganization cease conducting, or make significant changes in how it conducts, any progra	
		?	· · · · L Yes L No
		describe these changes on Schedule O.	
4		the exempt purpose achievements for each of the organization's three largest program s	
		501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report as to others, the total expenses, and revenue, if any, for each program service reported.	the amount of grants and
	anocanc	is to others, the total expenses, and revenue, if any, for each program service reported.	
40	(Codo:) (Expenses \$ 0 including grants of \$ 0) (Re	
44	(Code.) (Expenses \$) including grants of \$ 0) (Ne	evenue \$)
• •			
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4b	(Code.) (Expenses \$ 0 including grants of \$ 0) (Re	evenue \$ 0)
40	(Code:) (Expenses \$ 0 including grants of \$ 0) (Re	
40	(Code.) (Expenses \$ including grants of \$ 0) (Ne	evenue \$
		•••••••••••••••••••••••••••••••••••••••	
4d	Other p	ogram services. (Describe in Schedule O.)	
	(Expens		0)
4e	Total pr	ogram service expenses 0	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4_		⊢—
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		x
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		x
9-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		1	er d
	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.	1		13
	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.		A STATE OF THE STA	
•	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.	-	* 4	*
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Ž.	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	Alja .	ä 😽	\$ \$
40	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	40	44 .	
424	Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D. Parts XI, XII, and XIII is optional			
13		13		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		 ^-
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III </i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	X
19	If "Yes," complete Schedule G, Part III	19		х

Pari	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			,
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	,,		"
04-	employees? If "Yes," complete Schedule J	23		_ X
24a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		х
.	24b through 24d and complete Schedule K. If "No," go to line 25	24b		<u> </u>
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception:	240		
G	to defease any tax-exempt bonds?	24c		ļ
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1 - 1 -		
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
`а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ł		
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		-	ĺ
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			١.,
	Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
24	conservation contributions? If "Yes," complete Schedule M	30		 ^
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	 		 ^
JŁ	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			<u> </u>
-	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, Parts II,			
	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			1
	Schedule R, Part V, line 2	35	_	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		1	
	19? Note. All Form 990 filers are required to complete Schedule O	38_		<u></u>

Form 9	90 (2009) WOMEN WATCH AFRIKA, INC	58-2581246	<u> </u>	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	,		
	U.S. Information Returns. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep			
_	gaming (gambling) winnings to prize winners?	· · · · . 1c	ļ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a	ns? 2b	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			.
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	l hv		
Ja	this return?	3a	┧	<u> </u>
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	· · · · · · · · · · · · · · · · · · ·	$\vdash \vdash$	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?			X
b	If "Yes," enter the name of the foreign country: ▶			-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E	Bank		
	and Financial Accounts.			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion? <u>5b</u>	<u> </u>	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	-		1
	Prohibited Tax Shelter Transaction?	<u>5c</u>	ļ	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	· · · · · · · · · · · · · · · · · · ·		
	organization solicit any contributions that were not tax deductible?		<u> </u>	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			
-	gifts were not tax deductible?	<u>6b</u>	+	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g		- 	
b	and services provided to the payor?		 	
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		1	<u> </u>
·	required to file Form 8282?	7c	1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	ersonal		
•	benefit contract?	7е	1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct? 7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as	-	l
	required?	<u>7h</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		<u> </u>	
_	organization, have excess business holdings at any time during the year?	<u>8</u>	╁	
9	Sponsoring organizations maintaining donor advised funds.		 	
a	Did the organization make any taxable distributions under section 4966?		+	<u> </u>
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	1
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? . 12a		
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year		1	1

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

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body]		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	L		
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		l
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	2		
	the year by the following:	l ''		
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
	- tree.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b				<u> </u>
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		l
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		1
11A		1308 - 20	٥	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	l	
а	The organization's CEO, Executive Director, or top management official.	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	2000		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	SHAN'S OF	1	
	with a taxable entity during the year?	16a	Ī	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure		•	
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	only)		
	available for public inspection Indicate how you make these available Check all that apply.	•		
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he		
	organization. ►			
	• • • • • • • • • • • • • • • • • • • •			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compe	ensate any curre	ent off	fice	r, d	lirec	tor, o	r trı	ustee		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
•										
	· · · · · · · · · · · · · · · · · · ·									
			L.							
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Form	990 (2009) WOMEN WATCH AFRIKA, INC										81246		Page 8
Pa	rt VII Section A. Officers, Directors, Tru		nploy	ees,			ghest	t Co			<u>itinue</u>		
	(A)	(B)			•	C)		-63	(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director		Officer	Key employee	Highest compensated at employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organizations (W-2/1099-MIS	,	Estima amount other compens from the organization organiz	nt of er sation the ation ated
		_					<u> </u>						
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1b	Total						<u></u>	. •	0		0		
2	Total number of individuals (including but no reportable compensation from the organizar		se iisi	tea a	ovodi O	e) w	no re	ceiv	ed more than \$	100,000 in			
	reportable compendation from the organiza											Yes	No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sc										3		X
4	For any individual listed on line 1a, is the su												
•	the organization and related organizations	•		•					•				
	individual										4		X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y										5		X
Sec	ction B. Independent Contractors										I		
1	Complete this table for your five highest cor compensation from the organization.	mpensated inde	epend	lent	contr	racto	ors th	at re	eceived more that	an \$100,000	of		
	(A) Name and business a	address			_		-		(B) Description of ser	vices	Comp	(C) pensation	
				•									
					_			ـ					
								-					
		"-						+					
2	Total number of independent contractors (in more than \$100,000 in compensation from			ed to	tho	se lı	sted		ve) who received	ı			
	didi \$ 100,000 iii osinponoddon nom	garnzado			-					L		Form 99	0 (2009

78,600

All other revenue

Total revenue. See instructions. .

58-2581246

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (B) (C) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. . . . 0 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 0 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors. trustees, and key employees 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,220 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 0 10 1,428 11 Fees for services (non-employees): a Management 2.550 1,000 b c Accounting . 800 0 d 1,200 Æ¥ Professional fundraising services. See Part IV, line 17 е f 0 0 Other . g ol 12 13 24.950 14 Information technology ol ol 15 16 Occupancy. 0 17 4,169 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,461 19 Conferences, conventions, and meetings 20 1,610 Payments to affiliates 21 22 2,910 0 Depreciation, depletion, and amortization 23 900 24 ~ > / ' ' ' // g.v Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) OFFICE RENTS 7.174 **SUPPLIES** 2,900 PHONE SERVICES 804 C d CONSULTANTS 1,500 GLORY KILANKO COORDINATION 2.844 All other expenses OTHER EXPENSES 8,500 0 Total functional expenses. Add lines 1 through 24f 79,920 0 Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 2 2 0 3 3 Accounts receivable, net 4 4 0 Receivables from current and former officers, directors, trustees, key - 8) employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D **b** Less: accumulated depreciation 10b 10c 0 0 Investments—publicly traded securities ol 11 11 0 ol 12 12 Investments—other securities. See Part IV. line 11 0 13 Investments—program-related See Part IV, line 11 ol 13 14 ol 14 ol 15 0 15 ol 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 18 18 19 Deferred revenue. 19 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key // //## //** employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 Unsecured notes and loans payable to unrelated third parties ol 24 0 24 Other liabilities. Complete Part X of Schedule D. . . 0 25 25 0 26 Total liabilities. Add lines 17 through 25 26 이 0 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 27 28 28 29 à. Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 0 33 0 Total liabilities and net assets/fund balances 0 34 0

Par	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other			```
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			* *
	Schedule O.	İ		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	× ×		1.81
	issued on a consolidated basis, separate basis, or both:	**		v.Ž
	Separate basis Consolidated basis Both consolidated and separate basis	1		l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		l	
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Fo	m 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 20**09**

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

► See separate instructions. Inspe

Employer identification number

WOM	IEN '	WATCH AFR	IKA, INC							<u> 58-2</u>	5812 4 6		
Par	_	_		narity Status (All o						nstructio	ns.		
The o	rgar		•	ation because it is: (F		_			-	_			
1	닏	•		rches, or association			ed in sec	tion 170(b)(1)(A)(i).			
2	닏			on 170(b)(1)(A)(ii). (A									
3	닏	-		nospital service orgar									
4	Ш		esearch organiza ime, city, and sta	ation operated in conj ate:	unction w	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		_	•	r the benefit of a colle (Complete Part II.)	ege or univ	ersity owr	ned or ope	erated by	a governi	mental ui	nit descr	ibed	
6		A federal, st	ate, or local gov	ernment or governme	ental unit d	lescribed i	in sectior	170(b)(1	1)(A)(v).				
7		_		y receives a substan (1)(A)(vi). (Complete	•	its suppoi	t from a g	governme	ntal unit o	or from th	e genera	al publi	c
8				l in section 170(b)(1		Complete F	Part II.)						
9	Ħ	•	="	y receives: (1) more		-	-	om contri	ibutions, r	members	hip fees	. and a	ross
-		receipts from	n activities relate n gross investme	ed to its exempt functent income and unrelated after June 30, 1975.	ions—subj ated busin	ject to cer ess taxabl	tain exce _l le income	ptions, an (less sec	id (2) no r ction 511 t	nore thar	33 1/3	% of its	
10		An organizat	tion organized a	nd operated exclusiv	ely to test	for public	safety. Se	ee sectio	n 509(a)(4).			
11		An organiza	tion organized a	nd operated exclusiv	ely for the	benefit of	, to perfor	m the fun	ctions of,	or to car	ry out th	e	
		•	•	blicly supported orga					-			section	n
			_	at describes the type				-	te lines 1				
		a Type		Type II c	ш	e III–Fund	•	•		_	ype III-		
е	Ш			y that the organizatio									
		-		on managers and oth	er than on	e or more	publicly s	supported	i organiza	itions des	scribed II	n sectio	on
			section 509(a)(2	·		IDC 45-4	ation on Trans	al Tura	II on Tree	a III aumm			
f			, check this box	a written determination		RS mai	it is a Typ	е і, туре	ii, or Typ	e iii supp	orung		
g		•		the organization acc		aift or con	 Inbution 1	rom anv	of the				
9		following per		organization doc	-p,	3 3							
		(i) A pers	son who directly	or indirectly controls,	either alo	ne or toge	ther with	persons o	described	in (ıi)		Yes	No
		•		verning body of the s		-					11g(i)	\vdash	
		` '	•	person described in	` '						11g(ii)	 	
h				y of a person describ ation about the suppo	• • •	` '					11g(iii)		
				(iii) Type of organization		organization		ou notify	(vi)	ls the	(vii)	Amount	of
(1)		of supported	(ii) EIN	(described on lines 1–9		sted in your		nization in	organizat		:	support	
				above or IRC section (see instructions))	governing	document?	Supp	of your port?		zed in the S ?			
					Yes	No	Yes	No	Yes	No]		
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18

Sched	ule A (Form 990 or 990-EZ) 2009 WOMEN WAT(58-258124	
Par	II Support Schedule for Organi	zations Desc	ribed in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked	the box on line	e <u>5, 7, or 8 of</u>	Part I.)			
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			•			
•	membership fees received. (Do not	j i					
	include any "unusual grants.")]					0
2	Tax revenues levied for the organization's						
2	——————————————————————————————————————						
	benefit and either paid to or expended on its behalf						0
_		· · · · · · · · · · · · · · · · · · ·		_			0
3	The value of services or facilities						
	furnished by a governmental unit to the	ŀ		•			0
	organization without charge		<u>.</u>		-		. 0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each	,	W. C 3		**************************************		
	person (other than a governmental unit	*	, ,		ře.	* ;	
	or publicly supported organization)					·	
	included on line 1 that exceeds 2% of the			, .			
_	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u> </u>		L			0
	ion B. Total Support	1			4 11 0000		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,					l l	
	payments received on securities loans,						
	rents, royalties and income from similar						_
	sources						0
9	Net income from unrelated business	İ					
	activities, whether or not the business is						•
40	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10.	,,,	***		*		0
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o					1	\(2\)
13	organization, check this box and stop here						
							
	ion C. Computation of Public Suppor			. (5)			
14	Public support percentage for 2009 (line 6,		_			14	0.00%
15	Public support percentage from 2008 Scheo					15	0.00%
16a	33 1/3% support test-2009. If the organization						
	and stop here. The organization qualifies a						
b	33 1/3% support test-2008. If the organization	ation did not che	eck a box on lir	ne 13 or 16a, a	nd line 15 is 33	3 1/3% or more	, check this
	box and stop here. The organization qualifi	ies as a publicly	supported org	ganization			▶ 🔙
17a	10%-facts-and-circumstances test-2009.	If the organiza	tion did not che	eck a box on lir	ne 13, 16a, or 1	16b, and line 14	is 10%
	or more, and if the organization meets the "	facts-and-circu	mstances" test	t, check this bo	x and stop he	re. Explain in Pa	art IV how
	the organization meets the "facts-and-circur	mstances" test.	The organizat	ion qualifies as	a publicly sup	ported organiza	ation 🕨 🔲
b	10%-facts-and-circumstances test-2008.						
	or more, and if the organization meets the "	facts-and-circu	mstances" test	t, check this bo	x and stop he	re. Explain in F	art IV how
	the organization meets the "facts-and-circur						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions

Par				tion 509(a)(2))		
500	(Complete only if you checked tion A. Public Support	tne box on line	9 of Part I.)	<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2005	(b) 2000	(6) 2007	(d) 2000	(6) 2003	(i) iotai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						0
							0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						0
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's	 			,		
•	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
h	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						0
. С	Add lines 7a and 7b	0	0		0	0	0
8	Public support (Subtract line 7c from	- %	,	1.5			
	line 6)	K . :	- W.	~, - 4,	• `		0
	tion B. Total Support	1 1					
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	l ol	0	o	o	l ol	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,	1					
	rents, royalties and income from similar					1	
	sources						0
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						_
_	acquired after June 30, 1975						0
С 11	Add lines 10a and 10b	0	0	0	0	0	0
•••	activities not included in line 10b,						
	whether or not the business is regularly	1					
	carried on					l	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,				-		
	and 12.)	0	0		0		0
14	First five years. If the Form 990 is for the or	rganization's firs	t, second, thire	d, fourth, or fiftl	n tax year as a	section 501(c)((3)
	organization, check this box and stop here		· · · · ·	<u> </u>	<u> </u>		▶ <u>L</u>
Sec	tion C. Computation of Public Suppor						
15	Public support percentage for 2009 (line 8, o			olumn (f))		15	0.00%
16	Public support percentage from 2008 Sched			<u> </u>		16	0.00%
	tion D. Computation of Investment Inc					T	
17	Investment income percentage for 2009 (line	e 10c, column (f) divided by lin	e 13, column (f))	17	0.00%
18	Investment income percentage from 2008 S					18	0.00%
19a	33 1/3% support tests-2009. If the organizations there 32 1/2% shock this have and						
	not more than 33 1/3%, check this box and s						▶ ∟
D	33 1/3% support tests-2008. If the organization of						· 🛌
20	line 18 is not more than 33 1/3%, check this box a Private foundation. If the organization did r						. · · • •
20	- mivate ioungation, ii the organization did f	TOT CHECK & DOX	OILIME 14, 198	a. OF 190. CNEC	K UIIS DOX AND	see mistructions	o ▶ I

Schedule A (Form	n 990 or 990-EZ) 2009	WOMEN WATCH AFRIKA, INC	58-2581246	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10	0;
	raitii, iiie ira	or 17b, and Part III, line 12.1 Toylde any other additional information.	Oce mstructions	
		•		
			,	
·:				
•••••				
			,	

			·	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Open to Public Inspection Employer identification number

WOMEN WATCH AFRIKA, INC	58-2581246
	•

Women Watch Afrika Inc. Income Statements For the Year End December 31, 2009

58-	.7	58	1	2	41	ς
-20	┺.	.767	1	~	-	.,

Total Contribution from Grants and Program Service from Government in 2009 Refun Recevied from IRS for Tax Period of 2007	\$75,600.41 3,239.10	
Total Revenue from 01/01/2009 through 12/31/2009		\$78,839.51
Less: Salaries and Administrative Expenses		-9,220.00
Revenue from Total Grants		69,619.51
Less: Other Expenses		
Management Maintenance	2,550.00	
Payroll Taxes	1,428.00	
Legal Fees	1,000.00	
Accounting Professional Service	800.00	
Professional Fundraising Services	1,200.00	
Office Expenses	24,950.00	
Travel Expenses	4,169.00	
Conferences Conventions and Meetings Expenses	5,700.00	
Interest Expenses	1,610.00	
Depreciation, and Amortization Expenses	2.910.00	
Insurance Expenses	900.00	
Office Rents Expenses	7,174.80	
Supplies and Other Expenses	2,900.00	
Phone Services Expenses	804.00	
Service Paid to Consultant	1,500.00	
Glory Kilanko Coordination Expenses	2,844.00	
Other Expenses from Program Services	8 ,500.00	
Total Expenses		70,939.80
Revenue Income/Loss		-1,320.29

Women Watch Afrika Inc. **Balance Sheet Statements** For the Year End December 31, 2009

58-2581246

ACCRUAL BASIS METHODS

CURRENT ASSETS

Current Assets:

	\$1,968.75
	78,939.80
	80,908.55
100.00	
\$3,800.00	
(540.00)	
	2 260 00
	-3,360.00
	77,548.55
	\$70,939.80
	\$3,800.00

CURRENT LI

Account Payable	\$70,939.80
Note Payable	2,252.51
Other Liabilities	4,356.24
	77,548.55