

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**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](http://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 Print	Name of exempt organization, employer, or other filer, see instructions. <b>GLOBAL WOMEN FOUNDATION &amp; BAND OF BROTHERS</b>	Taxpayer identification number (TIN) <b>92-2468175</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 WILSHIRE BLVD, SUITE 700</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA MONICA, CA 90401</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return 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)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• 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 box . 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.

1 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  
 tax year beginning **FEB 3**, 20 **23**, and ending **DEC 31**, 20 **23**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  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.	3a	\$	0.
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.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form 8868 (Rev. 1-2024)

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

**2023**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2023 or tax year beginning **FEB 3, 2023**, and ending **DEC 31, 2023**

Name of foundation <b>GLOBAL WOMEN FOUNDATION &amp; BAND OF BROTHERS</b>		A Employer identification number <b>92-2468175</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>100 WILSHIRE BLVD, SUITE 700</b>	Room/suite	B Telephone number <b>602-400-7119</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SANTA MONICA, CA 90401</b>		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>14,755.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Part II Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)				
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received	37,615.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents				
b 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)		0.		
8 Net short-term capital gain			0.	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss)				
11 Other income	17,444.	0.	17,444.	STATEMENT 1
12 Total. Add lines 1 through 11	55,059.	0.	17,444.	
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees <b>STMT 2</b>	95.	0.	29.	66.
b Accounting fees <b>STMT 3</b>	10,000.	0.	3,040.	6,960.
c Other professional fees				
17 Interest				
18 Taxes				
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications	197.	0.	60.	137.
23 Other expenses <b>STMT 4</b>	47,087.	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. Add lines 24 and 25	57,379.	0.	17,444.	39,935.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-2,320.			
b Net investment income (if negative, enter -0-)		0.		
c Adjusted net income (if negative, enter -0-)			0.	

**GLOBAL WOMEN FOUNDATION &  
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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....		14,755.	14,755.
	2 Savings and temporary cash investments .....			
	3 Accounts receivable .....			
	Less: allowance for doubtful accounts .....			
	4 Pledges receivable .....			
	Less: allowance for doubtful accounts .....			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable .....			
	Less: allowance for doubtful accounts .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock .....			
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis .....			
Less: accumulated depreciation .....				
12 Investments - mortgage loans .....				
13 Investments - other .....				
14 Land, buildings, and equipment: basis .....				
Less: accumulated depreciation .....				
15 Other assets (describe .....				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item 1) .....	0.	14,755.	14,755.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....		17,075.	
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe .....			
23 <b>Total liabilities</b> (add lines 17 through 22) .....	0.	17,075.		
<b>Net Assets or Fund Balances</b>	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions .....			
	25 Net assets with donor restrictions .....			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds .....	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds .....	0.	-2,320.	
29 <b>Total net assets or fund balances</b> .....	0.	-2,320.		
30 <b>Total liabilities and net assets/fund balances</b> .....	0.	14,755.		

**Part III Analysis of Changes in Net Assets or 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) .....	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 <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 29 .....	6	-2,320.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a			
b			
c			
d			
e			

  

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7  
If (loss), enter -0- in Part I, line 7 } **2**

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  
If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in  
Part I, line 8 } **3**

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	0.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3 Add lines 1 and 2	3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6 Credits/Payments:		
a 2023 estimated tax payments and 2022 overpayment credited to 2023	6a	0.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	0.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax <span style="float: right;">Refunded</span>	11	

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**Part VI-A** Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 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. ....		X
1c Did the foundation file Form 1120-POL for this year? .....		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
4b If "Yes," has it filed a tax return on Form 990-T for this year? .....		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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? .....		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 .....	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>CA</u>		
8b 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 .....	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 year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII .....	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses <u>STMT 5</u>	X	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>HTTPS://WWW.GWFBORG/</u>	X	
14 The books are in care of <u>BRANDY GRAY</u> Telephone no. <u>747-224-1253</u> Located at <u>100 WILSHIRE BLVD, SUITE 700, SANTA MONICA, CA</u> ZIP+4 <u>90401</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> N/A		
16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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**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.

**1a** During the year, did the foundation (either directly or indirectly):

- (1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....
- (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....
- (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.) .....

	Yes	No
1a(1)		X
1a(2)	X	
1a(3)		X
1a(4)		X
1a(5)		X
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 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 before the first day of the tax year beginning in 2023? .....

1d		X
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**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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**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 statement - see instructions.) .....

2b		N/A
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**c** If the provisions of section 4942(a)(2) are being applied to any 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 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, Schedule C, to determine if the foundation had excess business holdings in 2023.) .....

3b		N/A
----	--	-----

**4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....

4a		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		X
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**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BRANDY L GRAY 100 WILSHIRE BLVD, STE 700 SANTA MONICA, CA 90401	CHIEF EXECUTIVE OFFICER 40.00	0.	0.	0.
MARC S SCHUSTER 100 WILSHIRE BLVD, STE 700 SANTA MONICA, CA 90401	TREASURER, SECRETARY 10.00	0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(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 plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

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**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services 0

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
SEE STATEMENT 6	37,558.
2	
SEE STATEMENT 7	2,353.
3	
SEE STATEMENT 8	1,271.
4	
SEE STATEMENT 9	0.

**Part VIII-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	0.



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**Part IX** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	11,321.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	11,321.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
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 10	4	9,551.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	1,770.
6	Minimum investment return. Enter 5% (0.05) of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	80.

**Part X** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2023 from Part V, line 5	2a	
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	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	

**Part XI** Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	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	
b	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)

GLOBAL WOMEN FOUNDATION &  
BAND OF BROTHERS

Form 990-PF (2023)

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**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				0.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
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			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2023 distributable amount				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.			0.
6 Enter the net total of each column as indicated below:	0.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract 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 amount - see instructions		0.		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see Instr.			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

GLOBAL WOMEN FOUNDATION &  
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Form 990-PF (2023)

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**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling **02/03/23**

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	0.	0.	0.	0.	0.
b 85% (0.85) of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XI, line 4, for each year listed	39,935.	0.	0.	0.	39,935.
d Amounts included in line 2c not 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:					
(1) Value of all assets	14,755.				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 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt 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					0.

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

GLOBAL WOMEN FOUNDATION &  
BAND OF BROTHERS

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**Part XIV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient 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
<p><i>a Paid during the year</i></p> <p>NONE</p>				
<p><b>Total</b> .....</p>			<b>3a</b>	<b>0.</b>
<p><i>b Approved for future payment</i></p> <p>NONE</p>				
<p><b>Total</b> .....</p>			<b>3b</b>	<b>0.</b>

Form 990-PF (2023)

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue; 2 Membership dues and assessments; 3 Interest on savings and temporary cash investments; 4 Dividends and interest from securities; 5 Net rental income or (loss) from real estate; 6 Net rental income or (loss) from personal property; 7 Other investment income; 8 Gain or (loss) from sales of assets other than inventory; 9 Net income or (loss) from special events; 10 Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Subtotal; 13 Total.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). Row 9: THE FUNDS WERE EXCLUSIVELY USED FOR THE THREE MAJOR EVENTS IN 2023



GLOBAL WOMEN FOUNDATION &  
BAND OF BROTHERS

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable  
Exempt Organizations

Table with 2 columns: Question (1-6), Yes/No. Includes questions about transfers from the reporting foundation to a noncharitable exempt organization and other transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Includes 'N/A' entry.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Includes 'N/A' entry.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee: STEVEN M PIASCIK, Title: EXECUTIVE DIRECTOR.

Paid Preparer Use Only: Print/Type preparer's name: STEVEN M PIASCIK, CPA MT; Preparer's signature; Date; Check self-employed; PTIN: P01003571; Firm's name: PIASCIK; Firm's EIN: 54-2041933; Firm's address: 4470 COX ROAD, SUITE 250, GLEN ALLEN, VA 23060; Phone no.: (804) 527-1815.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

GLOBAL WOMEN FOUNDATION &  
BAND OF BROTHERS

Employer identification number

92-2468175

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)



Name of organization

GLOBAL WOMEN FOUNDATION &  
BAND OF BROTHERS

Employer identification number

92-2468175

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

**Names have been Redacted for  
Publication Purposes**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ 5,870.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GLOBAL WOMEN FOUNDATION &amp;                  BAND OF BROTHERS</b>	Employer identification number <b>92-2468175</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	CHICKEN MEAT FOR FUNDRAISING EVENT <hr/> <hr/> <hr/>	\$ 5,870.	04/01/23
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization

**GLOBAL WOMEN FOUNDATION &  
BAND OF BROTHERS**

Employer identification number

**92-2468175**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF	OTHER INCOME		STATEMENT 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		STATEMENT 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	ACCOUNTING FEES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET 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.

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

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VI-A, LINE 10

STATEMENT 5

NAME OF CONTRIBUTOR

ADDRESS

**Names have been Redacted for  
Publication Purposes**

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.

FORM 990-PF

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.



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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 8

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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.

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

EXPENSES

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1,271.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 9

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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.

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

EXPENSES

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0.

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FORM 990-PF

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) **02/03/2023**, and ending (mm/dd/yyyy) **12/31/2023**

Corporation/Organization name  
**GLOBAL WOMEN FOUNDATION &  
BAND OF BROTHERS**

California corporation number  
**5488466**

Additional Information. See Instructions.

FEIN  
**92-2468175**

Street address (suite or room)  
**100 WILSHIRE BLVD, SUITE 700**

PMB no.

City  
**SANTA MONICA**

State  
**CA** ZIP code  
**90401**

Foreign country name

Foreign province/state/county

Foreign postal code

- A First return  Yes  No
- B Amended return  Yes  No
- C IRC Section 4947(a)(1) trust  Yes  No
- D Final information return?
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date: (mm/dd/yyyy) \_\_\_\_\_
- E Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series
- G Is this a group filing? See Instructions  Yes  No
- H Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

- I Did the organization have any changes to its guidelines not reported to the FTB? See Instructions  Yes  No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See Instructions.  Yes  No
- K Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_
- L Is the organization a limited liability company?  Yes  No
- M Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- N Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- O Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

### Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	17,444	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	37,615	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>STMT 2</b>			
	4	This line must be completed. If the result is less than \$50,000, see General Information B	4	55,059	00
	5	Cost of goods sold	5		00
	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	8	55,059	00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	57,379	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-2,320	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

Sign Here

Signature of officer **EXECUTIVE DIRE** Date \_\_\_\_\_ Telephone **747-224-1253**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  PTIN **P01003571**

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address **PIASCIK  
4470 COX ROAD, SUITE 250  
GLEN ALLEN, VA 23060** Firm's FEIN **54-2041933** Telephone **(804) 527-1815**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

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) **02/03/2023**, and ending (mm/dd/yyyy) **12/31/2023**

Corporation/Organization name  
**GLOBAL WOMEN FOUNDATION &  
BAND OF BROTHERS**

California corporation number  
**5488466**

FEIN  
**92-2468175**

Street address (suite or room)  
**100 WILSHIRE BLVD, SUITE 700**

PMB no.

City  
**SANTA MONICA**

State  
**CA**

ZIP code  
**90401**

Foreign country name Foreign province/state/county Foreign postal code

**A** First return  Yes  No

**B** Amended return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy)

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$

**L** Is the organization a limited liability company?  Yes  No

**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**O** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	17,444	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	37,615	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>STMT 2</b> This line must be completed. If the result is less than \$50,000, see General Information B	4	55,059	00
	5	Cost of goods sold	5		00
	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	8	55,059	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	57,379	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-2,320	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

Signature of officer **EXECUTIVE DIRE** Title Date **747-224-1253** Telephone

Preparer's signature **PIASCIC** Firm's name (or yours, if self-employed) and address **4470 COX ROAD, SUITE 250 GLEN ALLEN, VA 23060** Check if self-employed  **P01003571** Firm's FEIN **54-2041933** Telephone **(804) 527-1815**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**GLOBAL WOMEN FOUNDATION &  
BAND OF BROTHERS**

92-2468175

**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.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See instructions)	6	00
	7	Other income <b>SEE STATEMENT 4</b>	7	17,444 00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	17,444 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 5</b>	11	0 00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	00
	15	Rents	15	00
	16	Depreciation and depletion (See instructions)	16	00
	17	Other expenses and disbursements <b>SEE STATEMENT 6</b>	17	57,379 00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	57,379 00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash				14,755
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets				
13	<b>Total assets</b>		0		14,755
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable <b>STMT 7</b>				17,075
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				-2,320
22	<b>Total liabilities and net worth</b>		0		14,755

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax	8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains	9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule	10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule		
6	Total. Add line 1 through line 5		

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
<p><b>Names have been Redacted for Publication Purposes</b></p>			16,000.
			5,000.
TOTAL INCLUDED ON LINE 3			21,000.

CA 199 NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 2

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
RECON PROCESSING CORP	11 LYRA WAY COTO DE CAZA, CA 92679		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
CHICKEN MEAT FOR FUNDRAISING EVENT	04/01/23	5,870.	5,870.
TOTAL INCLUDED ON LINE 3		5,870.	5,870.

CA 199 AMENDED RETURN INFORMATION STATEMENT 3

DESCRIPTION	AMOUNT
ORIGINAL BALANCE DUE	0
AMENDED BALANCE DUE	0
NO PAYMENT REQUIRED	0



CA 199	OTHER 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.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
LEGAL FEES		95.
ACCOUNTING FEES		10,000.
PRINTING AND PUBLICATIONS		197.
WEBSITE		824.
SHIPPING & POSTAGE		55.
SOFTWARE & APPS		105.
INSURANCE		1,509.
BANK FEES & SERVICE CHARGES		1,210.
MISCELLANEOUS EXPENSES		227.
BUSINESS FILLING FEES		25.
SMALL TOOLS & EQUIPMENT		803.
PROGRAM SERVICE: ADVOCACY EXPENSES		28,560.
PROGRAM SERVICE: VETERANS EVENT		2,353.
PROGRAM SERVICE: VETERANS MISC ASSISTANCE		2,215.
PROGRAM SERVICE: MISC EXPENSES		202.
FUNDRAISING EXPENSES		8,999.
TOTAL TO FORM 199, PART II, LINE 17		57,379.

CA 199	BONDS AND NOTES PAYABLE	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 PAYABLE	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.