| Form | 990 |
|------|------------|
| Form | 390 |

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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



| AI | For the | 2020 calendar year, or tax year beginning and o | ending | | |
|-------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|-----------------------------|
| Β | Check if applicable | c Name of organization | | D Employer identific | cation number |
| | Addres change | | | | |
| | Name chang | Doing business as | | 46-418316 | 50 |
| | Initial return | | Room/suite | E Telephone number | |
| | Final return/ termin | | 900 | 571-490-4 | |
| | ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,553,216. |
| | return | MCLEAN, VA 22102 | | H(a) Is this a group re | |
| | tion | F Name and address of principal officer: MARAKIA REINOLDS | | for subordinates' | |
| | - | SAME AS C ABOVE | - F07 | H(b) Are all subordinates in | |
| <u>+</u> | lax-exe | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c te: ► WWW.NOMEANSNOWORLDWIDE.ORG | or 527 | 1 ['] | list. See instructions |
| | | organization: X Corporation Trust Association Other | L Voor | H(c) Group exemption | State of legal domicile: CA |
| | art I | Summary | | | State of legal domicile. CA |
| | | Briefly describe the organization's mission or most significant activities: $\frac{\text{THE}}{\text{THE}}$ | ORPOR | ATTON TS ORG | ANTZED AND |
| e | ' | IS TO BE OPERATED EXCLUSIVELY TO CARRY OU | | | |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or dispos | | | ets |
| ver | 3 | - | | 3 | 5 |
| පී | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 4 |
| ა ა | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 18 |
| /itie | 6 | Total number of volunteers (estimate if necessary) | | 0 | |
| çti | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | Prior Year | Current Year |
| Ð | 8 | Contributions and grants (Part VIII, line 1h) | | 2,562,660. | 2,536,131. |
| nue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 17,085. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,562,660. | 2,553,216. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 195,235. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. 809,078. | 0. |
| ŝes | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | <u>1,238,172.</u> 0. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Ä | | Total fundraising expenses (Part IX, column (D), line 25) 11,16 2th as surgeous (Part IX, column (A), lines 11, 11, 11, 11, 11, 11, 11, 11, 11, 11 | | 480,693. | 565,987. |
| _ | 1 " | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,289,771. | 1,999,394. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 | | 1,272,889. | 553,822. |
| or | | | | ginning of Current Year | End of Year |
| ets c | 20 | Total assets (Part X, line 16) | | 1,727,203. | 2,462,039. |
| Assets | 21 | Total liabilities (Part X, line 26) | | 43,254. | 69,537. |
| Net | - | Net assets or fund balances. Subtract line 21 from line 20 | | 1,683,949. | 2,392,502. |
| P | | Signature Block | | , , | -,, |

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 officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | Date |
|-------------|------------------------------------------------------------------------|----------------------------|
| Here | MAKARIA REYNOLDS, INTERIM EXECUTIVE DIRECTOR | |
| | Type or print name and title | |
| | Print/Type preparer's name Preparer's_signature, / Date | Check PTIN |
| Paid | SCOTT E. HALLBERG, CPA Just E. Hallby, CPA 11/14/2 | 21 self-employed P01081188 |
| Preparer | Firm's name CALIBRE CPA GROUP, PLLC | Firm's EIN 🕨 47-0900880 |
| Use Only | Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 WEST | - |
| | BETHESDA, MD 20814 | Phone no. 202 - 331 - 9880 |
| May the I | S discuss this return with the preparer shown above? See instructions | X Yes No |
| 032001 12-2 | LHA For Paperwork Reduction Act Notice, see the separate instructions. | Form 990 (2020) |
| a a | DE GOUEDULE O EOD ODGANIZATION MIGGION GEAMENENE GO | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | | S NO WORLDWIDE | 46-418310 | 60 Page 2 |
|--------|-------------------------------------------|---------------------------------------------|---------------------------------------------------------|-----------------------|
| Pa | t III Statement of Program Ser | vice Accomplishments | | |
| | Check if Schedule O contains a re | sponse or note to any line in this Part III | | X |
| 1 | | RGANIZED AND IS TO BE | E OPERATED EXCLUSIVELY TO POSES WITHIN THE MEANING (| ጋF |
| | | | E CODE OF 1986, AS NOW IN | |
| | EFFECT OR AS MAY HER | EAFTER BE AMENDED (TH | HE "CODE"), INCLUDING, WIT | THOUT |
| 2 | Did the organization undertake any signi | icant program services during the year v | vhich were not listed on the | |
| | prior Form 990 or 990-EZ? | | X | Yes 🗌 No |
| | If "Yes," describe these new services on | Schedule O. | | |
| 3 | Did the organization cease conducting, o | r make significant changes in how it cor | nducts, any program services? | Yes 🔀 No |
| | If "Yes," describe these changes on Sch | edule O. | | |
| 4 | • • • | - | e largest program services, as measured by expe | |
| | | | f grants and allocations to others, the total expens | es, and |
| | revenue, if any, for each program service | | 10E 22E | |
| 4a | (Code:) (Expenses \$, | 552,222. including grants of \$ | INING OF INSTRUCTORS ON |) |
| | | | AL AND GENDER-BASED VIOLE | |
| | EMPOWERMENT SELF-DEF | INSE IO PREVENI SEAUP | AL AND GENDER-BASED VIOLEI | |
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| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4d | Other program services (Describe on Sch | nedule O.) | | |
| | (Expenses \$ | including grants of \$ |) (Revenue \$) | |
| 4e | Total program service expenses 🕨 | 1,552,222. | | |
| | | | F | orm 990 (2020) |
| 032002 | 2 12-23-20 | 2 | | |
| | | 2 | | |

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| | | | Yes | No |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | v |
| ~ | similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | x |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the examination receive or held a concernation eccement including accompany to preserve on an approximation | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | x |
| 8 | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| 5 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete | | | |
| _ | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | | X |
| 14a հ | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | | |
| α | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | | 14b | х | |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, " | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 032003 | 12-23-20 | Form | 990 | (2020) |

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| Form 990 (2 | 2020) | NO | MEANS | NO | WORLDW |
|-------------|-----------|-----------|----------|-------|-------------|
| Part IV | Checklist | of Requir | ed Scheo | dules | (continued) |

| | | | Yes | No | | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------|------------|-----|----|--|--|--|--|--|--|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | | | | | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X | | | | | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | í | | | | | | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | í | | | | | | | | |
| | Schedule J | | | | | | | | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | | | | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | í | | | | | | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x | | | | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | | | | | | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | | | | | | | |
| - | any tax-exempt bonds? | 24c | | | | | | | | |
| h | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | | | | | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 210 | | | | | | | | |
| 254 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x | | | | | | |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 234 | | | | | | | | |
| b | | í | | | | | | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 054 | | x | | | | | | |
| | Schedule L, Part I | 25b | | | | | | | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 1 | | | | | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | | | | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X | | | | | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | í | | | | | | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | í | | | | | | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X | | | | | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | | | | | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | | | | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | í | | | | | | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X | | | | | | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X | | | | | | |
| с | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | í | | | | | | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X | | | | | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X | | | | | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | | | | | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X | | | | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X | | | | | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | | | | | | | |
| | Schedule N. Part II | 32 | | x | | | | | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | | | | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x | | | | | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | | | | | | | |
| 04 | | 34 | | x | | | | | | |
| 25.0 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X | | | | | | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | <u>55a</u> | | | | | | | | |
| b | | 05h | | | | | | | | |
| 26 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | | | | | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 00 | | x | | | | | | |
| ~- | If "Yes," complete Schedule R, Part V, line 2 | 36 | | | | | | | | |
| 37 | 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | | | | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X | | | | | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | í | | | | | | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | | | | | | | |
| Pa | | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | | | | | | | |
| | | | Yes | No | | | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | - | | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | וו | | | | | | | | |

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ______ 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Form 990 (2020)

| Form | 990 (2020) NO MEANS NO WORLDWIDE 46-4183 | 160 | Р | age 5 | | | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|--------------|--|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | - | | | | | |
| | | | Yes | No | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 18 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | | | |
| b | If "Yes," enter the name of the foreign country 🕨 | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| 6a | 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 as charitable contributions? | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f 7g | | X | | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| | 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.) | 40 | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40 - | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | <u>13a</u> | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| - | organization is licensed to issue qualified health plans 13b | | | | | | | | |
| | Enter the amount of reserves on hand 13c | 14- | | X | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 45 | | x | | | | | |
| | excess parachute payment(s) during the year? | 15 | | | | | | | |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | x | | | | | |
| 16 | If "Yes," complete Form 4720, Schedule O. | 16 | | - 11 | | | | | |
| | | | | | | | | | |

Form **990** (2020)

032005 12-23-20

| Form 990 | (2020) |
|----------|--------|
|----------|--------|

NO MEANS NO WORLDWIDE

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

| If the boom of the | Image: the number of voting members of the governing body at the end of the tax year Image: there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent Image: the tax year Inter the number of voting members included on line 1a, above, who are independent Image: tax year Inter the number of voting members included on line 1a, above, who are independent Image: tax year Inter the number of voting members included on line 1a, above, who are independent Image: tax year Inter the number of voting members included on line 1a, above, who are independent Image: tax year Inter the number of voting members included on line 1a, above, who are independent Image: tax year Inter the number of voting members included on line 1a, above, who are independent Image: tax year Inter the number of voting members included on line 1a, above, who are independent Image: tax year Inter the number of voting members or key employees to a management company or other person? Image: tax year Inter the organization become aware during the year of a significant diversion of the organization's assets? Image: tax year Inter the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? | | Ye |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------|
| If the boom of the | there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent | 4 | |
| boo b Ent 2 Dic offi 3 Dic 5 Dic 6 Dic 5 Dic 6 Dic 7 Dic 6 Dic 7 Dic 6 Dic 7 Dic 6 Dic 7 Dic 8 Did 8 Did 8 Did 8 Did 9 Is t org 9 Org | add delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Ib inter the number of voting members included on line 1a, above, who are independent Ib id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other ficer, director, trustee, or key employee? id id the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 990 was filed? id the organization become aware during the year of a significant diversion of the organization's assets? id the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or re governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | . 2 3 4 5 5 6 7a 7b 7b 8a | |
| b Entities 2 Dictics 3 Dictics 3 Dictics 3 Dictics 4 Dictics 5 Dictics 6 Dictics 6 Dictics 7a Dictics b Arrest per B b Eactics 9 Is t org ection | Inter the number of voting members included on line 1a, above, who are independent Ib Id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other ficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 990 was filed? id the organization become aware during the year of a significant diversion of the organization's assets? id the organization have members or stockholders? id the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ne governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | . 2 3 4 5 5 6 7a 7b 7b 8a | |
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| of c 4 Dic 5 Dic 6 Dic 7a Dic 7a Dic mo b Are per 8 Did a The b Eac 9 Is t org ection | d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ne governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i> | | |
| 4 Dic 5 Dic 6 Dic 7a Dic mo b Are per 8 Did a The b Eac 9 Is t org ection | In the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | |
| 5 Dic 6 Dic 7a Dic mo b Are per 8 Did a The b Eac 9 Ist org ection | Id the organization become aware during the year of a significant diversion of the organization's assets? Id the organization have members or stockholders? Id the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: he governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i> | . 5 6 . 7a . 7b . 8a | |
| 6 Dic 7a Dic mo b Are per 8 Did a The b Eac 9 Ist org ection | In the organization have members or stockholders? In the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? In the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: In the governing body? In the governing body? In the governing body? In the any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> | 6 7a 7b 8a | |
| 7a Dic mo b Are per 8 Did a The b Eac 9 Ist org ection | d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ne governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> | 7a 7b 8a | |
| mo b Are per 8 Did a The b Eac 9 Ist org ection | ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ne governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i> | 7b 8a | |
| b Are per 8 Did a The b Eac 9 Is t org ection | re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ne governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> | 7b 8a | |
| b Are per 8 Did a The b Eac 9 Is t org ection | re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ne governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> | 7b 8a | |
| 8 Did a The b Ead 9 Ist org ection | d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: he governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i> | 8a | |
| a The b Ead 9 Ist org ection | d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: he governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i> | 8a | |
| b Ead 9 Ist org ection | ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | | |
| b Ead 9 Ist org ection | ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | | |
| 9 Is t org ection | there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O | | Х |
| org ectior | ganization's mailing address? If "Yes," provide the names and addresses on Schedule O | | |
| ectior | | . 9 | |
| | | | |
| | | | Ye |
| Da Dic | d the organization have local chapters, branches, or affiliates? | 10a | |
| | "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | |
| | nd branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| | as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X |
| | escribe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| | d the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| | ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| | d the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | |
| | Schedule O how this was done | 12c | Х |
| | d the organization have a written whistleblower policy? | | X |
| | d the organization have a written document retention and destruction policy? | | X |
| | d the process for determining compensation of the following persons include a review and approval by independent | | |
| | ersons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| | ne organization's CEO, Executive Director, or top management official | 15a | |
| | ther officers or key employees of the organization | | |
| | "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| | Id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | |
| | xable entity during the year? | 16a | |
| | "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | |
| | joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | |
| | cempt status with respect to such arrangements? | . 16b | |
| | on C. Disclosure | . 1100 | |
| 7 Lis | st the states with which a copy of this Form 990 is required to be filed $\blacktriangleright 	ext{CA}$ | | |
| | ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) | (3)s only |) ava |
| | r public inspection. Indicate how you made these available. Check all that apply. | (0)0 01.19 | , |
| | $\overline{\mathbf{X}}$ Own website Another's website $\overline{\mathbf{X}}$ Upon request Other (explain on Schedule O) | | |
| | escribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a | and finar | ncial |
| | atements available to the public during the tax year. | | |
| | tate the name, address, and telephone number of the person who possesses the organization's books and records | | |
| | AMATOU HASSANE-SOULEY - 571-490-4680 | | |
| | 765 GREENSBORO STATION PL., NO. 900, MCLEAN, VA 22102 | | |
| 2006 12-3 | | Eor | m 99 |

71616__1

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

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A) Name and title | (B) Average hours per | (C) Position (do not check more than one box, unless person is both an | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|--------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---|----------|--------|---------------------|------|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
| | week (list any hours for related organizations below line) | | | | irecto | Highest compensated | tee) | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) MAKARIA REYNOLDS BOARD MEMBER, INTERIM EXECUTIVE DIRE | 40.00 | x | | x | | | | 119,632. | 0. | 4,865. |
| (2) LEAH KRUMPHOLZ | 40.00 | | | | | v | | | | |
| DIRECTOR OF PROGRAMS (3) LEE PAIVA | 20.00 | | - | | | X | | 108,909. | 0. | 3,909. |
| FORMER BOARD MEMBER & FORMER CEO | | х | | x | | | | 23,738. | 0. | 1,238. |
| (4) ANNE FIRTH MURRAY | 1.00 | | | | | | | | | |
| DIRECTOR, CO-CHAIR | 1 0 0 | Х | | X | | | | 0. | 0. | 0. |
| (5) CAROL LLOYD | 1.00 | x | | x | | | | 0. | 0. | 0 |
| DIRECTOR, SECRETARY (6) JENNIFER KELLER | 1.00 | ~ | | <u> </u> | | | | 0. | 0. | 0. |
| DIRECTOR, CO-CHAIR | 1.00 | х | | x | | | | 0. | 0. | 0. |
| (7) TANILEE EICHELBERGER | 1.00 | | | | | | | | | |
| DIRECTOR, TREASURER | | х | | Х | | | | 0. | 0. | 0. |
| (8) DAVID LISAK | 1.00 | | | | | | | | | |
| FORMER BOARD MEMBER | | Х | | X | | | | 0. | 0. | 0. |
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Form 990 (2020)

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| | 990 (2020) NO MEANS | NO WORL | ٦DM | ID |)E | | | | | 46-41 | L831 | 160 | Pa | age 8 | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|------------------------|---------|--------------|----------------------------------------------------------------------------------------------------|----------|---------------------------------|-------------------|------------------|------------------|--------------------------------------------------|------------------------------------------------------------------|---------|-------------------------------------------|--|----|
| Par | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | | | | | |
| | (A) Name and title | (B) Average hours per week (list any | Average nours per (do ni box, u week office | | | | er (do not check more than one box, unless person is both an officer and a director/trustee) | | | | than o s both | an | (D) Reportable compensation from the | (E) Reportable compensatio from related organization | on J | (F) Estima amoun othe compens | | of |
| | | hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MIS | | fr org and | om the anizat d relate inizatie | e ion ed | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | 252,279. | | 0. | 1 | 0,0 | | | | | |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | | | | | | | | 0. 252,279. | | 0. | 1 | 0,0 | 0. 12. | | | | |
| 2 | Total number of individuals (including but no compensation from the organization | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | ; | | | 2 | | | | |
| | | | | | | | | | | | | | Yes | No | | | | |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su | - | | | • | | | Ŭ | • • | | | 3 | | x | | | | |
| 4 | For any individual listed on line 1a, is the su | m of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from t | ne organization | | 4 | | x | | | | |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | | | | | | | | | | | 4 | | | | | | |
| Sec | rendered to the organization? If "Yes." com tion B. Independent Contractors | plete Schedule | e J fo | or sı | ich r | oers | on . | | | | <u></u> | 5 | | Х | | | | |
| 1 | Complete this table for your five highest con the organization. Report compensation for t | | | | | | | | | , , | oensat | ion fro | m | | | | | |
| | (A) Name and business | | | ONE | | | | | (B) Description of s | | C. | (C omper | | n | | | | |
| | | | 140 | 7141 | - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | | | | | |
| 2 | Total number of independent contractors (ir | ncluding but no | ot lin | nited | d to t | thos | se lis | ted | above) who received mo | ore than | | | | | | | | |
| | \$100,000 of compensation from the organiz | zation 🕨 | | | | C |) | | | | | Form | 990 (2 | 2020) | | | | |

032008 12-23-20

| | | Check if Schedule O c | contain | s a respor | ise c | or note to any line I | <u>e in this Part VIII</u> . (A) | (B) | (C) | (D) |
|---------------------------|------------|-----------------------------------|-----------|--------------|-------|--------------------------|-------------------------------------|-------------------|-----|-----------------------------------------------------|
| | | | | | | | (A) Total revenue | Related or exempt | | Revenue exclud from tax unde sections 512 - 5 |
| s | 1 a | Federated campaigns | | 1a | | | | | | |
| uno | | | | | | | | | | |
| and Other Similar Amounts | с | Fundraising events | | 1c | | | | | | |
| ΓA | | Related organizations | | | | | | | | |
| nila | | Government grants (contr | | | | 577,677. | | | | |
| 5 | | All other contributions, gifts, | | · — | | | | | | |
| ner | • | similar amounts not included | | | 1. | 958,454. | | | | |
| 5 | a | Noncash contributions included in | | | | | | | | |
| na | 9 h | Total. Add lines 1a-1f | | | | | 2,536,131. | | | |
| 0 | | | | | | Business Code | 1/000/1010 | | | |
| | 0.0 | | | | | Buomedo Ocuc | | | | |
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| evenue | С | | | | _ | | | | | |
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| | е | | | | _ | | | | | |
| | f | All other program service | | | | | | | | |
| | g | Total. Add lines 2a-2f | | | | 🕨 | | | | |
| | 3 | Investment income (incluc | - | | | | | | | |
| | | other similar amounts) | | | | ► | | | | |
| | 4 | Income from investment o | of tax-ex | xempt bor | nd pr | oceeds 🕨 🕨 | | | | |
| | 5 | Royalties | . <u></u> | | | ► | | | | |
| | | | | (i) Real | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | | Rental income or (loss) | 6c | | | | | | | |
| | | Net rental income or (loss) | | | | | | | | |
| | | Gross amount from sales of | | (i) Securiti | es | (ii) Other | | | | |
| | <i>i</i> a | | | () 0004110 | | | | | | |
| | L | assets other than inventory | 7a | | | | | | | |
| | D | Less: cost or other basis | | | | | | | | |
| | | and sales expenses | | | | | | | | |
| | | () | 7c | | | | | | | |
| | | Net gain or (loss) | | | | 🕨 | | | | |
| | 8 a | Gross income from fundraisin | ng event | ts (not | | | | | | |
| | | including \$ | | | | | | | | |
| | | contributions reported on | | - | | | | | | |
| | | Part IV, line 18 | | | 8a | | | | | |
| | b | Less: direct expenses | | | 8b | | | | | |
| | с | Net income or (loss) from | fundrai | sing even | ts | 🕨 | | | | |
| | 9 a | Gross income from gamin | ig activ | ities. See | | | | | | |
| | | Part IV, line 19 | | | 9a | | | | | |
| | b | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | | ► | | | | |
| | | Gross sales of inventory, I | | | | | | | | |
| | | and allowances | | | 10a | | | | | |
| | h | Less: cost of goods sold | | | 10b | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| + | U | | Jaito U | riventor | y | Business Code | | | | |
| | 44 - | | | | | Dusiness Oud | | | | |
| ап | 11 a | | | | | | | + | | |
| evenue | b | | | | _ | | | + | | |
| ev V | С | | | | | 000000 | 10 005 | | | |
| ٦ | | All other revenue | | | | 900099 | 17,085. | | | |
| | е | Total. Add lines 11a-11d | | | | ► | 17,085. | | | |
| | 12 | Total revenue. See instruction | 200 | | | | 2,553,216. | 17,085. | 0. | |

NO MEANS NO WORLDWIDE

032009 12-23-20

Form 990 (2020)

Form 990 (2020) NO MEANS NO WORLDWIDE
Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | (A) | (B) | (C) | <u>X</u> (D) |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|---------------------------------|-------------------------|
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| | Grants and other assistance to domestic | | | | |
| | ndividuals. See Part IV, line 22 | | | | |
| | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | 105 225 | 105 225 | | |
| | ndividuals. See Part IV, lines 15 and 16 | 195,235. | 195,235. | | |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | 149,473. | 93,831. | 54,417. | 1 225 |
| | rustees, and key employees | 149,473. | 93,031. | 54,41/. | 1,225 |
| | Compensation not included above to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| | persons described in section 4958(c)(3)(B) | 873,051. | 548,053. | 317,842. | 7,156 |
| | Other salaries and wages | 075,051. | 540,055. | 517,042. | 7,150 |
| | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) Dther employee benefits | 124,049. | 77,869. | 45,161. | 1,019 |
| | · · · | 91,599. | 57,501. | 33,347. | 751 |
| | Payroll taxes | J1, JJ. | 57,501. | 55,547. | /51 |
| | | | | | |
| | Management | 1,145. | 1,145. | | |
| | | 32,455. | 1,140. | 32,455. | |
| | | 52,455. | | 52,455. | |
| | _obbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | nvestment management fees | | | | |
| - | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) | 265,261. | 235,674. | 29,587. | |
| | Advertising and promotion | 203,201. | 233,0740 | 20,007. | |
| | Office expenses | 53,513. | 24,999. | 28,514. | |
| | nformation technology | 55,515. | | 20,511. | |
| | | | | | |
| | | 20,427. | 1,562. | 18,865. | |
| | Dccupancy | 133,428. | 121,429. | 11,999. | |
| | Payments of travel or entertainment expenses | 155,420. | 101,40,0 | | |
| | for any federal, state, or local public officials | | | | |
| | Conferences, conventions, and meetings | | | | |
| | E | | | | |
| | nterest Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | | | | |
| | | | | | |
| | nsurance Dther expenses. Itemize expenses not covered | | | | |
| a | above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| | STAFF DEVELOPMENT | 36,807. | 36,719. | 88. | |
| - | DUES AND SUBSCRIPTIONS | 17,018. | 9,752. | 7,266. | |
| - | PROGRAM SUPPLIES AND EX | 5,933. | 5,820. | 113. | |
| - | ALLOCATION OF INDIRECT | 0. | 142,633. | -143,648. | 1,015 |
| - | All other expenses | | | . , | _, |
| | Fotal functional expenses. Add lines 1 through 24e | 1,999,394. | 1,552,222. | 436,006. | 11,166 |
| | Joint costs. Complete this line only if the organization | _,, | _, | | ,_; |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

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10 2020.05000 NO MEANS NO WORLDWIDE

Form **990** (2020)

33

Total liabilities and net assets/fund balances

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| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|-----------------------------------------------------------------------------------------------------------------|---------------------------------|----------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 843,568. | 1 | 2,065,741. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 876,447. | 4 | 394,849. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ÿ | 9 | Prepaid expenses and deferred charges | 7,188. | 9 | 1,449. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 1 808 000 | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,727,203. | 16 | 2,462,039. |
| | 17 | Accounts payable and accrued expenses | 43,254. | 17 | 69,537. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| iliti | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | 25 | |
| | 26 | of Schedule D | 43,254. | 25 26 | 69,537. |
| | 20 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X | | 20 | 05,557. |
| ŝ | | and complete lines 27, 28, 32, and 33. | | | |
| Net Assets or Fund Balances | 27 | | 655,979. | 27 | 1,427,870. |
| 3ala | 27 | Net assets without donor restrictions | 1,027,970. | 21 | 964,632. |
| ЫE | | Organizations that do not follow FASB ASC 958, check here | | 20 | 551,052. |
| Fur | | and complete lines 29 through 33. | | | |
| p | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| let , | 32 | Total net assets or fund balances | 1,683,949. | 32 | 2,392,502. |
| ž | 22 | Total lightlition and not assate/fund balances | 1727203 | 22 | 2 462 039. |

2,462,039. Form **990** (2020)

1,727,203.

33

20551114 712177 71616

Form 990 (2020) Part X Balance Sheet

| Form | 990 (2020) NO MEANS NO WORLDWIDE | 46-41 | 83160 | Pad | _{ge} 12 |
|------|---------------------------------------------------------------------------------------------------------------------|-----------|---------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | 4 |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,553 | , 23 | 16. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,999 | , 3 | 94. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 553 | 8,82 | 22. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,683 | 3,94 | 49. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 154 | .,7: | 31. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 2,392 | 2,50 | 02. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2020)

| SCHEDU | LE A |
|--------|------|
|--------|------|

| (Form | 990 | or | 990-EZ) |
|-------|-----|----|---------|
|-------|-----|----|---------|

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

| OMB No. 1545-0047 | |
|-------------------|--|
| 2020 | |

| | | 4947(a)(1) nonexempt charitable trust. | | | | | | | | | | | |
|----------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|------------------------|-----------------|----------------|----------------------------|--|--|--|--|
| Department of the Treasury | | | Attach to Form 990 or Form 990-EZ. | | | | | Open to Public | | | | | |
| | | | Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | Inspection | | | | |
| Name | of the organizati | on | | | | | | Employer | identification number | | | | |
| | | | EANS NO WO | | | | | 4 | 6-4183160 | | | | |
| Par | t I Reason | for Public (| Charity Status. | (All organizations must o | omplete th | nis part.) S | ee instructior | IS. | | | | | |
| The o | rganization is not a | a private found | ation because it is: (I | For lines 1 through 12, c | heck only | one box.) | | | | | | | |
| 1 | A church, co | nvention of ch | urches, or associatio | on of churches described | l in sectio | n 170(b)(⁻ | 1)(A)(i). | | | | | | |
| 2 | A school des | cribed in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | | | | | |
| 3 | A hospital or | a cooperative | hospital service orga | anization described in s | ection 170 |)(b)(1)(A)(i | ii). | | | | | | |
| 4 | A medical res | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | | |
| | city, and stat | city, and state: | | | | | | | | | | | |
| 5 | An organizati | on operated fo | or the benefit of a co | llege or university owned | l or operat | ed by a go | overnmental u | nit describe | ed in | | | | |
| | section 170 | (b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | | | | |
| 6 | A federal, sta | te, or local go | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | | | |
| 7 | An organizati | on that norma | Ily receives a substa | ntial part of its support f | rom a gove | ernmental | unit or from th | ne general p | public described in | | | | |
| | section 170(| b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | | |
| 8 | A community | trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | | | | |
| 9 | An agricultur | al research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | unction with a | land-grant | college | | | | |
| | or university | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or | | | | |
| | university: | | | | | | | | | | | | |
| 10 | X An organizati | on that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from c | ontributio | ns, membersh | ip fees, and | d gross receipts from | | | | |
| | activities rela | ted to its exen | npt functions, subjec | t to certain exceptions; | and (2) no | more than | 33 1/3% of it | s support fi | om gross investment | | | | |
| | income and ι | Inrelated busir | ness taxable income | (less section 511 tax) fro | m busines | sses acqui | red by the org | anization a | fter June 30, 1975. | | | | |
| | See section | 509(a)(2). (Co | mplete Part III.) | | | | | | | | | | |
| 11 | An organizati | on organized a | and operated exclusi | ively to test for public sa | fety. See | section 5 | 09(a)(4). | | | | | | |
| 12 | An organizati | on organized a | and operated exclusi | ively for the benefit of, to | perform t | he functio | ns of, or to ca | rry out the | purposes of one or | | | | |
| | more publicly | supported or | ganizations describe | d in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). (| Check the box in | | | | |
| | lines 12a thro | ough 12d that | describes the type o | f supporting organization | n and com | plete lines | 12e, 12f, and | 12g. | | | | | |
| а | Type I. A s | upporting orga | anization operated, s | upervised, or controlled | by its supp | oorted org | anization(s), t | pically by | giving | | | | |
| | the suppor | ted organizatio | on(s) the power to reg | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | pporting | | | | |
| | organizatio | n. You must c | complete Part IV, Se | ections A and B. | | | | | | | | | |
| b | Type II. A s | supporting org | anization supervised | or controlled in connec | tion with it | s supporte | ed organizatio | n(s), by hav | ing | | | | |
| | control or r | nanagement o | of the supporting orga | anization vested in the s | ame perso | ns that co | ntrol or mana | ge the supp | orted | | | | |
| | organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | | |
| с | Type III fur | nctionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functional | lly integrate | d with, | | | | |
| | its support | ed organizatio | n(s) (see instructions |). You must complete | Part IV, Se | ections A, | D, and E. | | | | | | |
| d | Type III no | n-functionally | / integrated. A supp | orting organization oper | ated in co | nnection v | vith its suppo | ted organiz | ation(s) | | | | |
| | that is not f | functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution red | quirement and | l an attentiv | veness | | | | |
| | requiremen | it (see instruct | ions). You must cor | nplete Part IV, Sections | A and D, | and Part | V. | | | | | | |
| е | Check this | box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | | | | | |
| | functionally | integrated, or | r Type III non-functio | nally integrated supporti | ng organiz | ation. | | | | | | | |
| f | Enter the number | of supported o | organizations | | | | | | | | | | |
| g | | | n about the supporte | | (iv) is the orac | nization listed | | | | | | | |
| | (i) Name of supp | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | ing document? | (v) Amount o | - | (vi) Amount of other | | | | |
| | organizatior | 1 | | above (see instructions)) | Yes | No | support (see ir | istructions) | support (see instructions) | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | 1 | 1 | 1 | 1 | 1 | | | | | | |

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990 EZ) 2020 NO MEANS NO WORLDWIDE Part II Support Schedule for Organizations Described in Sec

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

| Se | ction A. Public Support | | | | | | |
|------|------------------------------------------------------------------------|----------------------|---------------------|---------------------------|---------------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. ction B. Total Support | | | | | | |
| | | (a) 2016 | (b) 2017 | (a) 2018 | (4) 2010 | (a) 2020 | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| - | Amounts from line 4 Gross income from interest. | | | | | | |
| 8 | , | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| • | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 10 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | etc. (see instructi | nns) | | | 12 | |
| | First 5 years. If the Form 990 is for th | - | | | | | |
| | organization, check this box and stor | | | | - | | |
| Se | ction C. Computation of Publi | | | | | | ····· |
| | Public support percentage for 2020 (I | | | column (f)) | | 14 | % |
| | Public support percentage from 2019 | | • | | | 15 | % |
| | 33 1/3% support test - 2020. If the c | | | | | nore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organizatio | ו | | | ► |
| b | 33 1/3% support test - 2019. If the c | organization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | 6 or more, check th | nis box |
| | and stop here. The organization qual | ifies as a publicly | supported organiz | ation | | | ► |
| 17a | 10% -facts-and-circumstances test | - 2020. If the org | ganization did not | check a box on lin | ie 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | s box and stop h e | ere. Explain in Parl | t VI how the organi | zation |
| | meets the facts-and-circumstances te | st. The organization | on qualifies as a p | ublicly supported of | organization | | ► |
| b | 10% -facts-and-circumstances test | - 2019. If the orç | ganization did not | check a box on lin | ie 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | ne facts-and-circur | mstances test, che | eck this box and s | stop here. Explain | in Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | ne organization qu | alifies as a publicl | y supported organ | ization | ► |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box a | and see instruction | s 🕨 |
| | | | | | Sch | edule A (Form 99 | 0 or 990-EZ) 2020 |

Schedule A (Form 990 or 990-EZ) 2020 NO MEANS NO WORLDWIDE

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Sec | ction A. Public Support | | | | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|-----------------------|----------------------|----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 69,466. | 197,021. | 872,075. | 2562660. | 2536131. | 6237353. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 14,065. | | | | | 14,065. |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 83,531. | 197,021. | 872,075. | 2562660. | 2536131. | 6251418. |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | 160,000. | 111,858. | 473,746. | 449,655. | 1195259. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | 0. |
| | amount on line 13 for the year Add lines 7a and 7b | | 160,000. | 111,858. | 473,746. | 449,655. | 1195259. |
| | Public support. (Subtract line 7c from line 6.) | | 100,000. | 111,050. | 115,110. | 449,035. | 5056159. |
| Sec | tion B. Total Support | | | | | | 30301331 |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | 83,531. | 197,021. | 872,075. | 2562660. | 2536131. | 6251418. |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | · | · | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | 17,085. | 17,085. |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 83,531. | 197,021. | 872,075. | 2562660. | 2553216. | 6268503. |
| 14 | First 5 years. If the Form 990 is for th | e organization's fir | st, second, third, f | ourth, or fifth tax y | vear as a section 50 | 01(c)(3) organizatio | n, |
| | check this box and stop here | <u> </u> | • | | | | > |
| | tion C. Computation of Public | • • | | | | | 00.00 |
| | Public support percentage for 2020 (li | | | | | 15 | 80.66 % |
| | Public support percentage from 2019 | | | | | 16 | 80.12 % |
| | • | | | 10 column (6) | | 47 | .00 % |
| | Investment income percentage for 20 | | | | | 17 | |
| | Investment income percentage from 2 33 1/3% support tests - 2020. If the | | | n line 14 and line | | 18 | % Vis pot |
| 199 | more than 33 1/3%, check this box an | | | | | | |
| h | 33 1/3% support tests - 2019. If the | - | • | | | | |
| 5 | line 18 is not more than 33 1/3%, check | | | | | | |
| 20 | Private foundation. If the organizatio | | | | | | ······ |
| | 3 01-25-21 | | , | , | | edule A (Form 990 | or 990-EZ) 2020 |
| | | | 1 5 | | | | - |

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Schedule A (Form 990 or 990 EZ) 2020 NO MEANS NO WORLDWIDE

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1

Yes No

Part IV Supporting Organizations

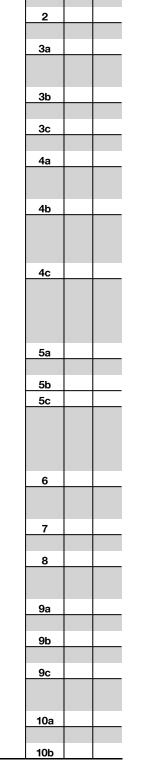
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 NO MEANS NO WORLDWIDE

Part IV Supporting Organizations (continued)

| | | <u> </u> | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----|
| | - | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the supervised.</i> | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | |
| | | | Yes | No |

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box | next to th | ne meth | od tha | at the o | rgani | zation | used | to sa | atisfy | the Integral Part | t Test during the year | (see instructions). |
|---|---------------|------------|---------|--------|----------|-------|--------|------|-------|--------|-------------------|------------------------|---------------------|
| | | | | | | _ | | | | - | | | |

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

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

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2020 NO MEANS NO WORLDWIDE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
|-------------------------------------------------------------------------|---------------------------|--------------------------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructi | ons) 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater a | amount, | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column | A) 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a no | on-functionally integrate | d Type III supporting oraa | anization (see |
| in a transformation and | | | - |

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 NO MEANS NO WORLDWIDE

| Par | t V Type III Non-Functionally integrated 509 | a)(3) Supporting Orga | nizations (continued | <u>d)</u> | |
|-------|-----------------------------------------------------------------|-------------------------------|----------------------------------------|-----------|-------------------------------------------|
| Secti | on D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 3 | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 1 | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| с | From 2017 | | | | |
| d | From 2018 | | | | |
| е | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2016 | | | | |
| b | Excess from 2017 | | | | |
| с | Excess from 2018 | | | | |
| d | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

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| Schedule A | (Form 990 or 990-EZ) 2020 NC |) MEANS NO WORI | JDWIDE | 46-4183160 Page 8 |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Part VI | Supplemental Informat Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; an | ON. Provide the explanatic b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 2 and 3; Part IV, Section E, | ons required by Part II, line 10; Part II 9c, 11a, 11b, and 11c; Part IV, Sectio | , line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V, |
| | (See instructions.) | | | |
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| 032028 01-25-2 | 1 | | 2.0 | Schedule A (Form 990 or 990-EZ) 2020 |

| SCHEDULE [| C |
|------------|---|
|------------|---|

| (Form 990) |) |
|------------|---|
|------------|---|

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

NO MEANS NO WORLDWIDE



Employer identification number

46-4183160

Department of the Treasury Internal Revenue Service Name of the organization

| | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Acco | unts. Complete if the | |
|-----|------------------------------------------------------------------------------------------------|----------------------------------------------|----------------|-------------------------|----------|
| | organization answered "Yes" on Form 990, Part IV, li | ne 6. | | | |
| | | (a) Donor advised funds | (b) F | unds and other account | s |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advis | sed funds | | |
| | are the organization's property, subject to the organization's | s exclusive legal control? | | Yes | No |
| 6 | Did the organization inform all grantees, donors, and donor | advisors in writing that grant funds can be | used only | | |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose | conferring | | |
| | impermissible private benefit? | | | Yes | No |
| Par | rt II Conservation Easements. Complete if the o | rganization answered "Yes" on Form 990, | Part IV, line | 7. | |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply). | | | |
| | Preservation of land for public use (for example, recre | ation or education) 🛛 🗌 Preservation o | of a historica | lly important land area | |
| | Protection of natural habitat | Preservation of | of a certified | historic structure | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | ified conservation contribution in the form | of a conser | vation easement on the | last |
| | day of the tax year. | | | Held at the End of the | Tax Year |
| а | Total number of conservation easements | | 22 | 1 | |
| | | | | b | |
| с | Number of conservation easements on a certified historic st | | | ; | |
| d | | | | | |
| | listed in the National Register | | | 1 | |
| 3 | Number of conservation easements modified, transferred, re | | | on during the tax | |
| | year 🕨 | , 3 | 5 | 3 | |
| 1 | Number of states where property subject to conservation ea | esement is located | | | |
| 5 | Does the organization have a written policy regarding the pe | | | | |
| | violations, and enforcement of the conservation easements | | | Yes | No |
| 3 | Staff and volunteer hours devoted to monitoring, inspecting | | | | |
| | | | | somone danng tro yea | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | dling of violations, and enforcing conserva | ation easem | ents during the year | |
| | \$ | | | shite during the year | |
| 3 | Does each conservation easement reported on line 2(d) abo | ve satisfy the requirements of section 170 | (h)(4)(B)(i) | | |
| , | | | | Yes | No |
|) | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat | | | | NO |
| , | balance sheet, and include, if applicable, the text of the foot | | | | |
| | organization's accounting for conservation easements. | note to the organization's infancial statem | ients that ue | | |
| ar | t III Organizations Maintaining Collections of | f Art. Historical Treasures, or O | ther Simi | ar Assets. | |
| | Complete if the organization answered "Yes" on Forr | | | | |
| | | | | aboat warka | |
| la | If the organization elected, as permitted under FASB ASC 9 | | | | |
| | of art, historical treasures, or other similar assets held for pu | , , | | | |
| | service, provide in Part XIII the text of the footnote to its fina | | | - t | |
| b | If the organization elected, as permitted under FASB ASC 9 | | | | |
| | art, historical treasures, or other similar assets held for publi | c exhibition, education, or research in furt | herance of p | oublic service, | |
| | provide the following amounts relating to these items: | | | • | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | · \$ | |
| | | | | ► \$ | |
| 2 | If the organization received or held works of art, historical tro | | al gain, provi | de | |
| | the following amounts required to be reported under FASB | - | | | |
| | Revenue included on Form 990, Part VIII, line 1 | | | • \$ | |
| b | Assets included in Form 990, Part X | |) | ► \$ | |
| | For Paperwork Reduction Act Notice, see the Instruction | is for Form 990. | | Schedule D (Form 9 | 90) 2020 |
| IA | • | | | • | |



| Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. (continued) a Using the organization's acquisition, accoussion, and other records, check any of the following that make significant use of its collection times (sheet all that apply): a Public do that apply: a Public do that apply: b Protext action for thure generations c Preservation for future generations c Preservation for future generations collections and explain how they further the organization's accumpt by parts (at the organization solucitons of art, historical treasures, or other aimlar assets to be add to englandization solucitons and explain how they further the organization's accumpt by parts (at the organization and custodial arrangements). Complete the analyze accumption soluciton? Yes No Part M Escrow and Custodial Arrangements. Complete the following table: Yes No d If the organization and/out the part XII and complete the following table: Yes No d Her organization and/out the part of the maintering the part of the organization and/out the part of the organization and/o | Sche | | S NO WORLDW | | | | | 4 | 46-41 | 83160 | Pa | age 2 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------|------------------------|------------|----------------|----------------|--------------|-------------|------------|------------|---------|--------------|
| collection terms (check all that apply): Provide a certification of thurs generations Control of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. Control or the second and the organization's collections? Yes No Part V Endowment Funds. Complete if the organization's collection? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance If the year If the organization's and the organization's collection and the organization's activity in the second table of the organization and the organization's activity in the second table of the organization and the second table of the organization include an amount on Form 990, Part X, line 21, for second or cutotidal account line (line) Part V Endowment Funds. Complete the organization include an amount on Form 990, Part X, line 21, for second or part XIII. Part V Endowment Funds. Complete the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete the organization include an advance (line 10, column (a)) held as: a Beard designated or faillies a do draw the estimated organizations include and administered for the organization include an advance (line 10, column (a)) held as: a Beard designated or faillies a do draw | Par | t III Organizations Maintaining C | ollections of Ar | t, Hist | orical Tre | easures, o | r Other | Similar | Assets | (continu | ued) | |
| a Public exhibition d □ can or exchange program b Scholary research e □ Other | 3 | Using the organization's acquisition, accession | on, and other records | s, checł | k any of the t | following that | t make się | gnificant u | se of its | · | , | |
| b Scholarly research c Preservation for future generations Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Diving the year, dd the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Diving the year, dd the organization's collection? Part V Escrow and Cutstochial Arrangements. Complete if the organization's collection? Previde an amount on form 900, Part X, line 21. Ta lis the organization and exempt and the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance C Beginning collection and exempt and the organization's collection? Part V Endowment in Part XIII check here if the explanation has been provided on Part XII C Brow ment Funds. Complete if the organization's collection? Part V Endowment in Part XIII check here if the explanation has been provided on Part XII C Beginning of year balance C Beginning of year ba | | collection items (check all that apply): | | | | | | | | | | |
| C Preservation for future generations Preservation for measure and the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets To be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV Excerve and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV Excerve and Custodial Arrangements. Preservation or form 990, Part X, line 21. Ta is the organization answered 'Yes' on Form 990, Part IV, line 9, or Part IV Excerve and Custodial Arrangements. Preservation or form 990, Part X, line 21. Ta is the organization answered 'Yes' on Form 990, Part IV, line 10. Ta is a different treated and the part of the organization answered 'Yes' on Form 990, Part IV, line 10. Ta is a different treated and the part IV inclusion of the organization answered 'Yes' on Form 990, Part IV, line 10. Ta is explain the arrangement in Part XIII and complete the following table: Ta is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? The part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Ta Begrinning of year balance D Contributions Con | а | Public exhibition | d | | Loan or exc | hange progra | am | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W ESCROW and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 If 'Yes,' explain the arrangement in Part XIII and complete the tollowing table: (e) Editions during the year (fill (a) Customent Part AIII. Check here if the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization answered 'Yes' on Form 900, Part XI Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back (d) Four years back (d) Four years back (d) Four years back (d) Four years back (e) Four years back (e) Four years back (d) Current year delance (ine 1g, column (g) held as: Board designated or quaix-indowment }{56} The percentages on lines 2a, 2b, and 2c should equal 100%. A che there equalization answered 'Yes' on Form 900, Part X, line 10. Theys' hold designated or quaix-indowment }{56} The percentages on lines 2a, 2b, and 2c should equal | b | Scholarly research | e | | Other | | | | | | | |
| S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid for raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. I is the organization angent, intrustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning of year balance C Begint Begin dives of the current year end balance (l | с | Preservation for future generations | | | | | | | | | | |
| tops rold to raise funds rather than to be maintained as part of the organization a collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. 18 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. 19 If the organization is during the year 10 11 10 11 12 10 10 11 Yes No. 20 Didt broubles during the year 10 11 10 11 Yes No. 21 Didt broubles during the year 10 11 Yes No. 20 Didt broubles during the year anamount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 21 Didt broubles during the organization answered "Yes' on Form 990, Part IV, line 10. 10 10 10 21 Porore brainces 10 10 | 4 | Provide a description of the organization's co | ellections and explair | n how th | ney further th | ne organizatio | on's exem | npt purpos | e in Part | XIII. | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial an orther intermediary for contributions or other assets not included on Form 990, Part X Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete the following table: <td< td=""><td>5</td><td>During the year, did the organization solicit o</td><td>r receive donations o</td><td>of art, hi</td><td>storical treas</td><td>sures, or othe</td><td>er similar</td><td>assets</td><td></td><td></td><td></td><td></td></td<> | 5 | During the year, did the organization solicit o | r receive donations o | of art, hi | storical treas | sures, or othe | er similar | assets | | | | |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • <td>_</td> <td></td> <td>No</td> | _ | | | | | | | | | | | No |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Yes No b If 'Yes,'' explinit the arrangement in Part XIII and complete the following table: Image: Complete in the arrangement in Part XIII and complete the following table: Image: Complete intermediate intermedintermedintermediate intermedintermediate intermediate i | Par | | | ete if the | e organizatio | n answered | "Yes" on | Form 990 | , Part IV, | line 9, or | | |
| on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id Id d Additions during the year Id Id d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X ine 10. Image: State Sta | | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | 1a | | | - | | | | | | | | |
| Beginning balance Amount Ic Amount Ic Amount Ic Amount Ic Amount Ic Amount Ic Id Ic Id | | | | | | | | | | Yes | | No |
| c Beginning balance Ic d Additions during the year Ic d Distributions during the year Ic f Ending balance If 2a Distributions during the year If e Distributions during the year If e Distributions If Yes Part VI Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ine to see the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Im Im Im b Contributions Im Im Im Im c Other expenditures for facilities Im Im Im Im d Grants or scholarships Im Im Im Im g End of year balance Im | b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing t | table: | | | | | | | |
| d Additions during the year id e Distributions during the year id f Ending balance if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounti lability? Yes No b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII | | | | | | | | | | Amount | | |
| e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization nas been provided on Part XIII. Part V Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (a) Indicate years back (d) Three years back (e) Four years back g End of year balance (b) Prior year (c) Two years back (e) Four years back g End of year balance (j) Administrative expenditures for facilities (j) Four years (j) Four years < | | | | | | | | | | | | |
| Image: Control of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Control of Control | | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | е | | | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions Contributions Contributions Contributions Contributions a Contributions Contributions Contributions Contributions Contrest back g | f | | | | | | | | | _ | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (c) Two | | - | | | | | | ty? | L | Yes | | No |
| Image: | | | | | | | | | <u></u> | | | |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs | Par | Endowment Funds. Complete i | | | | | | | | _ | | |
| b Contributions | | | (a) Current year | (b) F | Prior year | (c) Two yea | rs back | (d) Three y | ears back | (e) Four | years l | back |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs i f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % the percentages on lines 2a, 2b, and 2c should equal 100%. 3a are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations adi(i) adi(i) b f A coscribe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b b Buildings c Leasehold improvements d d d d d d d d d d d d d d </td <td>1a</td> <td></td> | 1a | | | | | | | | | | | |
| d Grants or scholarships | b | Contributions | | | | | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses | С | Net investment earnings, gains, and losses | | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% ii) Unrelated organizations iii) Related organizations instead as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment iii Acad iii Beated organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. iii A Land ii | d | Grants or scholarships | | | | | | | | | | |
| f Administrative expenses | е | Other expenditures for facilities | | | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% me percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii)3a(ii)3b b Bescribe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements a Land b Buildings c Leasehold improvements a Land b Buildings c Leasehold improvements a Cother a Other c Leasehold inprovements a Cother b Buildings c Leasehold inprovements c Leasehold inpro | | and programs | | | | | | | | | | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Book value (c) Accumulated depreciation (d) Book value (d) Buildings (d) Equipment | f | Administrative expenses | | | | | | | | | | |
| a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | g | End of year balance | | | | | | | | | | |
| b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: % (i) Unrelated organizations % (ii) Related organizations % b If "Yes" on line 3a(ii), are the related organization's endowment funds. % Part VI Land, Buildings, and Equipment. | 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1 | g, column (a |)) held as: | | | | | | |
| c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | а | Board designated or quasi-endowment | | _% | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value basis (investment) basis (other) c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | b | Permanent endowment | % | | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) 3a(i) <td>с</td> <td>Term endowment</td> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | с | Term endowment | % | | | | | | | | | |
| by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Version (C) Accumulated (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0. | | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | | |
| (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 5 5 c Leasehold improvements 5 5 d Equipment 5 5 e Other 5 5 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0. 0. | 3a | Are there endowment funds not in the posse | ssion of the organiza | tion tha | at are held ar | nd administer | red for the | e organiza | tion | _ | | |
| (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | by: | | | | | | | | | Yes | No |
| (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0. | | | | | | | | | | 3a(ii) | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements (d) Equipment e Other (d) must equal Form 990, Part X, column (B), line 10c.) | b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on S | chedule R? | | | | | 3b | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | 4 | | | | | | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | Par | t VI Land, Buildings, and Equipm | ent. | | | | | | | | | |
| basis (investment) basis (other) depreciation 1a Land | | Complete if the organization answered | d "Yes" on Form 990 | , Part IV | /, line 11a. S | See Form 990 |), Part X, I | ine 10. | | | | |
| 1a Land | | Description of property | (a) Cost or o | ther | (b) Cost | t or other | (c) Ad | cumulate | d | (d) Book | value | 9 |
| b Buildings | | | basis (investn | nent) | | | | | | | | |
| b Buildings | 1a | Land | | | | | | | | | | |
| c Leasehold improvements | | | | | | | | | | | | |
| d Equipment | | | | | | | | | | | | |
| e Other | | | | | | | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | | | | | | | | |
| | | | | X colur | nn (R) line 1 | 0c) | | | | | | 0. |
| | | | | | | | | | Schedule | D (Form | 990) | |

| | Complete if the organization answered "Yes" | | 11b. See Form 990, Part X, line 12. | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|--------------------------|
| (a) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | end-of-year market value |
| Financia | al derivatives | | | |
| Closely | held equity interests | | | |
| Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | | |
| art VIII | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" | | 11c. See Form 990, Part X, line 13. | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| tal (Col (| b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | | |
| | | | | |
| art IX | Other Assets. | | | |
| | Other Assets. Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | |
| art IX | Other Assets. Complete if the organization answered "Yes" of | on Form 990, Part IV, line Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| art IX (1) | Other Assets. Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) | Other Assets. Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) | Other Assets. Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) | Other Assets. Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) | Other Assets. Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" (a) (a) | Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (al. (Colu | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | Description | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (al. (Colu | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (| Description | | 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (art X | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (ant X (1) Fed | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (| Description | | 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu art X (1) Fed (2) | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description | | 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (1) Fed (2) (3) | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description | | 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (1) Fed (2) (3) (4) | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description | | 25. |
| art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (1) Fed (2) (3) (4) (5) | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description | | 25. |
| art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (<i>Collu</i> (9) tal. (<i>Collu</i> (9) tal. (<i>Collu</i> (2) (1) Fed (2) (3) (4) (5) (5) (6) | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description | | 25. |
| art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coll) (7) tal. (Coll) (9) (1) Fed (2) (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description | | 25. |
| art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu art X (1) Fed (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description | | 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description | | 25. |

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

Schedule D (Form 990) 2020

032053 12-01-20

| Sche | dule D (Form 990) 2020 NO MEANS NO WORLDWIDE | | | 46-4 | 183160 | Page 4 |
|------|----------------------------------------------------------------------------------|-----------|-----------------|--------|----------|--------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statement | ts With F | Revenue per Ret | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,707, | ,947. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | | |
| b | Donated services and use of facilities | 2b | | | | |
| с | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | | 154,731. | | | |
| е | Add lines 2a through 2d | | | 2e | 154, | ,731. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,553, | ,216. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 2,553, | ,216. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statemer | nts With | Expenses per R | leturr | . | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,999, | ,394. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | | | | |
| b | Prior year adjustments | 2b | | | | |
| с | Other losses | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| е | Add lines 2a through 2d | | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,999, | ,394. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 1,999, | ,394. |
| Pa | t XIII Supplemental Information. | | | | | |

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

PART X, LINE 2:

| NMNW ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING STANDARDS |
|----------------------------------------------------------------------------|
| CODIFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE |
| CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES |
| RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD |
| OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX |
| POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION |
| PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED |
| DECEMBER 31, 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD |
| REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY INFLUENCE ITS |
| TAX-EXEMPT STATUS. IT IS THE FOUNDATION'S POLICY TO RECOGNIZE INTEREST |
| AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN UNRELATED |
| 032054 12-01-20 Schedule D (Form 990) 2020 25 |
| 0551114 712177 71616 2020.05000 NO MEANS NO WORLDWIDE 716161 |

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PPP LOAN PROCEEDS RECOGNIZED AS REVENUE IN AUDITED

FINANCIAL STATEMENTS

Schedule D (Form 990) 2020

032055 12-01-20

20551114 712177 71616

154,731.

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|-----------------------------------------------|-------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Part I General Info | ormation on A | ctivities Out | side the United States. Comple | ete if the organization answered | "Yes" on |
| Form 990, Part | | | | | |
| - | • | | ds to substantiate the amount of its gra | | Yes X No |
| the grantees' eligibility | for the grants or a | assistance, and t | he selection criteria used to award the | grants or assistance? | Yes X No |
| 2 For grantmakers. Des United States. | cribe in Part V the | e organization's | procedures for monitoring the use of its | s grants and other assistance out | side the |
| | | | an be duplicated if additional space is n | | |
| (a) Region | (b) Number of offices in the region | employees, | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| | | | | | |
| | | | PILOT IMSAFER (FOR BOTH | | |
| SUB-SAHARAN AFRICA | 0 | 5 | GIRLS AND BOYS) IN NIGERIA | IMPOWER | 101,447. |
| | | | PILOT IMSAFER (FOR BOTH GIRLS AND BOYS) IN SOUTH | | |
| SUB-SAHARAN AFRICA | 0 | 4 | AFRICA | IMPOWER | 337,764. |
| SUB-SAHARAN AFRICA | 0 | 4 | NMNW HUB LAUNCHED IN PORT ELIZABETH, SOUTH AFRICA | IMPOWER | 386,434. |
| SUB-SAHARAN AFRICA | 0 | 3 | EXPANSION OF IMPOWER PROGRAMING IN UGANDA | IMPOWER | 496,598 |
| SUB-SAHARAN AFRICA | 0 | 4 | LAUNCH IMPOWER ETHIOPIA BY TRAINING AND CERTIFYING 25 IMPOWER TRAINER OF INSTRUCTORS (TOIS), WH | IMPOWER | 113,609. |
| | | | IMSAFER TRAINING AND TECHNICAL ASSISTANCE FOR | | |
| SUB-SAHARAN AFRICA | 0 | 3 | BANTWANA, ZIMBABWE | IMPOWER | 8,108. |
| | | | | | |
| 3 a Subtotal | 0 | 23 | | | 1,443,960. |
| b Total from continuation sheets to Part I | - | 0 | | | 0. |
| c Totals (add lines 3a | 0 | 23 | | | 1 443 960 |

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

Schedule F (Form 990) 2020

032071 12-03-20

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

ates 15, or 16. Open NO MEANS NO WORLDWIDE

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|-------------------------------|-------------------------------------------------|-------------------------|---------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------|----------------------------------------------------|------------------------------------------------------------|
| | | | ENGAGE 24 INSTRUCTORS | | | | | |
| | | | (16 FEMALE AND 8 MALE | | | | | |
| | | SUB-SAHARAN | INSTRUCTORS) TO | | | | | |
| | | AFRICA | CONTINUE IMPLEMENTING | 26,156. | WIRE TRANSFER | 0. | | |
| | | | ENGAGE FEMALE AND | , | | | | |
| | | | MALE IMPOWER | | | | | |
| | | SUB-SAHARAN | INSTRUCTORS TO | | | | | |
| | | AFRICA | CONTINUE IMPLEMENTING | 24,411. | WIRE TRANSFER | 0. | | |
| | | | FURNISH THE NECESSARY | , | | | | |
| | | | PERSONNEL, MATERIALS, | | | | | |
| | | SUB-SAHARAN | SERVICES, AND | | | | | |
| | | AFRICA | , FACILITIES, AND ALL | 79,568. | WIRE TRANSFER | 0. | | |
| | | | , PROVIDE TEMPORARY | , - | | | | |
| | | | ADMINISTRATION AND | | | | | |
| | | SUB-SAHARAN | MANAGEMENT SUPPORT | | | | | |
| | | AFRICA | FOR THE SMALL-SCALE | 65 100. | WIRE TRANSFER | 0. | | |
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| | | | | | | | | |
| 2 Enter total number of | recipient organizatio | I listed above that are | I recognized as charities by the f | l | I | | | |
| | | | or counsel has provided a sect | | | ▶ | | |
| 3 Enter total number of | • | ÷ | or counsel has provided a sect | ion ou i (c)(3) eqt | ivalency letter | | | |

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2020

Page 2

Schedule F (Form 990) 2020 Ν

| IO | MEANS | NO | WORT | TUMTDE |
|----|---------|-----|------|--------|
| | PILIANO | TAC | NOLL | |

46-4183160

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------|--------------------------|---------------------------------|------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------------------------------------------|
| | | | | | | | |
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Schedule F (Form 990) 2020

Page 3

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

Schedule F (Form 990) 2020

032074 12-03-20

Page 5

46-4183160

PART II, COLUMN (D):

Schedule F (Form 990) 2020

REGION: SUB-SAHARAN AFRICA

Part V Supplemental Information

(D) PURPOSE OF GRANT: ENGAGE 24 INSTRUCTORS (16 FEMALE AND 8 MALE

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

NO MEANS NO WORLDWIDE

INSTRUCTORS) TO CONTINUE IMPLEMENTING THE COVID-MODIFIED VERSION OF

IMPOWER TO YOUTH IN MBALE, UGANDA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENGAGE FEMALE AND MALE IMPOWER INSTRUCTORS TO

CONTINUE IMPLEMENTING THE COVID-MODIFIED VERSION OF IMPOWER TO YOUTH IN

TORORO, UGANDA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FURNISH THE NECESSARY PERSONNEL, MATERIALS,

SERVICES, AND FACILITIES, AND ALL OTHER ITEMS NECESSARY TO INTRODUCE

IMPOWER TO SOUTH AFRICA COMMUNITIES WHERE RATES OF SEXUAL VIOLENCE ARE

EXTREMELY HIGH.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDE TEMPORARY ADMINISTRATION AND MANAGEMENT

SUPPORT FOR THE SMALL-SCALE ROLLOUT OF IMPOWER PROGRAMMING IN PORT

ELIZABETH DURING NMN SA'S SETUP PHASE.

032075 12-03-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



46-4183160

NO MEANS NO WORLDWIDE

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

EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE OF 1986, AS NOW IN EFFECT OR AS MAY HEREAFTER BE

AMENDED (THE "CODE"), INCLUDING, WITHOUT LIMITATION: (A) TO TEACH

HIGHLY EFFECTIVE RAPE PREVENTION TECHNIQUES TO WOMEN AND CHILDREN IN

HIGH-RISK AREAS AT AN AFFORDABLE COST; (B) TO EXERCISE ALL RIGHTS AND

POWERS CONFERRED BY THE LAWS OF THE STATE OF CALIFORNIA UPON NON-STOCK

CORPORATIONS, INCLUDING, BUT WITHOUT LIMITATION THEREON, TO RAISE

FUNDS, TO RECEIVE GIFTS, DEVISES, BEQUESTS AND CONTRIBUTIONS, IN ANY

FORM, AND TO USE, APPLY, INVEST, AND REINVEST THE PRINCIPAL AND/OR

INCOME THERE FROM OR DISTRIBUTE THE SAME FOR THE ABOVE PURPOSES; AND

(C) TO ENGAGE IN ANY OTHER ACTIVITY THAT IS CONNECTED WITH OR IN

ADVANCEMENT OF THE FOREGOING PURPOSES AND THAT IS WITHIN THE DEFINITION

OF CHARITABLE AND EDUCATIONAL FOR PURPOSES OF SECTION 501(C)(3) OF THE

CODE; PROVIDED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIMITATION: (A) TO TEACH HIGHLY EFFECTIVE RAPE PREVENTION TECHNIQUES TO WOMEN AND CHILDREN IN HIGH-RISK AREAS AT AN AFFORDABLE COST; (B) то EXERCISE ALL RIGHTS AND POWERS CONFERRED BY THE LAWS OF THE STATE OF CALIFORNIA UPON NON-STOCK CORPORATIONS, INCLUDING, BUT WITHOUT LIMITATION THEREON, TO RAISE FUNDS, TO RECEIVE GIFTS, DEVISES, BEQUESTS IN ANY FORM, AND TO USE, APPLY, INVEST, AND CONTRIBUTIONS, AND REINVEST THE PRINCIPAL AND/OR INCOME THERE FROM OR DISTRIBUTE THE SAME FOR THE ABOVE PURPOSES; AND (C) TO ENGAGE IN ANY OTHER ACTIVITY THAT IS CONNECTED WITH OR IN ADVANCEMENT OF THE FOREGOING PURPOSES AND THAT IS Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032211 11-20-20

20551114 712177 71616

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Name of the organization

NO MEANS NO WORLDWIDE

Employer identification number 46 - 4183160

WITHIN THE DEFINITION OF CHARITABLE AND EDUCATIONAL FOR PURPOSES OF

SECTION 501(C)(3) OF THE CODE; PROVIDED.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

LAUNCH PARTNERSHIPS WITH ORGANIZATIONS IN MULTIPLE COUNTRIES IN ORDER

TO SUPPORT THEM TO OFFER THE IMPOWER PROGRAM TO YOUTH.

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

THE FORM 990 AND RELATED SCHEDULES ARE PREPARED BY NMNW'S INDEPENDENT

ACCOUNTING FIRM UNDER THE SUPERVISION OF THE MANAGING DIRECTOR. THE RETURNS

ARE PROVIDED TO THE BOARD AND THE BOARD IS REQUESTED TO PROVIDE APPROVAL

BEFORE RETURNS ARE FILED WITH THE IRS.

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

THE ORGANIZATION SENDS OUT ITS CONFLICT OF INTEREST POLICY ANNUALLY AS WELL

AS A CONFIRMATION/ANNUAL DISCLOSURE FORM TO THE APPROPRIATE INDIVIDUALS

ANNUALLY.

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

CHANGES IN COMPENSATION OF TOP MANAGEMENT STAFF UTILIZES SALARY AND

COMPENSATION DATA FROM REPORTS INCLUDING GUIDESTAR AND CHARITY NAVIGATOR.

33

DATA IS ANALYZED BASED ON LOCATION, FUNCTION, YEARS OF EXPERIENCE, AND

SECTOR.

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

PROVIDED WHEN REQUESTED BY INDIVIDUALS

FORM 990, PART IX, LINE 11G, OTHER FEES:

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

| NO MEANS NO WORLDWIDE | Employer identification numb 46-4183160 |
|--------------------------------------------------------|--------------------------------------------|
| CONSULTANTS: | · · · · · · |
| PROGRAM SERVICE EXPENSES | 235,674. |
| IANAGEMENT AND GENERAL EXPENSES | 29,587. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 265,261. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 265,261. |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| PP LOAN PROCEEDS RECOGNIZED AS REVENUE IN AUDITED | |
| FINANCIAL STATEMENTS | 154,731. |
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