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)
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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	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
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)
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		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
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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)

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Form 990	(2020)
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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	
2 Dic offi 3 Dic of 0 4 Dic 5 Dic 6 Dic 7a Dic mo b Are per 8 Did a The b Eac 9 Is t org ectior	d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other ficer, director, trustee, or key employee? 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>J f "Yes," provide the names and addresses on Schedule O</i>	. 2 3 4 5 5 6 7a 7b 7b 8a	
offi 3 Dic of 4 1 Dic 5 Dic 6 Dic 7 a Dic 7 a Dic 7 a Dic 7 a Dic 9 Are per 8 Did a The b Eac 9 Is t org ectior	ficer, director, trustee, or key employee? 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," provide the names and addresses on Schedule O		
 3 Dic of 6 4 Dic 5 Dic 6 Dic 6 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>		
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

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

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

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

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

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

• List all of the organization's current key employees, if any. See 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.
000007 10 00 00										Form 990 (2020)

032007 12-23-20

Form 990 (2020)

20551114 712177 71616

	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				
											-+							
											$ \rightarrow$							
			-															
	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	-													
								\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)				

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		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				
	2 a									
P	b				_					
evenue	С				_					
ě	d				_					
	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)				

032010 12-23-20

10 2020.05000 NO MEANS NO WORLDWIDE

Form **990** (2020)

33

Total liabilities and net assets/fund balances

NO MEANS NO WORLDWIDE

		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
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(Form	990	or	990-EZ)
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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)				
			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

46-4183160 Page 2

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

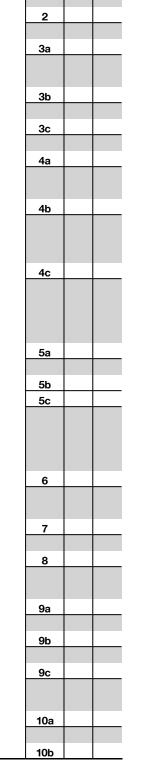
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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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032024 01-25-21



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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17

- 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

032026 01-25-21

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

032027 01-25-21

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.)			
032028 01-25-2	1		2.0	Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE [C
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(Form 990))
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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
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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			-								
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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:							
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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.

NO MEANS NO WOF	RLDWIDE			46-41831	
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.		
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)

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

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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.

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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.

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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.

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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:

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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.