	000
Form	330

## \*PUBLIC DISCLOSURE COPY \*

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.



Dep Inter	artment o nal Reve	nue Service Go to www.irs.gov/Form990 for instructions and the lat	est information.	Inspection	
		e 2021 calendar year, or tax year beginning and ending		•	
	Check if applicab	le: C Name of organization	D Employer identificat	tion number	
Address change NO MEANS NO WORLDWIDE					
	Name		46-4183160	0	
	Initial returr				
	Final returr	1765 CREENSBORD STATION DI. 900	508-564-34	421	
	termi ated		<b>G</b> Gross receipts \$	3,533,973.	
	Amer returr	MCDEAN, VA 22102	H(a) Is this a group retu	Irn	
	Appli tion	F Name and address of principal officer: GERMARD FRIEDRICH	for subordinates?	Yes X No	
	pendi	SAME AS C ABOVE	H(b) Are all subordinates inclu	ded? Yes No	
		empt status: $X = 501(c)(3) = 501(c)( ) = (insert no.) = 4947(a)(1) or$	527 If "No," attach a lis	t. See instructions	
		te: WWW.NOMEANSNOWORLDWIDE.ORG	H(c) Group exemption r		
			rear of formation: 2013 M S	State of legal domicile: CA	
P	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: NO MEANS			
Governance		AN INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIO			
ŝ	2	Check this box I if the organization discontinued its operations or disposed of n	1 1		
Ň	3			9	
		Number of independent voting members of the governing body (Part VI, line 1b)		8	
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		22	
Activities &	6	Total number of volunteers (estimate if necessary)		0	
Act	7a	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 2,536,131.	Current Year 3,533,973.	
en	8	Contributions and grants (Part VIII, line 1h)	2,550,151.	<u> </u>	
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,085.	0.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,553,216.	3,533,973.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         Grants and similar amounts paid (Part IX, column (A), lines 1-3)	195,235.	457,395.	
	13		0.	<u> </u>	
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,238,172.	1,590,782.	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
nec	h	Total fundraising expenses (Part IX, column (D), line 25) 36, 249.			
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	565,987.	925,259.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,999,394.	2,973,436.	
	19	Revenue less expenses. Subtract line 18 from line 12	553,822.	560,537.	
JC 1			Beginning of Current Year	End of Year	
ets (	20	Total assets (Part X, line 16)	2,462,039.	3,368,949.	
Ass	21	Total liabilities (Part X, line 26)	69,537.	415,910.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	2,392,502.	2,953,039.	
	art II	Signature Block	,	,	
	lor pop	alties of periury I declare that I have examined this return, including accompanying schedules and sta	tamonte, and to the bast of my kr	and balliof it is	

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.

	Signature of officer			Date			
		ERIM EXECUTIVE DIRECT	'OR				
	Type or print name and title						
Prin	t/Type preparer's name	Preparer's signature	Date		Check	PTIN	
SC	OTT E. HALLBERG, CPA		,,				
Firm	i's name 🍗 CALIBRE CPA GROUI	P, PLLC		Firm's	s EIN ▶ 47	-0900880	
Firm	n's address 💊 7501 WISCONSIN AV	VENUE, SUITE 1200 WES	Τ				
	BETHESDA, MD 208	14		Phone	e no. 202 -	331-9880	
RS di	scuss this return with the preparer shown abo	ve? See instructions				X Yes	No
9-21	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.				Form <b>990</b>	(2021)
	SCO Firm Firm	GERHARD FRIEDRICH, INTI Type or print name and title Print/Type preparer's name SCOTT E. HALLBERG, CPA Firm's name CALIBRE CPA GROUD Firm's address 7501 WISCONSIN AN BETHESDA, MD 2083 CRS discuss this return with the preparer shown about	GERHARD FRIEDRICH, INTERIM EXECUTIVE DIRECT Type or print name and title Print/Type preparer's name SCOTT E. HALLBERG, CPA Firm's name CALIBRE CPA GROUP, PLLC Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 WES BETHESDA, MD 20814 CS discuss this return with the preparer shown above? See instructions	GERHARD FRIEDRICH, INTERIM EXECUTIVE DIRECTOR         Type or print name and title         Print/Type preparer's name       Preparer's signature         SCOTT E. HALLBERG, CPA       Preparer's signature         Firm's name       CALIBRE CPA GROUP, PLLC         Firm's address       7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814         RS discuss this return with the preparer shown above? See instructions	GERHARD FRIEDRICH, INTERIM EXECUTIVE DIRECTOR         Type or print name and title         Print/Type preparer's name       Preparer's signature         SCOTT E. HALLBERG, CPA       Date         Firm's name       CALIBRE CPA GROUP, PLLC         Firm's address       7501 WISCONSIN AVENUE, SUITE 1200 WEST         BETHESDA, MD 20814       Phone	GERHARD FRIEDRICH, INTERIM EXECUTIVE DIRECTOR         Type or print name and title         Print/Type preparer's name         SCOTT E. HALLBERG, CPA         Firm's name       CALIBRE CPA GROUP, PLLC         Firm's address       7501 WISCONSIN AVENUE, SUITE 1200 WEST         BETHESDA, MD 20814       Phone no.202 –	GERHARD FRIEDRICH, INTERIM EXECUTIVE DIRECTOR         Type or print name and title         Print/Type preparer's name       Preparer's signature         SCOTT E. HALLBERG, CPA       Preparer's signature         Firm's name       CALIBRE CPA GROUP, PLLC         Firm's address       7501 WISCONSIN AVENUE, SUITE 1200 WEST         BETHESDA, MD 20814       Phone no. 202-331-9880         RS discuss this return with the preparer shown above? See instructions       X Yes

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2021) NO MEANS NO WORLDWIDE	46-4183160	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission: NO MEANS NO WORLDWIDE (NMNW) TRAINS INSTRUCTORS IN HIGH- ENVIRONMENTS TO DELIVER THE PROVEN NO MEANS NO CURRICULA	TO YOUTH AGE	ES
	10-20. THE PROGRAM TEACHES YOUTH SKILLS TO RECOGNIZE VIO		
	UNDERSTAND ISSUES OF BOUNDARIES AND CONSENT, AND EMBRACE	AND STAND II	N
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	XYes	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expenses, an	nd
4a	(Code:) (Expenses \$2, 523, 273. including grants of \$457, 395. ) (Reven		)
	DEVELOPING CURRICULUM AND CONDUCTING TRAINING OF INSTRUC	TORS ON	
	EMPOWERMENT SELF-DEFENSE TO PREVENT SEXUAL AND GENDER-BA	SED VIOLENCE	•
41-			
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$	)
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 2,523,273.		
		Form 9	<b>90</b> (2021)
132002	2 12-09-21		
	2		

 Form 990 (2021)
 NO
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		<u> </u>
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>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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,	11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		- 23
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	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. See instructions	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		<u>X</u>
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	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	0000	X
132003	3 12-09-21	Form	<b>AAO</b> (	(2021)

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	rt IV Checklist of Required Schedules (continued)			<u></u>
			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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	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?	. <b>24b</b>		<u> </u>
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. <b>24d</b>		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. <b>25</b> a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? 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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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 the 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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. <u>28b</u>		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV			X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	. 29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<u> </u>		X
31		. 31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	. 000		<u> </u>
5	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?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
•••	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c	Х	
132004	\$ 12-09-21	Forr	n <b>990</b>	(2021)
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	990 (2021) NO MEANS NO WORLDWIDE		46-4183	160	P	age <b>5</b>
	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,		22			
L	filed for the calendar year ending with or within the year covered by this return	<u>2a</u>		0	x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Δ	
20	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions			3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>			3b		- 11
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х
b	If "Yes," enter the name of the foreign country	oooum	····	14		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
Зa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	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 ser	vices pr	ovided to the payor?	7a		Х
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	as requ	ired			
	to file Form 8282?	1 1		7c		Х
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 co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
•				8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a b				9b		
0	Section 501(c)(7) organizations. Enter:			50		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
2a	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	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	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				
с	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.		_			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	e?	16		X
6						
6	If "Yes," complete Form 4720, Schedule O.					
	If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in					
5 7	If "Yes," complete Form 4720, Schedule O.			17		

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Form 990	(2021)
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 Form 990 (2021)
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

[	Х	

Sec	tion A. Governing Body and Management					
10	Enter the number of voting members of the governing body at the and of the tax year	10	(	9	Yes	No
ia	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	-		4		
2	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
0				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form					X
5	Did the organization become aware during the year of a significant diversion of the organization's as					X
6	Did the organization have members or stockholders?			6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
-	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
a	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue (	Code.)			
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	on Schedule O how this was done	,		12c	х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approv	al by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	s			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	T (section 501(c)(3	)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on Scl	hedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of	f interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records			
	RAMATOU HASSANE-SOULEY - 240-2851587					
	44927 GEORGE WASHINGTON BLVD, STE 265, ASHBURN, VA	20	147			
2006	12-09-21			Form	9 <b>90</b>	(202
	6					
11	21 712177 71616 2021.05000 NO MEANS	S NO	WORLDWIDE		71	61

Form 990 (2021) NO MEANS NO WORLDWIDE	46-4183160	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe	est 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 of	ending with or within the organization's	s tax year.
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organization)</li> </ul>	ons), regardless of amount of compensations	ation.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		98	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con /ee	~	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MAKARIA REYNOLDS	40.00	_		0	×	<u> </u>	ш			
BOARD MEMBER, INTERIM EXEC		х		x				144,251.	0.	1,074.
(2) LEAH KRUMPHOLZ	40.00							•		
DIRECTOR OF PROGRAMS						x		106,859.	Ο.	0.
(3) ANNE FIRTH MURRAY	1.00									
DIRECTOR, CO-CHAIR		х		х				0.	0.	0.
(4) CAROL LLOYD	1.00									
DIRECTOR, SECRETARY		Х		Х				0.	0.	0.
(5) JENNIFER KELLER	1.00									
DIRECTOR, CO-CHAIR		Х		Х				0.	0.	0.
(6) TANILEE EICHELBERGER	1.00									
DIRECTOR, TREASURER		Х		Х				0.	0.	0.
(7) MOITREYEE SINHA	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(8) DEAN PEACOK	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(9) LAURA CHYU	0.00									
DIRECTOR		Х		Х				0.	0.	0.
(10) ANUOLUWA ISHOLA	0.00									
DIRECTOR		Х		х				0.	0.	0.
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Form 990 (2021)

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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 Positi (do not check m box, unless pers officer and a dir					n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on J	an	(F) stimate nount other opensa	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/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	fr org an	rom th anizat d relat anizati	e ion ed
											-+			
			-											
											-+			
1h	Subtotal								251,110.		0.		1,0	74.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							D re	251,110.	000 of reportable			1,0	/4.
	compensation from the organization												Yes	2 No
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	ſ		163	
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4		X
	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors										<u></u>	5		Х
1	Complete this table for your five highest co		•							, ,	bensat	ion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin I		ear.		(0	ר –	
	(A) (B) Name and business address NONE Description of services C							C		nsatio	n			
2	Total number of independent contractors (in	•	ot lir	niteo	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	J					Form	<b>990</b> (	2021)

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Form	<u>1 99</u> rt V	0(2	NO MEANS NO	) W	ORLDWIDE			46-4183	160 Page <b>9</b>
				nsa	or note to any lin	e in this Part VIII			
			Check if Schedule O contains a respo			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
Am G			Fundraising events 1c						
Gift ilar			Related organizations 1d		700 600				
ns, Simi			Government grants (contributions) <b>1e</b>		708,608.				
utio		f	All other contributions, gifts, grants, and	ົ່	825,365.				
Oth		~	similar amounts not included above <b>1f</b> Noncash contributions included in lines 1a-1f <b>1g</b> \$		023,303.				
Con		y h	Total. Add lines 1a-1f		•	3,533,973.			
0					Business Code				
e	2	а							
e vic		b							
Se		с							
ram Seve		d							
Program Service Revenue		е							
Ъ			All other program service revenue						
	3		Total. Add lines 2a-2f						
	3		Investment income (including dividends, ir other similar amounts)						
	4		Income from investment of tax-exempt bo						
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
	_		Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securit	les	(ii) Other				
		<b>b</b>	assets other than inventory <b>7a</b>						
е		D	Less: cost or other basis     and sales expenses     7b						
enue		с	Gain or (loss)						
			Net gain or (loss)		<b>&gt;</b>				
Other Rev			Gross income from fundraising events (not						
Oth			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
			Less: direct expenses	8b					
			Net income or (loss) from fundraising even		<b>&gt;</b>				
	9	а	Gross income from gaming activities. See Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming activities		<b>&gt;</b>				
			Gross sales of inventory, less returns						
			and allowances	10a					
			Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inventor	ry					
sr					Business Code				
neo(	11								
Miscellaneous Revenue		b c							
isc. Re			All other revenue						
Σ			Total. Add lines 11a-11d		<b>&gt;</b>				
	12		Total revenue. See instructions			3,533,973.	0.	0.	0.
13200	9 12-	-09-		_					Form <b>990</b> (2021)

Form 990 (2021) NO MEANS NO WORLDWIDE
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	X
Dor	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	457,395.	457,395.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	252,184.	189,715.	61,445.	1,024
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,043,319.	784,877.	254,207.	4,235
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	188,861.	142,078.	46,016.	767
0	Payroll taxes	106,418.	80,054.	25,929.	435
1	Fees for services (nonemployees):				
а	Management				
	Legal	8,694.	369.	8,325.	
	Accounting	73,995.		73,995.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)	639,848.	568,509.	51,339.	20,000
2	Advertising and promotion				
3	Office expenses	97,310.	26,443.	64,817.	6,050
4	Information technology	-	-		
15	Royalties				
6	Occupancy	15,568.		15,568.	
7	Travel	41,731.	41,698.	33.	
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	10,898.		10,898.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	32,778.		32,335.	443
b	STAFF DEVELOPMENT	2,517.	2,647.	-130.	
c	PROGRAM SUPPLIES AND EX	1,920.	1,920.		
	ALLOCATION OF INDIRECT	0.	227,568.	-230,863.	3,295
	All other expenses				, , , , ,
5	Total functional expenses. Add lines 1 through 24e	2,973,436.	2,523,273.	413,914.	36,249
6	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)				

132010 12-09-21

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Form 990 (2021)

Part X Balance Sheet

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

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,065,741.	1	2,749,510.
	2	Savings and temporary cash investments	_,,	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	394,849.	4	609,882.
	5	Loans and other receivables from any current or former officer, director,	0,01,01,0		
	ľ	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 disgualified persons (as defined			
	ľ	(1)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ase	9	Prepaid expenses and deferred charges	1,449.	9	9,557.
		Land, buildings, and equipment: cost or other	= / = = > *		570071
	100	basis. Complete Part VI of Schedule D 10a			
	h	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,462,039.	16	3,368,949.
	17	Accounts payable and accrued expenses	69,537.	17	369,433.
	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	
S	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	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			
		of Schedule D	0.	25	46,477.
	26	Total liabilities. Add lines 17 through 25	69,537.	26	415,910.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	1,427,870.	27	1,532,983.
Ba	28	Net assets with donor restrictions	964,632.	28	1,420,056.
pun		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
ц		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	0 000 500	31	0.050.000
Se	32	Total net assets or fund balances	2,392,502.	32	2,953,039.
	33	Total liabilities and net assets/fund balances	2.462.039.	33	3.368.949.

2,462,039.

33

3,368,949. Form **990** (2021)

Form	1990 (2021) NO MEANS NO WORLDWIDE	46-4	183160	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,533	s, 9'	73.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,973		
3	Revenue less expenses. Subtract line 2 from line 1	3	560		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,392	2,50	02.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	2,953	8,03	<u>39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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 on Schedule	О.			
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	X	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<b> </b>
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
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			37
	Act and OMB Circular A-133?		3a		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nan	ne of t	the organization		ייי דאית דם					identification number $6-4183160$
Pa	rt I	Reason for Public (	EANS NO WOI Charity Status		omolete ti	nis nart ) Se	e instruction		0-4103100
								3.	
1 <b>1</b>		ization is not a private found A church, convention of ch					\/ <b>A</b> \/i\		
2	$\square$	A school described in secti	,				)(A)(I).		
2	$\square$	A hospital or a cooperative		-		V6V4VAV;;;	1		
3 4	$\square$	A medical research organiza						(iiii) Enter	the hospital's name
4		city, and state:	ation operated in cor	junction with a nospital	uescribeu	Section	1110(0)(1)(A		the hospital s hame,
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
6		section 170(b)(1)(A)(iv). (C		antal unit described in	anation 1	70/6//4//8/			
6 7	$\square$	A federal, state, or local gov An organization that norma	-				-	o gonoral r	aublic described in
'		section 170(b)(1)(A)(vi). (C	•	ittal part of its support if	on a gove			e general j	
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city,	and state of	the college	or
		university:							
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acquir	ed by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	. ,						
11		An organization organized a							
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	is of, or to ca	rry out the	purposes of one or
		more publicly supported or	-						Check the box on
		lines 12a through 12d that o				-		-	
а		<b>Type I.</b> A supporting orga	-		• • •	-			
		the supported organization			majority c	of the direct	tors or truste	es of the su	ipporting
-		organization. You must o	-						
b		<b>Type II.</b> A supporting org							
		control or management o			ame perso	ns that cor	itrol or manag	ge the supp	oorted
		organization(s). You mus							
С		☐ Type III functionally inte						ly integrate	d with,
		its supported organization	. , . ,	•			-		
d		J Type III non-functionally	• •					•	
		that is not functionally int	0	<b>e</b> ,	•			an attentiv	/eness
_		requirement (see instructi	,	. ,					
е		Check this box if the orga functionally integrated, or					турет, туре	i, iype iii	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
g		vide the following information	•	d organization(s)					
3		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
				<i></i>					
Γota	ai								

	A (Form 990) 202
Part II	Support So

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
faile to gualify under the teste listed below, places complete Dart III.)

fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	ction A. Public Support				-		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.						
Se	ction B. Total Support		1	1	-		
	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	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						
12	1 ,	,	,			12	
13	First 5 years. If the Form 990 is for the	•					. —
<u></u>	organization, check this box and sto	ohere					
	ction C. Computation of Public						
	Public support percentage for 2021 (I		•			14	%
							<u>%</u>
108	a 33 1/3% support test - 2021. If the other base. The experimentian events						
	stop here. The organization qualifies		•			( ar mara abaali th	
	o 33 1/3% support test - 2020. If the organization gual	•				-	
17		. ,				and line 14 is 10%	
1/6	a 10% -facts-and-circumstances test and if the organization meets the fact		-				
	meets the facts-and-circumstances te		-	•	•		
	10% -facts-and-circumstances test	-				17a and line 15 is	► 🗆
	more, and if the organization meets the		-				
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
		and hot oncon a		a, 100, 17a, 01 17			(Form 990) 2021
							· · · · · · · · · · · · · · · · · · ·

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

(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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	197,021.	872,075.	2562660.	2536131.	3533973.	9701860.
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						
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	197,021.	872,075.	2562660.	2536131.	3533973.	9701860.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons	150,000.	111,858.	473,746.	449,655.	500,755.	1686014.
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 amount on line 13 for the year						0.
c	Add lines 7a and 7b	150,000.	111,858.	473,746.	449,655.	500,755.	1686014.
8	Public support. (Subtract line 7c from line 6.)						8015846.
Sec	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	197,021.	872,075.	2562660.	2536131.	3533973.	9701860.
10 <i>a</i>	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 Net income from unrelated business activities not included on 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.)	197,021.	872,075.	2562660.	2553216.	3533973.	9718945.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatic	on,
	check this box and stop here	<u></u>				<u></u>	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	82.48 %
	Public support percentage from 2020					16	80.66 %
Sec	ction D. Computation of Inves	tment Income	e Percentage			· · · ·	
	Investment income percentage for 20			ne 13, column (f))		17	.00 %
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box ar a 33 1/3% support tests - 2020. If the	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	► X
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						
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#### 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.)

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#### 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
- 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")? // "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?
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

10b

1

2

3a

3b

3c

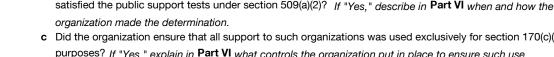
4a

4b

4c

Yes No

# 5a 5b 5c 6 7 8 9a 9b 9c 10a



Schedule A	(Form 990) 2021	NO	MEANS	NO	WORLDWIDE
Part IV	Supporting Organi	zation	s (continu	ed)	

1

2

1

2

3

2a

2b

3a

Yes No

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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. Section 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
 Image: Control organization was vested in the same persons that controlled or managed
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Sec	Section D. All Type III Supporting Organizations							
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?							
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 <b>Part VI</b> how							
	the organization maintained a close and continuous working relationship with the supported organization(s).							

3	By reason of the relationship described on 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. Section E. Type III Functionally Integrated Supporting Organizations

	 	 	 -	
4	, .	 	 	(000 in

1				e Integral Part Tes	st 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.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 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 on 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

17 1 05000 NO

1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
Sect	on 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 instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 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		
Sect	on 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 non-function	ally integrate	d Type III supporting orga	nization (see

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
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	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

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Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	NO MEAI	IS NO	WORLDWIDE		46-4183160 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	rmation. Pro 1, 2, 3b, 3c, 4b, , lines 2 and 3; F	vide the e 4c, 5a, 6, Part IV, Se	xplanations required b 9a, 9b, 9c, 11a, 11b, ection E, lines 1c, 2a, 2	by Part II, line 10; Part II, line 17a and 11c; Part IV, Section B, line 2b, 3a, and 3b; Part V, line 1; Pa 5 complete this part for any addi	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
	(See instructions.)					
132028 01-04-2	2			20		Schedule A (Form 990) 202

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

46-4183160

NO	MEANS	NO	WORLDWIDE
e or the organization			

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

46-4183160

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$ <u>479,486.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>203,566.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>78,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$114,648.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$54,264.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$36,176.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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12101121 712177 71616

23 2021.05000 NO MEANS NO WORLDWIDE

Name of organization

Employer identification number

46-4183160

#### NO MEANS NO WORLDWIDE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$18,088.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>85,846.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>37,571.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    10</u>		\$700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$250,755.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of organization

Page **2** Employer identification number

46-4183160

#### NO MEANS NO WORLDWIDE

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person     X       \$ 30,000.     Payroll       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14_		Person     X       \$ 25,556.     Payroll       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$     71,313.       \$     71,313.         Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16_		*       85,487.         *       85,487.         *       85,487.         *       Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$     87,966.     Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>18</u> 123452 11-11-		\$

Schedule B (Form 990) (2021)

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2021.05000 NO MEANS NO WORLDWIDE

Name of organization

Page 2 Employer identification number

46-4183160

#### NO MEANS NO WORLDWIDE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,810.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

12101121 712177 71616

Name of organization

Employer identification number

46-4183160

#### NO MEANS NO WORLDWIDE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

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#### 12101121 712177 71616

2021.05000 NO MEANS NO WORLDWIDE

Schedule E	3 (Form 990) (2021)		Page 4
Name of or	rganization		Employer identification number
NO MEZ	ANS NO WORLDWIDE		46-4183160
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sect	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	. For organizations ss for the year. (Enter this info. once.) <b>&gt;</b> \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	_
F		(e) Transfer of gift	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
			—   ———
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			·
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(0) 000 01 girt	
			_
ŀ		(_) <b>T</b> uran for a for the	
		(e) Transfer of gift	
Ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

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### 12101121 712177 71616

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		Supplementa	I Financial Statements		OMB No. 1545-0047
Form 990		• •	inization answered "Yes" on Form 990,		2021
1 0/11/ 000	<i>'</i>	Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
Department of nternal Reven	the Treasury		Attach to Form 990. 0 for instructions and the latest informat	ion.	Open to Public Inspection
	he organization	NO MEANS NO WORLDWI	DE	Em	ployer identification number $46 - 4183160$
Part I	-	ions Maintaining Donor Advised answered "Yes" on Form 990, Part IV, line	I Funds or Other Similar Funds on 6.	r Accou	nts. Complete if the
			(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts
1 Tota	I number at end	of year			
		contributions to (during year)			
		grants from (during year)			
		end of year			
		-	riting that the assets held in donor advised	funds	
are t	he organization	's property, subject to the organization's e	exclusive legal control?		
6 Did 1	the organization	inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be us	ed only	
for c	haritable purpo	ses and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring	
impe	ermissible privat	e benefit?	- 	-	Yes No
DentI					
Part II	Conserva	tion Easements. Complete if the org	anization answered "Yes" on Form 990, Pa		
		tion Easements. Complete if the org rvation easements held by the organizatio			
	ose(s) of conse		n (check all that apply).	rt IV, line 7	
	ose(s) of conse	rvation easements held by the organizatio of land for public use (for example, recreat	n (check all that apply).	rt IV, line 7 historically	y important land area
	oose(s) of conse Preservation o	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat	n (check all that apply). ion or education) Preservation of a	rt IV, line 7 historically	y important land area
1 Purp	oose(s) of conse Preservation of Protection of Preservation of	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space	n (check all that apply). ion or education) Preservation of a	rt IV, line 7 historically certified h	y important land area
1 Purp	oose(s) of conse Preservation of Protection of Preservation of	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space	n (check all that apply). ion or education) Preservation of a Preservation of a	rt IV, line 7 historically certified h	y important land area
1 Purp 2 Com day	oose(s) of conse Preservation of Protection of i Preservation of pplete lines 2a th of the tax year.	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualifie	n (check all that apply). ion or education) Preservation of a Preservation of a	rt IV, line 7 historically certified h a conserva	y important land area istoric structure ation easement on the last
1 Purp 2 Com day a Tota	oose(s) of conse Preservation of Protection of I Preservation of Inplete lines 2a th of the tax year.	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualifi servation easements	n (check all that apply). ion or education) Preservation of a Preservation of a ed conservation contribution in the form of	rt IV, line 7 historically certified h a conserva	y important land area istoric structure ation easement on the last
1 Purp 2 Com day a Tota b Tota	oose(s) of conse Preservation of Protection of l Preservation of plete lines 2a th of the tax year. I number of con acreage restrict	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualifi servation easements ted by conservation easements	n (check all that apply). ion or education) Preservation of a Preservation of a ed conservation contribution in the form of	rt IV, line 7 historically certified h a conserva 2a 2b	y important land area istoric structure ation easement on the last
1 Purp 2 Com day a Tota b Tota c Num	oose(s) of conse Preservation of Protection of Preservation of Preservation of plete lines 2a th of the tax year. I number of con acreage restrict ober of conserva	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualifie servation easements cted by conservation easements tion easements on a certified historic stru	n (check all that apply). ion or education) Preservation of a Preservation of a ed conservation contribution in the form of	rt IV, line 7 historically certified h a conserva 2a 2b 2c	y important land area istoric structure ation easement on the last
1 Purp 2 Com day a Tota b Tota c Num d Num	pose(s) of conse Preservation of Protection of Preservation of plete lines 2a th of the tax year. I number of con acreage restrict other of conserva-	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualifier servation easements cted by conservation easements tion easements on a certified historic stru tion easements included in (c) acquired at	n (check all that apply). ion or education) Preservation of a Preservation of a ed conservation contribution in the form of cture included in (a)	rt IV, line 7 historically certified h a conserva 2a 2b 2c	y important land area istoric structure ation easement on the last
1 Purp 2 Com day a Tota b Tota c Num lister	bose(s) of conse Preservation of Protection of of Preservation of plete lines 2a th of the tax year. I number of con acreage restrict ober of conserva- ber of conserva-	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space mough 2d if the organization held a qualifier servation easements cted by conservation easements tion easements on a certified historic stru tion easements included in (c) acquired at I Register	n (check all that apply). ion or education) Preservation of a Preservation of a ed conservation contribution in the form of cture included in (a) fter 7/25/06, and not on a historic structure	historically certified h a conserva 2a 2b 2c 2d	/ important land area istoric structure ation easement on the last Held at the End of the Tax Yea
1 Purp 2 Com day a Tota b Tota c Num lister	oose(s) of conse Preservation of Protection of I Preservation of Preservation of the tax year. I number of conserva aber of conserva the not conserva ber of conserva	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space mough 2d if the organization held a qualifier servation easements cted by conservation easements tion easements on a certified historic stru tion easements included in (c) acquired at I Register	n (check all that apply). ion or education) Preservation of a Preservation of a ed conservation contribution in the form of cture included in (a) fter 7/25/06, and not on a historic structure	historically certified h a conserva 2a 2b 2c 2d	/ important land area istoric structure ation easement on the last Held at the End of the Tax Yea
1 Purp 2 Com day a Tota b Tota c Num lister 3 Num year	Pose(s) of conse Preservation of Protection of f Preservation of plete lines 2a th of the tax year. I number of conserva aber of conserva ber of conserva ber of conserva	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space mough 2d if the organization held a qualifier servation easements cted by conservation easements tion easements on a certified historic stru tion easements included in (c) acquired at I Register	n (check all that apply). ion or education) Preservation of a Preservation of a ed conservation contribution in the form of cture included in (a) fter 7/25/06, and not on a historic structure eased, extinguished, or terminated by the or	historically certified h a conserva 2a 2b 2c 2d	/ important land area istoric structure ation easement on the last Held at the End of the Tax Yea
1 Purp 2 Com day a Tota b Tota c Num lister 3 Num year 4 Num	bose(s) of conse Preservation of Protection of Preservation of Preservation of Preservation of plete lines 2a th of the tax year. I number of conserva aber of conserva ber of conserva ber of conserva ber of conserva	rvation easements held by the organizatio of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualifie servation easements ted by conservation easements tion easements on a certified historic stru tion easements included in (c) acquired at I Register	n (check all that apply). ion or education) Preservation of a Preservation of a ed conservation contribution in the form of cture included in (a) fter 7/25/06, and not on a historic structure eased, extinguished, or terminated by the or ement is located	historically certified h a conserva 2a 2b 2c 2d	/ important land area istoric structure ation easement on the last Held at the End of the Tax Yea
1 Purp 2 Com day a Tota b Tota c Num d Num lister 3 Num year 4 Num 5 Doe	bose(s) of conse Preservation of Protection of of Preservation of Preservation of Preservation of plete lines 2a th of the tax year. I number of conserva- aber of conserva- ber of conserva- ber of states who s the organization	rvation easements held by the organization of land for public use (for example, recreat natural habitat of open space nrough 2d if the organization held a qualifie servation easements cted by conservation easements tion easements on a certified historic stru- tion easements included in (c) acquired at I Register tion easements modified, transferred, rele	n (check all that apply). ion or education) Preservation of a Preservation of a ed conservation contribution in the form of cture included in (a) fter 7/25/06, and not on a historic structure eased, extinguished, or terminated by the or ement is located odic monitoring, inspection, handling of	rt IV, line 7 historically certified h a conserva 2a 2b 2c 2c 2d ganizatior	y important land area istoric structure ation easement on the last Held at the End of the Tax Yea during the tax

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶\$

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)? Yes	No No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	

organ	nization's accounting for conservation easements.
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the	organization elected as permitted under FASB ASC 958 not to report in its revenue statement and balance sheet works

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	heet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990. Part VIII, line 1	▶ \$

b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	le
	(ii) Assets included in Form 990, Part X	►	\$
			Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

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Par	t III Organizations Maintaining C	ollections of Art,	Hist	torical Tre	easures, o	r Other	Simila	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records,	chec	k any of the	following that	t make sig	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how t	hey further th	ne organizatio	on's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, h	istorical trea	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of the	e orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Complet	e if th	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing	table:							
									Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	1, for	escrow or cu	ustodial acco	unt liabilit	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanati	on has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization ans	werec	d "Yes" on Fo	orm 990, Part	IV, line 1	0.		_		
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	( <b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1	a. column (a	)) held as:						
а	Board designated or quasi-endowment	•	%	3, (	,,						
b	Permanent endowment		_/*								
		/°									
-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ion th	at are held ar	nd administer	red for the	organiza	ation			
00	by:	oolon of the organizat					o organize		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm		mont								
	Complete if the organization answere	d "Yes" on Form 990,	Part I	V, line 11a. S	See Form 990	), Part X, I	ine 10.				
	Description of property	(a) Cost or oth	ner	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Bool	k valu	е
		basis (investme	ent)	. ,	(other)		reciation		.,		
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		colu	mn (R) line 1	0c)						0.
					<u></u>			Schedule	D (Form	990)	-

Dout VII	Investments	Other Securities	
Schedule D	(Form 990) 2021	NO MEANS NO	) WORLDWIDE

	nvestments - Other Securities. Complete if the organization answered "Yes" (	on Form 990. Part IV. line <sup>-</sup>	11b. See Form 990. Part X. line 12	
	n of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
) Financial of				
	ld equity interests			
Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
t <b>al</b> . (Col. (b)	must equal Form 990, Part X, col. (B) line 12.) 🕨			
	nvestments - Program Related.			
0	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 end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
t <b>al</b> . (Col. (b)	must equal Form 990, Part X, col. (B) line 13.) 🕨			
	Other Assets.			
(	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Columi art X   0	n (b) must equal Form 990, Part X, col. (B) line Dther Liabilities.	15.)		
		na Fauna 000 Davit IV ( line a		
(	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
	(a) Description of liability			(b) Book value
				AC 175
	UNDABLE ADVANCE			46,477
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				46,477

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) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 NO MEANS NO WORLDWIDE		46-4	183160 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.	<u></u> _
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			3,533,973.
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.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3,533,973.
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			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,533,973.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	nses per Returr	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	2,973,436.
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			2,973,436.
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	? <u>.)</u>	5	2,973,436.
Pa	rt 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, 2021, 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					
132054 10-28-21 Schedule D (Form 990) 2021 32					
101121 712177 71616 2021.05000 NO MEANS NO WORLDWIDE 71616					

Schedule D (Form 990) 2021 NO MEA Part XIII Supplemental Information (co	ANS NO WORLDWIDE	46-4	183160 Page 5
Part XIII Supplemental Information (co	ntinued)		
BUSINESS INCOME TAX EXPENS	E.		
DODINIDO INCOME IAM EMIEND	<u> </u>		
		Schedu	ıle D (Form 990) 202
132055 10-28-21			
	33		
01121 712177 71616	2021.05000	NO MEANS NO WORLDWII	DE 7161

Nan	ne of the organization					Employer identi	fication number
NO	MEANS NO WOR	LOWIDE				46-41831	50
	art I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "	Yes" on
	 Form 990, Part I\				Ŭ		
1	For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra	ants and other a		
	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
•	<b>.</b>						
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	ner assistance out	side the
3		he following Part	I. line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	investments
			in the region				in the region
					IMPLEMENT N	O MEANG NO	
					GENDER BASE		
SUB	-SAHARAN AFRICA	0	3	PROGRAM SERVICES	PREVENTION	D VIOLENCE	2,509,579.
			_				
	a Subtotal	0	3				2,509,579.
b	• Total from continuation sheets to Part I	0	0				0.
	<b>Totals</b> (add lines 3a						· · ·
	and 3b)	0	3				2 509 579.

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.

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

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

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.

<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	IMPLEMENT NO MEANS NO GENDER BASED VIOLENCE PREVENTION IN KIKUBE DISTRICT OF UGANDA	74 656	WIRE TRANSFER	0.		
		SUB-SAHARAN	PROVIDE TEMPORARY ADMINISTRATION AND MANAGEMENT SUPPORT					
		AFRICA	FOR THE SMALL SCALE	380,027.	WIRE TRANSFER	0.		
		1						
	nization by the IRS, o	or for which the grantee	recognized as charities by the f or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	└ ▶		2

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page **2** 

Schedule F (Form 990) 2021

(a) Type of grant or assistance

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.

(d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

(b) Region

(c) Number of

recipients

132073 12-20-21

(g) Description of

noncash assistance

46-4183160

(f) Amount of

noncash

assistance

**(h)** Method of valuation (book, FMV, appraisal, other)

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Schedule F (Form 990) 2021 NO MEANS NO WORLDWIDE

Part V Supplemental Information

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.

PART I, LINE 2:

NO MEANS NO WORLDWIDE MAINTAINS AN OPERATING POLICIES AND PROCEDURES

MANUAL THAT PROVIDE GUIDANCE FOR EFFECTIVE CONTROL OVER AND

ACCOUNTABILITY FOR ALL RESOURCES, WHILE ENABLING THE ORGANIZATION TO

OPERATE IN FULL COMPLIANCE WITH ESTABLISHED LAWS AND REGULATORY

REQUIREMENTS AND IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING

PRINCIPLES AND AUDITING STANDARDS. FOR INSTANCE:

1) ALL GRANT RELATED EXPENDITURES REQUIRE MANAGERS' PRIOR APPROVALS TO

ENSURE THAT EXPENSES ARE INCURRED WITHIN THE GRANT OBLIGATION/PERIOD

AND ARE CONSISTENT WITH THE GRANT AGREEMENT REQUIREMENTS;

2) THE FINANCE DEPARTMENT IS RESPONSIBLE FOR ENSURING THAT ALL

EXPENDITURES INCLUDE THE NECESSARY DOCUMENTATION AND APPROPRIATE

AUTHORIZATIONS PRIOR TO DISBURSEMENT;

3) MONTHLY BUDGET MONITORING TO ENSURE THAT FUNDING IS APPROPRIATELY

ALLOCATED.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPLEMENT NO MEANS NO SCALE UP GENDER BASED

VIOLENCE PREVENTION IN EASTERN AND NORTHERN UGANDA

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 SETUP PHASE

132075 12-20-21

Schedule F (Form 990) 2021

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on				r 19,	or if the	2021	
	c	organization entered more than \$1							
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>							Open to Public Inspection	
Name of the organization		5					Employer ide	entification number	
							46-4183		
Part I Fundrais required to	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not	
a X Mail solicitat b X Internet and c Phone solici d In-person so	tions email solicitations tations licitations		tion of tion of fundra	non-g gover iising	overnment grants nment grants events	tees	or		
key employees list	ed in Form 990, P ) highest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessi	onal fi	undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
LINDA LYSAKOWSKI -	1765	PROFESSIONAL FUNDRAISING	Yes	No					
GREENSBORO STATION	PL.,	CONSULTATION		x	0.		20,000.	-20,000.	
Total							20,000.	-20,000.	
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

NO MEANS NO WORLDWIDE

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
se	5	Noncash prizes				
Direct Expense:	6	Rent/facility costs				
lirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10		n 9 in column (d)		►	
_	11	Net income summary. Subtract line 10 from li				
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	( ) Dull take (a start		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	Νο	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Het gaming moorne sammary. Castract me r				
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	) IT "	Yes," explain:				
		)-21-21			Caba	dule G (Form 990) 2021

Schedule G (Form 990) 2021 NO MEANS NO WORLDWIDE	46-4183160 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a pa	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13</b> a %
<ul> <li>b An outside facility</li> <li>14 Entry the name and address of the person who property the exception's game</li> </ul>	
14 Enter the name and address of the person who prepares the organization's gamin	g/special events books and records.
Name	
Address 🕨	
	ion receives gaming revenue?
<b>15a</b> Does the organization have a contract with a third party from whom the organizati	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$	and the amount
of gaming revenue retained by the third party  \$	
c If "Yes," enter name and address of the third party:	
Name	
Address 🕨	
16 Gaming manager information:	
Name	
Gaming manager compensation ► \$	
Description of services provided	
Director/officer Employee Independent	contractor
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from t	
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to othe	er exempt organizations or spent in the
organization's own exempt activities during the tax year <b>&gt;</b> \$	
<b>Part IV</b> Supplemental Information. Provide the explanations required by	
15b, 15c, 16, and 17b, as applicable. Also provide any additional informat	tion. See instructions.
·····	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIC	3HEST PAID FUNDRAISERS:
(I) NAME OF FUNDRAISER: LINDA LYSAKOWSKI	
(I) ADDRESS OF FUNDRAISER: 1765 GREENSBORO S	STATION PL., MCLEAN, VA 22102
132083 10-21-21	Schedule G (Form 990) 2021

12101121 712177 71616

Schedule G (Form 990) 2021

	(continued)	
132084 11-18-21		Schedule G (Form 9

12101121 712177 71616

42 71616\_\_1 2021.05000 NO MEANS NO WORLDWIDE

SCHEDULE O (Form 990) 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.

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2021 Open to Public Inspection

OMB No. 1545-0047

NO MEANS NO WORLDWIDE

Employer identification number 46-4183160

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

END SEXUAL AND GENDER-BASED VIOLENCE AGAINST WOMEN AND CHILDREN

GLOBALLY.

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

THEIR OWN POWER. NMNW IS IN A PERIOD OF SIGNIFICANT GROWTH, EXCITED TO

BE TAKING STEPS TO SCALE THE PROGRAM ON A GLOBAL LEVEL.

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

LAUNCHED NEW NO MEANS NO PROGRAMMING IN ZIMBABWE THROUGH HOSPAZ AND

MAVAMBO AND IN NEW MEXICO.

THE MAIN PROGRAM OBJECTIVES WERE TO TRAIN AND CERTIFY NO MEANS NO

INSTRUCTORS IN AND AROUND HARARE, ZIMBABWE AND IN MONTERREY, CITY OF

NEW MEXICO.

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.

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

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization NO MEANS NO WORLDWIDE	Employer identification number 46-4183160
FORM 990, PART VI, SECTION B, LINE 15:	
CHANGES IN COMPENSATION OF TOP MANAGEMENT STAFF UTILIZES S	ALARY AND
COMPENSATION DATA FROM REPORTS INCLUDING GUIDESTAR AND CHA	RITY NAVIGATOR.
DATA IS ANALYZED BASED ON LOCATION, FUNCTION, YEARS OF EXP	ERIENCE, AND
SECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
PROVIDED WHEN REQUESTED BY INDIVIDUALS	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	568,509.
MANAGEMENT AND GENERAL EXPENSES	51,339.
FUNDRAISING EXPENSES	20,000.
TOTAL EXPENSES	639,848.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	639,848.
PART XII LINE 2C	
NO CHANGES TO THE PROCESS FROM THE PRIOR YEAR.	
100040 11 11 01	Sobodulo O (Earm 990) 2021