Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury

Open to Public

	Far the		do to www.ins.gov/r o/misso for histractions and the latest				7. 1			
			dar year, or tax year beginning , 2021, and ending			, 20				
В	Check if	f applicable:	C Name of organization WEEMA International, Inc.			loyer identification n	umber			
Ш	Address	change	Doing business as		45-2	947589				
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telep	hone number				
	Initial re	turn	PO Box 987		(978)290-1008				
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	Acton, MA 01720		G Gross	s receipts \$1,319	,345.			
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return f	for subordinates? Yes	x No			
			Liz McGovern, 100 Main Street, Maynard, MA 017	54 H(b) Are all si	ubordinat	tes included? Yes	i ☐ No			
ī	Tax-exe	mpt status:	X 501(c)(3)			ist. See instructions.				
	•			H(c) Group ex	xemption	number ►				
_	art I	Summa				g				
	1		cribe the organization's mission or most significant activities: To em	nower Eth	ionia	n communiti				
ø	-		clean water access, education, economic oppor				<u>CD</u>			
auc			all driven by local leadership and community c			.1 (11				
Ĕ	2		box ► ☐ if the organization discontinued its operations or disposed			f ite not accete				
ŏ	3				3		7			
<u>ფ</u>	4		independent voting members of the governing body (Part VI, line 1b)		4		6			
Se	5		per of individuals employed in calendar year 2021 (Part V, line 2a)		5		5			
ξ					6		0			
Activities & Governance	6		per of volunteers (estimate if necessary)							
٩	7a		, , , , , , , , , , , , , , , , , , , ,		7a		0.			
	b	inet unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b		0.			
		0		Prior Year		Current Yea				
ne	8		ons and grants (Part VIII, line 1h)	1,367,	312.	1,319,	340.			
Je n	9	•	ervice revenue (Part VIII, line 2g)							
Revenue	10		t income (Part VIII, column (A), lines 3, 4, and 7d)	5,	564.		<u>5.</u>			
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	_	ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,372,	876.	1,319,	345.			
	13		similar amounts paid (Part IX, column (A), lines 1-3)							
	14	-	aid to or for members (Part IX, column (A), line 4)							
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	229,	165.	284,	207.			
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e) 							
ă	b	Total fundr	raising expenses (Part IX, column (D), line 25) ▶90,168.							
ш	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,227,	369.	957,	288.			
	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,456,	534.	1,241,	495.			
	19	Revenue le	ess expenses. Subtract line 18 from line 12	-83,	658.	77,	850.			
Net Assets or Fund Balances				Beginning of Curr	ent Year	End of Year				
sets	20	Total asset	ts (Part X, line 16)	1,456,	319.	1,587,	793.			
t As	21	Total liabili	ties (Part X, line 26)	118,	050.	198,	727.			
울춘	22	Net assets	or fund balances. Subtract line 21 from line 20	1,338,	269.	1,389,	066.			
	art II	Signatu	re Block							
			, I declare that I have examined this return, including accompanying schedules and state			my knowledge and b	elief, it is			
tru	e, correc	t, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowled	lge.					
Siç	gn	Signati	ure of officer	Date						
He	re	Liz	McGovern, President							
			r print name and title							
	اہ:	Print/Type	preparer's name Preparer's signature Da	ate	Check	if PTIN				
Pa		Daniel	E. Schaffner, CPA	1/14/2022	self-em	_	03			
	epare	Firm's non			EIN ►	04-3447507				
US	e On	IV	dress ► 8 ESSEX STREET, NEWBURYPORT, MA 01950			078)462-2161				
Ma	v the IF		this return with the preparer shown above? See instructions			[2] M	No			

Part		response or note to any line in this Pa	ort III	
1	Briefly describe the organization's miss			· · · · <u></u>
•	To empower Ethiopian commu	nition		
	through clean water access		ctunity and health	
	care - all driven by local			
	care arrangement by rocar	included bridge and community.		
2	Did the organization undertake any sig	nificant program services during the year	ar which were not listed on the	
	prior Form 990 or 990-EZ?			Yes 🗵 No
	If "Yes," describe these new services o	n Schedule O.		_
3	Did the organization cease conducting		ow it conducts, any program	
	services?			Yes ⊠ No
	If "Yes," describe these changes on Sc	hedule O.		
4	Describe the organization's program se		three largest program services, a	s measured by
	expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,	(4) organizations are required to report		
	the total expenses, and revenue, if any,	Tor each program service reported.		
4a	(Code:) (Expenses \$ _1,03	9 753 including grants of \$	0) (Bevenue \$	0)
	To empower Ethiopian commu			
	economic opportunity and h			
	and community collaboration	-	-	
	The Organization's main pr	narams are:		
	1. Clean water access			
	2. Education			
	3. Economic empowerment			
	4. Medical/Healthcare			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on S	chedule O.)		
		grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	1,039,753.		

FOIII 990 (20)	21)	
Part IV	Checklist of Required Schedules	

			res	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	×	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		×
ŭ	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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If "Yes," complete Schedule D, Part IV </i>	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, III, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		×
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a	×	
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	×	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
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		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		×
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			
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	19 20a		×
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		×

Part	Checklist of Required Schedules (continued)			
	one on the quine a contraction (continue of)		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		×
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			
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	23		×
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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		×
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		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
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	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.5	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
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	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		-	
	Check if Confedence Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		1	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		.,	
	reportable garriing (garribing) wirinings to DHZE WILHEIS!	1 10	ı X	i .

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	×	
b	If "Yes," enter the name of the foreign country ► ET			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7с		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		×
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	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			
C 1/12	Enter the amount of reserves on hand	140		~
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a 14b		×
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ידט		
	excess parachute payment(s) during the year?	15		×
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Sooti	on A. Governing Body and Management	• •	• •	<u> X</u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		163	140
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	nde)	
	on an energy (The election and the energy of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	×	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	501(c)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f intei	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Elizabeth McGovern, 100 Main Street, Maynard, MA 01754 (978)290-1008	cords	>	

Form 990 (2021) Page **7**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)						compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1)Habtamu Lamore	5.00									
Director		×						0.	0.	0.
(2) Lisa Laurel Weinberg Director	5.00	×						0.	0.	0.
(3) Phillip Mason	5.00									
Clerk		×		×				0.	0.	0.
(4) Corey Van Hove Director	5.00	×						0.	0.	0.
(5) Frehiwot Samuel	5.00								3.	
Director	3.00	×						0.	0.	0.
(6) Elizabeth McGovern	40.00									
President and Executive Director	+	×		×				0.	0.	0.
(7) Denise Faneuff	5.00									
Treasurer		×		×				0.	0.	0.
(8) Susan Daly Director of Finance and Operations	40.00			×				81,660.	0.	2,805.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
						C)							
	(A)	(B) Position (do not check more than o					one	(D)	(E)		(F)		
	Name and title	Average hours					is both or/trus		Reportable compensation	Reportable compensatio		stimated an of other	
		per week (list any						-	from the organization (W-2/	from related organizations (V		compensat from the	
		hours for related	lividu	titutio	Officer	Key employee	ploye	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	/ o	rganization ited organiz	
		organizations	tor all tro	onal t		ploye	com		1000 1420)	1000 1420)	Tola	ica organiz	20110113
		below dotted line)	Individual trustee or director	Institutional trustee		ď	Highest compensated employee						
				ď			ated						
(15)													
(16)											+		
1			1										
(17)													
(18)											+		
(10)			-										
(19)													
(00)											+		
(20)			-										
(21)											_		
			1								\perp		
(22)			-										
(23)											+		
<u> </u>													
(24)													
(25)											+		
(20)			1										
1b	Subtotal		٠					>	81,660.		0.	2,	805.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			٠	•			>	81,660.		_		805.
	Total (add lines 1b and 1c) Total number of individuals (including but	t not limited	d to th	IOSE	· list	ed	above	e) w	ho received mor	 e than \$100,	0. 000 of		005.
	reportable compensation from the organi							,					
•	Did the conscionation list one former	- ((' !'		4								Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>											3	×
4	For any individual listed on line 1a, is the	sum of re	portal	ole (con	npei	nsatic	n a	and other compe	nsation from	the		H
	organization and related organizations									dule J for s			
5	individual									 tion or individ		4	×
· ·	for services rendered to the organization											5	×
	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep												
	(A)	ort comper	isatioi	1 101	uic	- Ca	leilua	l ye	(B)	within the or	gariizat	(C)	year.
	Name and business add	Iress							Description of serv	vices	Com	pensation	
2	Total number of independent contractor received more than \$100.000 of compens	•	_					o th	nose listed abov	e) who			

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	ny line in this Pa	art VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c	Federated campaigns 1 Membership dues	b c				
Contributions, Gifts, Grants, and Other Similar Amounts	d e f	Related organizations 1 Government grants (contributions) 1 All other contributions, gifts, grants, and similar amounts not included above 1	е				
ontribut Ind Othe	g	Noncash contributions included in lines 1a–1f					
ပြ	h	Total. Add lines 1a-1f		1,319,340.			
Program Service Revenue	2a b c		Business Code				
ev lev	d						
Progi	e f	All other program service revenue					
	g	Total. Add lines 2a–2f					
	3	Investment income (including divider other similar amounts)	•	5.	0.	0.	5.
	5	Devellies	▶				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory 7a	(ii) Other				
Revenue	b	Less: cost or other basis and sales expenses . 7b					
ě	С	Gain or (loss) 7c					
_	d	Net gain or (loss)	🕨				
Other	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8	a				
	b	Less: direct expenses 8	b				
	c 9a	Net income or (loss) from fundraising e Gross income from gaming activities. See Part IV, line 19 . 9					
	h	Less: direct expenses 9					
		Net income or (loss) from gaming activ					
		Gross sales of inventory, less returns and allowances 10					
	b	Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inver	ntory >				
Sn			Business Code				
Miscellaneous Revenue	11a						
llar /en	b						
scellaneo Revenue	C C	All other revenue					
ž Ž	d	All other revenue	<u> </u>				
_	е 12	Total revenue See instructions	· · · · •	1.319.345	0	0	5

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . (**D**) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 84,465. 21,117. 42,233. 21,115. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 156,620. 106,438. 12,314. 37,868. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 26,683. 18,697. 2,675. 5,311. 10 Payroll taxes 16,439. 8,757. 3,881. 3,801. Fees for services (nonemployees): 11 Management 0. Legal 2,168. 357. 1,811. 9,504. 1,004. 8,500. 0. 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 Schedule O.) . 410,303. 9,266. 120. 400,917. 12 Advertising and promotion 13 31,265. 29,565. 1,700. Office expenses 0. 14 Information technology 15 Occupancy 36,123. 19,819. 16,304. 16 0. 56,425. 53,877. 2,548. 17 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 32,905. 13,978. 3,460. 15,467. 22 Depreciation, depletion, and amortization . 23 13,190. 9,706. 1,760. 1,724. Other expenses. Itemize expenses not covered 24 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 O.) Program expense 255,108. 117. 254,991. 0. Repairs and maintenance 52,988. 52,988. 0. 0. 39. c Miscellaneous 30,309. 28,134. 2,136. Telecommunications 19,088. 18,027. 1,061. 0. All other expenses 7,912. 1,381. 1,925. 4,606. 1,241,495. 1,039,753. 25 **Total functional expenses.** Add lines 1 through 24e 111,574. 90,168. 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) . . .

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part 1 Cash—non-interest-bearing	(A) Beginning of year 317,159. 807,277.	1 2	(B) End of year
2 Savings and temporary cash investments	Beginning of year 317,159.		End of year
2 Savings and temporary cash investments			100 020
3 Pledges and grants receivable, net	807,277.	2	189,030.
			1,067,443.
4 Accounts receivable, net		3	
		4	
5 Loans and other receivables from any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		5	
6 Loans and other receivables from other disqualified persons (as defined			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
7 Notes and loans receivable, net		7	
7 Notes and loans receivable, net		8	
Trepaid expenses and deferred charges	20,917.	9	7,149.
10a Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D 10a 240,506.			
b Less: accumulated depreciation 10b 117,518.	91,536.	10c	122,988.
11 Investments—publicly traded securities	187,405.	11	187,426.
12 Investments—other securities. See Part IV, line 11		12	
13 Investments—program-related. See Part IV, line 11		13	
14 Intangible assets	20.005	14	12 000
15 Other assets. See Part IV, line 11	32,025.	15	13,757.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,456,319.	16	1,587,793.
17 Accounts payable and accrued expenses	80,665.	17 18	145,481.
19 Deferred revenue	37,385.	19	53,246.
20 Tax-exempt bond liabilities	37,303.	20	33,240.
21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		<u>-</u> 1	
Loans and other 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			
controlled entity or family member of any of these persons		22	
23 Secured mortgages and notes payable to unrelated third parties		23	
24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17–24). Complete Part X			
of Schedule D	0.	25	0.
26 Total liabilities. Add lines 17 through 25	118,050.	26	198,727.
and complete lines 27, 28, 32, and 33.			
27 Net assets without donor restrictions	1,338,269.	27	1,389,066.
28 Net assets with donor restrictions		28	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances			
29 Capital stock or trust principal, or current funds		29	
30 Paid-in or capital surplus, or land, building, or equipment fund		30	
31 Retained earnings, endowment, accumulated income, or other funds .		31	
32 Total net assets or fund balances	1,338,269.	32	1,389,066.
33 Total liabilities and net assets/fund balances	1,456,319.	33	1,587,793.

Form 990 (2021) Page **12**

Part	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	19,3	45.
2	Total expenses (must equal Part IX, column (A), line 25)	1,2	41,4	95.
3	Revenue less expenses. Subtract line 2 from line 1	•	77,8	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,3	38,2	69.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)	-:	27,0	53.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1,3	89,0	66.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain of a prior year or checked "Other,	on		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	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	×	
	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:			
	⊠ 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			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? $$.			×_
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	on		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ne		
	Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b		

REV 07/25/22 PRO Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047 2021

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	or tr	ne organization					Employer Identification	number
		International, Inc.					45-2947589	
Par		Reason for Public Cha						ons.
The c	rga	inization is not a private founda	ition because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)	
1		A church, convention of churc	hes, or associati	on of churches descr	ibed in se	ection 17	0(b)(1)(A)(i).	
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3		A hospital or a cooperative hospital	spital service org	ganization described i	n sectior	170(b)(1	I)(A)(iii).	
4		A medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)((iii). Enter the
		hospital's name, city, and state						
5		An organization operated for		college or university	owned c	r operate	ed by a government	al unit described in
		section 170(b)(1)(A)(iv). (Com	plete Part II.)					
6		A federal, state, or local govern	nment or govern	mental unit described	l in secti o	on 170(b)	(1)(A)(v).	
7		An organization that normally			port from	n a gover	nmental unit or from	n the general public
		described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8		A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research organ	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college
		or university or a non-land-gra						
		university:						
10		An organization that normally i	eceives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross
		receipts from activities related support from gross investmen	t income and un	related business taxa	ble incom	epuons, a ne (less se	ection 511 tax) from	businesses
		acquired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	
11		An organization organized and	operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12		An organization organized and						
		one or more publicly supported						
		the box on lines 12a through 12	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
а		Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•		
b		Type II. A supporting orga						
		control or management of				persons	that control or man	age the supported
		organization(s). You must	_					
С		Type III functionally integ its supported organization(ally integrated with,
				•		-		
d		Type III non-functionally integer that is not functionally integer.						
		requirement (see instruction						u an attentiveness
_		_ ` `	•	•		-		. U. T III
е		Check this box if the organ functionally integrated, or						e II, Type III
f	_	nter the number of supported of		tionally integrated sup	pporting	Jigariizat	ЮП.	
g		rovide the following information	-	orted organization(s)				•
		Name of supported organization	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of
	(.,	tamo or supported organization	(1) 2.11	(described on lines 1–10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
/ ^ ^ ^ ^ ^ · · · · · · · · · ·								
(A)								
(D)								
(B)								
(C)								
(D)								
(E)								
Total								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2,362,639. 2,082,911. 1,443,773. 1,367,312. 1,319,340. 8,575,975. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,362,639. 2,082,911. 1,443,773. 1,367,312. 1,319,340. 8,575,975. Total. Add lines 1 through 3. . . . 4 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) 1,827,567. Public support. Subtract line 5 from line 4 6,748,408. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 2,362,639. 2,082,911. 1,443,773. 1,367,312. 1,319,340. 8,575,975. 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 3,954. 20,676. 14,785. 5. 5,564 44,984. Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 8,620,959. Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 78.28% Public support percentage from 2020 Schedule A, Part II, line 14 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

18

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

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.)

Secti	on A. Public Support			•	·	,	
Calen	dar 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	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support				1	I	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	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						
С	Add lines 10a and 10b						
11	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						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	⊥ s first, second	L. third, fourth	or fifth tax ve	L ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			•		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In-	come Perce	ntage		-		
17	Investment income percentage for 2021 (-			%
18	Investment income percentage from 2020						%
19a	331/3% support tests—2021. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	331/3% support tests—2020. If the organiz						
00	line 18 is not more than 331/3%, check this l	_	_	=	· · · · · · · · · · · · · · · · · · ·		
20	Private foundation. If the organization di	a not check a	pox on line 14	. 19a. or 19b. a	check this box	and see instru	Ctions 🕨 🗀

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.)

Se

	on A. All Supporting Organizations		Yes	No
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.	1	100	110
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).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
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).	6		
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).	8		
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.	9a		
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.	9b		
С	Did a disqualified 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.	9c		
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.	10a		

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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
_	provide detail in Part VI.	11c		
Secti	on 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c 2	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below. 	(see ir	struct Yes	
а	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.	2a		
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.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
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.	3b		

				•
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.
Sect	ion 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	ion 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	ion 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-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 From 2017 **c** From 2018 **d** From 2019 **e** From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 . . . Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . .

Excess from 2021 . . .

Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

WEEMA International, Inc. 45-2947589 Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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

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).

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	of the organization		Employer identification number
WEE	MA International, Inc.		45-2947589
	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · ·
Par	t II Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the c	organization (check all that apply).	
	Preservation of land for public use (for example, recreation	ation or education) \square Preservation of	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (
	historic structure listed in the National Register .		· · 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		, ,
4	Number of states where property subject to conserv	/ation easement is located ▶	
5	Does the organization have a written policy reg-		pection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	ng conservation easements during the year
	>	5 , 5	
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶\$		Ç ,
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easemer	nts.	
Par	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 FAS	B ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education	n, or research in furtherance of public
	service, provide in Part XIII the text of the footnote t	o its financial statements that describ	pes these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets held	•	search in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	SB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		▶ \$
b	Assets included in Form 990, Part X		> \$

Part	t III Organizations Maint	aining Coll	ections of	Art, His	torical T	reasures	, or Ot	her Similar <i>I</i>	Assets (continu	ied)
3	Using the organization's acqu collection items (check all that		ssion, and ot	her recor	ds, chec	k any of th	e follov	ving that make	significant use	of its
а	☐ Public exhibition			d	Loan	or exchang	e progr	am		
b	Scholarly research									
С	☐ Preservation for future gene	erations								
4	Provide a description of the or XIII.		collections a	and expla	ain how t	hey further	the org	ganization's ex	empt purpose in	Part
5	During the year, did the organ	nization solic	it or receive	donation	s of art,	historical tr	reasure	s, or other sim	nilar	
	assets to be sold to raise fund	s rather than	to be mainta	ained as p	oart of the	e organizati	on's co	ollection? .	· 🗌 Yes 🗌	No
Part	t IV Escrow and Custodi	al Arrange	ments.							
	Complete if the organ 990, Part X, line 21.	ization ansv	wered "Yes'	" on For	m 990, F	Part IV, line	e 9, or	reported an a	amount on Forr	n
1a	Is the organization an agent,	trustee, cust	odian or oth	er intern	nediary fo	or contribut	ions or	other assets	not	
	included on Form 990, Part X?								·	No
b	If "Yes," explain the arrangeme	ent in Part XII	II and comple	ete the fo	llowing ta	able:				
	, ,		·		J				Amount	
С	Beginning balance						10	;		
d	Additions during the year .						1d	I		
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include ar						ustodia	l account liabili	ity? 🗌 Yes 🗀	No
b	If "Yes," explain the arrangeme	ent in Part XII	II. Check here	e if the ex	kplanatio	n has been	provide	ed on Part XIII	<u> </u>]
Par	t V Endowment Funds.				-					
	Complete if the organ	ization ansv	wered "Yes'	" on For	m 990, F	Part IV, line	e 10.			
		(a)	Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ack (e) Four years I	back
1a	Beginning of year balance .									
b	Contributions									
С	Net investment earnings, gains losses									
d	Grants or scholarships									
e	Other expenditures for facilitie									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percent		ırrent vear en	ıd balanc	e (line 1a	column (a)) held :	as.		
a	Board designated or quasi-end				· (,, 00.0 (0	.,,			
b	Permanent endowment ▶	%		' "						
C	Term endowment ▶	<i>%</i>								
	The percentages on lines 2a, 2		ould equal 1	00%.						
3a	Are there endowment funds no				zation tha	at are held	and ad	ministered for	the	
	organization by:	•								No
	(i) Unrelated organizations .								. 3a(i)	
	400 To 1								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the re	lated organiz	zations listed	as requi	red on So	chedule R?			. 3b	
4	Describe in Part XIII the intend	•		•						
Part	t VI Land, Buildings, and	Equipmen	it.							
	Complete if the organ			" on For	m 990, F	Part IV, line	e 11a.	See Form 99	0, Part X, line 1	0.
	Description of property		(a) Cost or ot (investme		1 ' '	or other basis ther)		Accumulated epreciation	(d) Book value	1
1a	Land			0.						0.
b	Buildings									
C	Leasehold improvements .					36,702.		3,113.	33,5	89.
d	Equipment					60,009.		35,795.	24,2	
е	Other					43,795.		78,610.	65,1	
	. Add lines 1a through 1e. (Colur	nn (d) must e	qual Form 9	90, Part)			Oc.)		122,9	

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments – Program Related.	000 B 1 N/ I'	44.0.5	000 P. I.V. I' 10
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value		hod of valuation: -of-year market value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			
r die ix	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description	, , ,		(b) Book value
(1) Refund	dable security deposits			500.
	tional videos, net of amortization			13,257.
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	(b) 100 d			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>		13,757.
Part A	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2) None				0.
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)		•	0.
	runcertain tax positions. In Part XIII, provide the text of the footne			
	s liability for uncertain tax positions under FASB ASC 740. Check			

Part				Retur	'n.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,324,345.
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	5,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	5,000.
3	Subtract line 2e from line 1			3	1,319,345.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	-		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,319,345.
Part				r Ret	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	1,273,548.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, , , , , , , , , , , , , , , , , , , ,
а	Donated services and use of facilities	2a	5,000.		
b	Prior year adjustments		,		
C	Other losses				
d	Other (Describe in Part XIII.)		27,053.		
e	Add lines 2a through 2d			2e	32,053.
3	Subtract line 2e from line 1			3	1,241,495.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .			1,211,100.
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			-	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	1,241,495.
Part		,			, , , , , , , , , , , , , , , , , , , ,
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; P	art IV, lines 1b and 2b	; Part	V, line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Pt X	II, Line 2d: Other change in expense is loss on c	urrer	ncy exchange		
Pt X	, Line 2: The Organization has adopted the applic	ation	n of the provis	ions	
of F	ASB ASC 740-10 (formerly FASB Interpretation No.	48,	"Accounting For	Unc	ertainty
in I	ncome Taxes"). The primary tax positions made by	the (Organization ar	e th	e
exis	tence/non-existence of Unrelated Business Income	Tax a	and the Organiz	atio	n's
stat	us as an exempt organization under Section 501(c)	(3)	of the Internal	Rev	enue
Code	. The Organization currently evaluates all tax po	sitio	ons, and makes	dete	rminations
	-				
rega:	rding the likelihood of those positions being uph	eld ı	ınder review F	or t	he
L C J G	april			<u> </u>	
vear	s presented, and as a result of adoption, the Org	anie	ation has not m	.000	nized
, -u_			41.10H HAS HOL 1		
			acton has not r	ecog	
	cax benefits or loss contingencies for uncertain				
any		tax r	positions based	on	its

Schedule D (Form 990) 2021 Page 5 Supplemental Information (continued) Part XIII Income Tax, for the years ending December 31, 2021, 2020, 2019, and 2018 are subject to examination by the IRS. Returns are generally subject to examination for 3 years after they are filed.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number WEEMA International, Inc. 45-2947589

Par	General Informatio Form 990, Part IV, line		ties Outside	the United States. Cor	mplete if the organization a	inswered "Yes" on
1	For grantmakers. Does the other assistance, the grant award the grants or assistant	tees' eligibility		ts or assistance, and the	selection criteria used to	⊠ Yes □ No
2	For grantmakers. Describe outside the United States.	e in Part V th	e organization	's procedures for monitori	ng the use of its grants an	d other assistance
3	Activities per Region. (The f	ollowing Part	I, line 3 table o	can be duplicated if additio	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa	1	16	Program services	Economic development	201,911.
(2)	Sub-Saharan Africa	1	21	Program services	Education & literacy	261,083.
(3)	Sub-Saharan Africa	0	7	Program services	Healthcare	204,785.
(4)	Sub-Saharan Africa	0	6	Program services	Access to clean water	262,972.
(5)	Sub-Saharan Africa	0	2	Program services	PSEAH	51,395.
(6)	Sub-Saharan Africa	0	5	Program Services	Gender & Disability Inclusion	3,291.
(7) S	Sub-Saharan Africa	0	0	Program Services	Program Accountability Action	6,804.
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	2	57			992,241.
b	Total from continuation sheets to Part I	1				
C	Totals (add lines 3a and 3b)) 2	57			992.241.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total n exempt 501(c)(3) organization	by the IRS, or for	isted above that are which the grantee or ities	counsel has provid	ed a section 501(c)(3) equivalency letter	>	

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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.

Pt I Line 2: WEEMA International - United States monitors our Ethiopia activities
very closely. The leadership team communicates with our WEEMA - Ethiopia team
via email, Skype and/or messaging almost every day and visits our programs and
Addis Ababa headquarters personally at least 3 time a year. We receive monthly
financial statements from the Ethiopia finance officer which are then reconciled
by the WEEMA - United States' finance team. We develop a specific monitoring
and evaluation plan for each project to assess its impact. Finally, the Board
of Directors reviews all policies and procedures, develops the annual budget
and discusses our strategic plan on a yearly basis (in addition to our regular
quarterly meetings).

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.

2021

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

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.

WEEMA International, Inc.	45-2947589
Pt VI, Line 11b: The Treasurer, Secretary and Board President revie	w the return.
The Secretary and President sign the return.	
Pt VI, Line 19: The Organization's governing documents and financia	l statements
are available to the public upon request.	
Pt VI, Line 12c: Compliance with the conflict of interest policy is	monitored
by board members being required to review the policy and their inte	rests on an
annual basis.	
Pt XI: Other change in net assets consist of \$27,053 of currency ex	change loss.