

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the **2022** calendar year, or tax year beginning , **2022**, and ending ,

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	WOMENS CENTERS INTERNATIONAL 307 LEE STREET #6 OAKLAND, CA 94610	45-4275269
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		972-893-5354
<input type="checkbox"/> Final return/terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: WWW.WOMENSCENTERSINTL.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other: _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 101,113.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received		101,048.	
	2 Program service revenue including government fees and contracts		35.	
	3 Membership dues and assessments			
	4 Investment income		30.	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events:			
	a Gross income from gaming (attach Schedule G if greater than \$1,000)	6a		
	b Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$5,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a			
b Less: cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c			
8 Other revenue (describe in Schedule O)				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		101,113.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	33,268.	
	13 Professional fees and other payments to independent contractors	13	2,654.	
	14 Occupancy, rent, utilities, and maintenance	14	6,337.	
	15 Printing, publications, postage, and shipping	15	433.	
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	32,352.	
	17 Total expenses. Add lines 10 through 16	17	75,044.	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	26,069.		
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	40,719.	
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	300.	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	67,088.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	5,807. 22	33,068.
23 Land and buildings	23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	34,912. 24	34,020.
25 Total assets	40,719. 25	67,088.
26 Total liabilities (describe in Schedule O)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,719. 27	67,088.

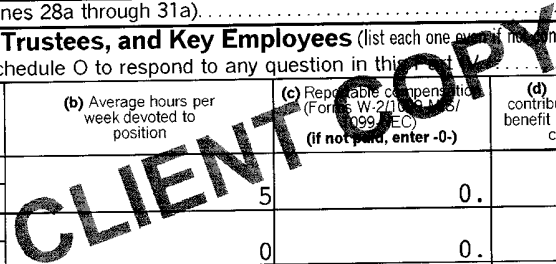
Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses
28 SEE SCHEDULE O	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 74,740.
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 74,740.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-210, 4973/999-TEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
VICTORIA TSWAMUNO DIRECTOR	5	0.	0.	0.
MARY KRAMER DIRECTOR	0	0.	0.	0.
ANNE MWANGI DIRECTOR	5	0.	0.	0.
HEATHER SCHOEN DIRECTOR	0	0.	0.	0.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. SEE SCH O

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
39a Initiation fees and capital contributions included on line 9.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
41 List the states with which a copy of this return is filed: NONE

CLIENT COPY

42a The organization's books are in care of: SUSAN BURGESS-LENN
Located at: 307 LEE ST 6 OAKLAND CA
Telephone no. 510-507-4424
ZIP + 4 94610
42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the United States?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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

Sign Here	Signature of officer SUSAN BURGESS-LENT		Date EXECUTIVE DIRECTOR	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JONG H. LEE, CPA	Preparer's signature <i>Jong H. Lee</i>	Date 6/12/23	Check <input type="checkbox"/> if self-employed PTIN P00541330
	Firm's name THE LEE ACCOUNTANCY GROUP INC	Firm's EIN 80-0387122		
	Firm's address 369 13TH ST OAKLAND, SUITE 200 OAKLAND, CA 94612	Phone no. (510) 836-7400		
	May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

BAA