

Form **990**

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)

2024

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/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization 100 WOMEN IN FINANCE ASSOCIATION, INC. Doing business as		D Employer identification number 57-1174550		
	Number and street (or P.O. box if mail is not delivered to street address) 888C 8TH AVENUE		Room/suite 453	E Telephone number 609-529-8032	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10019		G Gross receipts \$ 1,994,996.		
	F Name and address of principal officer: REHANA FARRELL SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number		
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) 4947(a)(1) or 527					
J Website: WWW.100WOMEN.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other					
L Year of formation: 2003			M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.			
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	11	
	6	Total number of volunteers (estimate if necessary)	600	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	310,459.	33,186.
	9	Program service revenue (Part VIII, line 2g)	1,680,506.	1,666,996.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,226.	5,444.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,130.	67,557.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,016,321.	1,773,183.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,333.	16,833.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,189,828.	742,146.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,363,539.	1,235,911.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,577,700.	1,994,890.
	19 Revenue less expenses. Subtract line 18 from line 12	-561,379.	-221,707.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	765,755.	540,026.
	21	Total liabilities (Part X, line 26)	875,477.	962,636.
	22 Net assets or fund balances. Subtract line 21 from line 20	-109,722.	-422,610.	

Part II Signature Block

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

Sign Here	Signature of officer Rehana Farrell		Date 11/14/2025		
	Type or print name and title Rehana Farrell CEO				
Paid Preparer Use Only	Preparer's name ALEXANDER LAZZARUOLO	Preparer's signature Alexander Lazzaruolo	Date 11/12/2025	Check if self-employed <input type="checkbox"/>	PTIN P01775353
	Firm's name CONDON O'NEARA MCGINTY & DONNELLY LLP			Firm's EIN 13-3628255	Phone no. 212-661-7777
Firm's address ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) BUILDING ON THE MOMENTUM OF LAST YEAR'S SUCCESS, THE SECOND ANNUAL IMPACT INVESTING SYMPOSIUM REFLECTED 100WF'S COMMITMENT TO FOSTERING PROFESSIONAL ENRICHMENT, NETWORKING OPPORTUNITIES, AND DEVELOPMENT. AS AN ORGANIZATION THAT ADVOCATES FOR FEMALE TALENT TO ASCEND TO ROLES THAT REFLECT THEIR CAPACITY TO SERVE AS EXECUTIVES AND INVESTORS, 100WF IMPACT INITIATIVES, SUCH AS THIS SYMPOSIUM, SERVE AS A VITAL CONDUIT BETWEEN THE INCREASING DEMAND FOR VALUES-ALIGNED INVESTMENTS AND THE WOMEN READY TO LEAD THIS EVOLUTION IN FINANCE. IN 2024, THE PROGRAM FEATURED KEYNOTE SPEAKERS, PANEL DISCUSSIONS, AND TABLE TOPICS, FOCUSED ON KEY INVESTING FOR IMPACT DEVELOPMENTS, BEST PRACTICES, ANALYTICS, IMPLEMENTATION AND MUCH MORE. THE UNIQUE PROGRAM

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) GLOBAL FUNDWOMEN WEEK ("GFWW") CONFERENCE. SINCE 2014, 100WF HAS HOSTED INVESTMENT CONFERENCES FOR FEMALE FUND MANAGERS AND THE BROAD COMMUNITY OF INSTITUTIONAL INVESTMENT ALLOCATORS TO ENGAGE WITH ONE ANOTHER AND EXPLORE BUSINESS OPPORTUNITIES. IN 2024, WE HOSTED OUT TEN-YEAR ANNIVERSARY EVENT AT THE NYSE. THE EVENT SAW JUST OVER 180 DELEGATES FOR A HALF DAY PROGRAMME PROVIDING AN OVERVIEW OF THE PROGRAMMING SINCE 2014 AND AN OUTLINE OF PLANS FOR THE NEXT DECADE OF IMPACT. THE PAST DECADE INCLUDED 600 FEMALE FUND MANAGERS, 800 INSTITUTIONAL ALLOCATORS, 5,000 NETWORKING MEETINGS, 800 ATTENDEES, 23+ TRILLION DISCLOSED ALLOCATION CAPITAL, 450 VIRTUAL SPOTLIGHTS, 600 SPEAKERS, 300 VOLUNTEERS, AND 27+ COUNTRIES. WE EXPECT GFWW 2025 TO BE ATTENDED BY 300 DELEGATES, OVER 60 FUND MANAGERS, OVER 120 ALLOCATORS WITH OVER 500

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 100WF PRODUCES EDUCATION EVENTS THROUGHOUT THE YEAR. LED BY INDUSTRY ICONS AND EXPERTS, OUR PANELS AND PRESENTATIONS GO DEEP INTO TOPICS RELATED TO THE FINANCE, ALTERNATIVE INVESTMENTS, MACRO TRENDS, AND LEADERSHIP AND PROFESSIONAL DEVELOPMENT. EDUCATION EVENTS ARE FREE OF CHARGE TO MEMBERS WHO HAVE PAID AN ANNUAL ACCESS FEE AND ARE HOSTED BY CORPORATE SPONSORS WHO PROVIDE BOTH THE EVENT LOCATION AND OFTEN ACCESS TO HIGH-LEVEL SPEAKERS. WE HOSTED 192 EDUCATION EVENTS (INCLUDING VIRTUAL EVENTS) IN 2024, WITH OVER 8,000 ATTENDEES. 100WF SUPPORTS THE PRODUCTION OF THESE EVENTS THROUGH THE STAFF SUPPORT OF VOLUNTEERS AND THE PROGRAMMING AND HOSTING OF OUR PROPRIETARY EVENT PLATFORM.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included on line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOAN WERNER - 609-529-8032
888-C 8TH AVENUE, #453, NEW YORK, NY 10019

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH MCLEAN INTERIM EXECUTIVE DIRECTOR	32.00 8.00			X				189,600.	0.	0.
(2) MICHELLE BUSHE CFO TO 8/2024	32.00 8.00			X				163,205.	0.	13,679.
(3) JOAN WERNER FINANCE DIRECTOR	32.00 8.00					X		125,000.	0.	18,695.
(4) ALEXIS BELLADONNA GLOBAL DIRECTOR OF MEMBERSHIP	32.00 8.00					X		111,395.	0.	18,789.
(5) MICHELE GULITTI GLOBAL DIRECTOR OF MARKETING/COMM	32.00 8.00					X		103,000.	0.	8,788.
(6) KELLAN BROWN COO/CDO FROM 11/2024	32.00 8.00			X				37,500.	0.	6,216.
(7) CAROLE CRAWFORD CHAIR	5.00 5.00	X		X				0.	0.	0.
(8) SARAH DYER DANA VICE-CHAIR	5.00 5.00	X		X				0.	0.	0.
(9) HEATHER WYCKOFF SECRETARY	1.00 1.00	X		X				0.	0.	0.
(10) LISA PETRELLI TREASURER	5.00 5.00	X		X				0.	0.	0.
(11) DAGMAR BAEUERLE DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) RUPAL BHANSALI DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) CHRISTINA BODDEN DIRECTOR TO 1/2024	1.00 1.00	X						0.	0.	0.
(14) ULRIKE HOFFMANN-BURCHARDI DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) AMY FLIKERSKI DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) WAYNE LEE DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) MICHELLE MORRIS DIRECTOR	1.00 1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARCHANA PAREKH DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) ULRIKA ROBERTSSON DIRECTOR	5.00 5.00	X						0.	0.	0.
(20) SHERRI ROSOFF DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) AMANDO SENRA DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Subtotal								729,700.	0.	66,167.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								729,700.	0.	66,167.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MISS SA FINLEY TRADING AS GAIA, TIDDLYWINKS BREADCROFT LANE, BERKSHIRE, UNITED KINGDOM	PROGRAM MANAGEMENT	143,575.
SZA CONSULTING LTD, 2 COOMBE GARDENS, LONDON, UNITED KINGDOM SW20 0QU	EVENT & PROGRAM MGMT	141,404.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,834.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	31,352.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			33,186.			
Program Service Revenue	2 a	ACCESS FEES	Business Code					
			900099	1,486,788.	1,486,788.			
	b	PROGRAM REVENUE	900099	180,208.	180,208.			
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f			1,666,996.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,182.			1,182.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other	26,755.			
	b	Less: cost or other basis and sales expenses	7b	22,493.				
	c	Gain or (loss)	7c	4,262.				
	d	Net gain or (loss)			4,262.		4,262.	
8 a	Gross income from fundraising events (not including \$ 1,834. of contributions reported on line 1c). See Part IV, line 18	8a		266,877.				
				199,320.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			67,557.		67,557.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			1,773,183.	1,666,996.	0.	73,001.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	16,833.			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	220,600.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	410,426.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,540.			
9 Other employee benefits	43,152.			
10 Payroll taxes	50,428.			
11 Fees for services (nonemployees):				
a Management				
b Legal	619.			
c Accounting	27,874.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	831,571.			
12 Advertising and promotion	125,150.			
13 Office expenses	101,424.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	21,281.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,036.			
23 Insurance	6,978.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRGM DEVELOPMENT EVENTS	115,978.			
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,994,890.			
26 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 <input type="checkbox"/> 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	319,139.	1	495,834.
	2 Savings and temporary cash investments	251,634.	2	32,291.
	3 Pledges and grants receivable, net	90,000.	3	105,000.
	4 Accounts receivable, net	80,857.	4	-187,282.
	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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,022.	9	86,114.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,010.		
	b Less: accumulated depreciation	10b 6,010.		
		1,003.	10c	0.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	12,100.	14	8,069.
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	765,755.	16	540,026.	
Liabilities	17 Accounts payable and accrued expenses	61,167.	17	98,844.
	18 Grants payable		18	
	19 Deferred revenue	814,310.	19	863,792.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		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		25	
	26 Total liabilities. Add lines 17 through 25	875,477.	26	962,636.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-119,722.	27	-438,968.
	28 Net assets with donor restrictions	10,000.	28	16,358.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	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	-109,722.	32	-422,610.
	33 Total liabilities and net assets/fund balances	765,755.	33	540,026.

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	1,773,183.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,994,890.
3	Revenue less expenses. Subtract line 2 from line 1	3	-221,707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-109,722.
5	Net unrealized gains (losses) on investments	5	-3.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-90,226.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-952.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-422,610.

Part XII Financial Statements and Reporting

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

- 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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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? _____
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
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2024)

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

100 WOMEN IN FINANCE ASSOCIATION, INC.

Employer identification number

57-1174550

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 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 organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,010.	6,010.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization 100 WOMEN IN FINANCE ASSOCIATION, INC.	Employer identification number 57-1174550
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional 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 service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	MANAGEMENT		12,131.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		126,621.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	MANAGEMENT		761.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS (SCHOLARSHIPS)		16,833.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FUNDRAISING		72,699.
3 a Subtotal	0	3			229,045.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	3			229,045.

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

Schedule F (Form 990) (Rev. 12-2024)

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 the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes 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 the 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 the Instructions for Form 8621)* Yes 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 the 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 the 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.

PART I, LINE 2:

IN THE ABSENCE OF AN ACTIVE CEO OR EQUIVALENT DURING 2024, THE INTERIM EXECUTIVE DIRECTOR MONITORED THE USES OF 100WF GRANTS WITH OVERSIGHT FROM THE BOARD OF DIRECTORS.

Lined area for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LONDON GALA (event type)	CAYMAN GALA (event type)	NONE (total number)	
Revenue	1	Gross receipts	136,417.	132,294.	268,711.
	2	Less: Contributions	1,834.		1,834.
	3	Gross income (line 1 minus line 2)	134,583.	132,294.	266,877.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	78,553.	41,768.	120,321.
	8	Entertainment	2,029.		2,029.
	9	Other direct expenses	46,039.	30,931.	76,970.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			199,320.
11	Net income summary. Subtract line 10 from line 3, column (d)			67,557.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization 100 WOMEN IN FINANCE ASSOCIATION, INC.	Employer identification number 57-1174550
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	
b Any related organization?	5b	
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	
b Any related organization?	6b	
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBORAH MCLEAN INTERIM EXECUTIVE DIRECTOR	(i)	189,600.	0.	0.	0.	0.	189,600.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE BUSHE CFO TO 8/2024	(i)	126,667.	0.	36,538.	5,000.	8,679.	176,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

MICHELLE BUSHE, FORMER CFO, RECEIVED \$36,538.46 IN SEVERANCE PAY DURING 2024.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization 100 WOMEN IN FINANCE ASSOCIATION, INC.	Employer identification number 57-1174550
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PART I - LINE 1

THE ASSOCIATION IS A GLOBAL NETWORK OF PROFESSIONALS IN THE FINANCE AND ALTERNATIVE INVESTMENT INDUSTRIES WORKING TOGETHER TO INSPIRE, EQUIP AND ADVOCATE FOR A NEW GENERATION OF INDUSTRY LEADERSHIP, IN WHICH WOMEN AND MEN SERVE AS INVESTMENT PROFESSIONALS AND EXECUTIVES, EQUAL IN ACHIEVEMENT AND IMPACT. THROUGH EDUCATION, PEER ENGAGEMENT AND IMPACT, THE ORGANIZATION FURTHERS THE PROGRESS OF WOMEN WHO HAVE CHOSEN FINANCE AS A CAREER AND ENABLES THEIR POSITIVE INFLUENCE OVER PRE-CAREER YOUNG WOMEN. THE ASSOCIATION'S MEMBERS ARE ACTIVELY INVOLVED IN PLANNING, EXECUTING AND ATTENDING THE FOUNDATION'S ANNUAL GALA EVENTS AND OTHER FUNDRAISERS AND IN CONTRIBUTING FUNDS TO THE FOUNDATION.

PART III - LINE 1

THE ASSOCIATION IS A GLOBAL NETWORK OF PROFESSIONALS IN THE FINANCE AND ALTERNATIVE INVESTMENT INDUSTRIES WORKING TOGETHER TO INSPIRE, EQUIP AND ADVOCATE FOR A NEW GENERATION OF INDUSTRY LEADERSHIP, IN WHICH WOMEN AND MEN SERVE AS INVESTMENT PROFESSIONALS AND EXECUTIVES, EQUAL IN ACHIEVEMENT AND IMPACT. THROUGH EDUCATION, PEER ENGAGEMENT AND IMPACT, THE ORGANIZATION FURTHERS THE PROGRESS OF WOMEN WHO HAVE CHOSEN FINANCE AS A CAREER AND ENABLES THEIR POSITIVE INFLUENCE OVER PRE-CAREER YOUNG WOMEN. THE ASSOCIATION'S MEMBERS ARE ACTIVELY INVOLVED IN PLANNING, EXECUTING AND ATTENDING THE FOUNDATION'S ANNUAL GALA EVENTS AND OTHER FUNDRAISERS AND IN CONTRIBUTING FUNDS TO THE FOUNDATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FEATURE BRINGS THE SPEAKER FROM THE STAGE TO SMALL GROUP BREAKOUTS, ALLOWING ATTENDEES TO ENGAGE IN INTERACTIVE TOPICAL DISCUSSIONS WITH INDUSTRY EXPERTS. ATTENDEES HAD THE OPPORTUNITY TO PARTICIPATE IN MULTIPLE THIRTY-MINUTE TABLE TOPICS DISCUSSIONS AT THE SYMPOSIUM. THE CONFERENCE WAS ATTENDED BY OVER 180 DELEGATES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

1:1 MEETINGS, 18 ROUNDTABLES, 30 SPEAKERS, 25 SPONSORS, MEDIA AND PARTNER ORGANISATIONS AND OVER 50 VOLUNTEERS INVOLVED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

100WF PRODUCES PEER ENGAGEMENT EVENTS THROUGHOUT THE YEAR. WE BELIEVE ACHIEVING GENDER PARITY IN SENIOR LEADERSHIP AND INVESTMENT ROLES WILL STRENGTHEN OUR INDUSTRY AND THE BROADER GLOBAL ECONOMY. OUR TARGETED INITIATIVES AND NETWORKING OPPORTUNITIES HELP POSITION WOMEN FOR SUCCESS AT EVERY STAGE OF THEIR CAREERS. PEER ADVISORY GROUPS ARE CIRCLES OF FEMALE SENIOR PRACTITIONERS WORKING IN THE SAME SPECIALIZED AREAS. EARLY CAREER GROUPS ARE FINANCE PROFESSIONALS IN THE FIRST DECADE OF THEIR CAREER. MIDCAREER GROUPS ARE FINANCE PROFESSIONALS WITH 10-20 YEARS' EXPERIENCE IN THE FINANCE INDUSTRY. SENIOR PRACTITIONERS ARE FINANCE PROFESSIONALS WITH 20+ YEARS OF EXPERIENCE. THESE GROUPS PROVIDE AN EFFECTIVE INFRASTRUCTURE FOR OUR MEMBERS TO ENGAGE WITH ONE ANOTHER TO LEVERAGE COLLECTIVE WISDOM, SKILLS AND EXPERIENCE. PEER ENGAGEMENT EVENTS ARE GENERALLY FREE OF CHARGE TO MEMBERS AND ARE OFTEN

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization 100 WOMEN IN FINANCE ASSOCIATION, INC.	Employer identification number 57-1174550
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HOSTED BY CORPORATE SPONSORS WHO PROVIDE THE EVENT LOCATION. WE HOSTED 156 PEER ENGAGEMENT EVENTS (INCLUDING VIRTUAL EVENTS) IN 2024, WITH AROUND 4,000 ATTENDEES. 100WF SUPPORTS THE PRODUCTION OF THESE EVENTS THROUGH THE STAFF AND SUPPORT OF VOLUNTEERS AND THE PROGRAMMING AND HOSTING OF OUR PROPRIETARY EVENT PLATFORM.

FORM 990, PART VI, SECTION A, LINE 3:
DURING 2024, THE MANAGEMENT FUNCTIONS OF THE ORGANIZATION WERE DELEGATED TO AN INDEPENDENT CONTRACTOR, DEBORAH MCLEAN, SERVING AS INTERIM EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
THE MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED ANNUALLY TO COMPLETE A QUESTIONNAIRE DISCLOSING ANY CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING COMPENSATION FOR THE INTERIM EXECUTIVE AND COO/CDO INCLUDED THE REFERENCED COMP STUDY, AND THE FINANCE COMMITTEE REVIEWED AND APPROVED THEIR COMP THROUGH THE BUDGETING PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE PUBLIC CAN CONTACT THE CEO REGARDING QUESTIONS, AT ANY TIME, THROUGH THE WEBSITE.

PART VII
THE ORGANIZATION DID NOT HAVE AN ACTIVE CEO OR EQUIVALENT DURING 2024. THE BOARD OF DIRECTORS COLLECTIVELY MANAGED THE ORGANIZATION'S OPERATIONS AND OVERSAW ALL EXECUTIVE FUNCTIONS. AN INDEPENDENT CONTRACTOR WAS HIRED AS AN INTERIM EXECUTIVE DIRECTOR.

FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES	812,132.
PAYROLL PROCESSING	19,439.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	831,571.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN EXCHANGE GAIN (LOSS)	-952.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization <p align="center">100 WOMEN IN FINANCE ASSOCIATION, INC.</p>	Employer identification number <p align="center">57-1174550</p>
--	--

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
100 WOMEN IN FINANCE LIMITED 8 SHEPHERD MARKET, MAYFAIR LONDON, UNITED KINGDOM W1J 7JY	FUNDRAISING	UNITED KINGDOM	136,418.	166,235.	100 WOMEN IN FINANCE ASSOCIATION
100 WOMEN IN FINANCE CAYMAN MAPLES CORPORATE SERVICES LIMITED PO BOX 309 UGLAND HOUSE, GRAND CAYMAN, CAYMAN ISLANDS	FUNDRAISING & SCHOLARSHIPS	CAYMAN ISLANDS	151,782.	207,935.	100 WOMEN IN FINANCE ASSOCIATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
100 WOMEN IN FINANCE FOUNDATION - 57-1174548 888C 8TH AVENUE, 453 NEW YORK, NY 10019	FUNDRAISING & EDUCATIONAL PROGRAMS	NEW YORK	501(C)(3)	LINE 7	100 WOMEN IN FINANCE ASSOCIATION	X	

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 100 WOMEN IN FINANCE FOUNDATION	P	187,282.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME AND ADDRESS OF DISREGARDED ENTITY:

100 WOMEN IN FINANCE CAYMAN

MAPLES CORPORATE SERVICES LIMITED PO BOX 309

UGLAND HOUSE, GRAND CAYMAN, CAYMAN ISLANDS KY1-1104

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
Go to www.irs.gov/Form8858 for instructions and the latest information.

OMB No. 1545-1910

Information furnished for the FDE's or FB's annual accounting period (see instructions)

Attachment Sequence No. **140**

beginning JAN 1, 2024, and ending DEC 31, 2024

Name of person filing this return 100 WOMEN IN FINANCE ASSOCIATION, INC.	Filer's identifying number 57-1174550
--	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
888C 8TH AVENUE, 453

City or town, state, and ZIP code
NEW YORK, NY 10019

Filer's tax year beginning JAN 1, 2024, and ending DEC 31, 2024

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB 100 WOMEN IN FINANCE LIMITED 8 SHEPHERD MARKET, MAYFAIR LONDON UNITED KINGDOM W1J 7JY	b(1) U.S. identifying number, if any b(2) Reference ID number (see instructions) 10413667
---	--

c For FDE, country(ies) under whose laws organized and entity type under local tax law UNITED KINGDOM LIMITED PRIVATE COMPAN	d Date(s) of organization 10 06 16	e Effective date as FDE
---	---	--------------------------------

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted
--	--

h Principal business activity code number	i Principal business activity FUNDRAISING	j Functional currency
--	--	------------------------------

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
--	---

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following. See instructions.

a Name and address	b Annual accounting period covered by the return (see instructions)		
	c(1) U.S. identifying number, if any		
	c(2) Reference ID number (see instructions)		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">d Country under whose laws organized</td> <td style="width:50%;">e Functional currency</td> </tr> </table>	d Country under whose laws organized	e Functional currency
d Country under whose laws organized	e Functional currency		

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following. See instructions.

a Name and address	b Country under whose laws organized		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">c U.S. identifying number, if any</td> <td style="width:50%;">d Functional currency</td> </tr> </table>	c U.S. identifying number, if any	d Functional currency
c U.S. identifying number, if any	d Functional currency		

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10%-or-more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional currency	U.S. dollars
1	Gross receipts or sales (net of returns and allowances)	1	
2	Cost of goods sold	2	
3	Gross profit (subtract line 2 from line 1)	3	
4	Dividends	4	
5	Interest	5	
6	Gross rents, royalties, and license fees	6	
7	Gross income from performance of services	7	
8	Foreign currency gain (loss)	8	
9	Other income	9	105,913.
10	Total income (add lines 3 through 9)	10	105,913.
11	Total deductions (exclude income tax expense)	11	109,433.
12	Income tax expense	12	
13	Other adjustments	13	-45,648.
14	Net income (loss) per books	14	-37,448.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
1	Remittances from the FDE or FB		
2	Section 987 gain (loss) recognized by recipient		
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)		
4	Were all remittances from the FDE or FB treated as made to the direct owner?		
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

		(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets			
1	Cash and other current assets	1	155,320.
2	Other assets	2	1,583.
3	Total assets	3	156,903.
Liabilities and Owner's Equity			
4	Liabilities	4	155,538.
5	Owner's equity	5	1,365.
6	Total liabilities and owner's equity	6	156,903.

Schedule G Other Information

	Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?	
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?	
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?	
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 13a, 13b, 14a, 14b, 14c, 14d, 14e.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	
8	Enter exchange rate used for line 7		

Schedule I Transferred Loss Amount

Important: See instructions for who has to complete this section.

	Yes	No
1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		
2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4 Enter the transferred loss amount included in gross income as required under section 91. See instructions		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or territory	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign tax year (YYYY-MM-DD)	(c) Foreign currency	(d) Conversion rate	(e) U.S. dollars	(f) Foreign branch	(g) Passive	(h) General	(i) Other
Totals								

Name of person filing this return **100 WOMEN IN FINANCE ASSOCIATION, INC.** Filer's identifying number **57-1174550**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) **888C 8TH AVENUE, 453**

City or town, state, and ZIP code **NEW YORK, NY 10019**

Filer's tax year beginning **JAN 1, 2024**, and ending **DEC 31, 2024**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB
100 WOMEN IN FINANCE CAYMAN
MAPLES CORP SERVICES LTD PO BOX 309
UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY1-11

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions)
RM20230519202824876

c For FDE, country(ies) under whose laws organized and entity type under local tax law
CAYMAN ISLANDS LIMITED LIABILITY COMP

d Date(s) of organization
03 27 23

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted
CAYMAN ISLANDS

h Principal business activity code number

i Principal business activity
FUNDR. /GRANTS

j Functional currency
KYD

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following. See instructions.

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following. See instructions.

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10%-or-more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional currency	U.S. dollars
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	1.
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	17,026.
8 Foreign currency gain (loss)	8	-793.
9 Other income	9	110,201.
10 Total income (add lines 3 through 9)	10	126,435.
11 Total deductions (exclude income tax expense)	11	-75,214.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	51,220.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
4 Were all remittances from the FDE or FB treated as made to the direct owner?		Yes No
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1	137,266.
2 Other assets	2	12,511.
3 Total assets	3	137,266.
Liabilities and Owner's Equity		
4 Liabilities	4	4,936.
5 Owner's equity	5	132,330.
6 Total liabilities and owner's equity	6	137,266.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 13a, 13b, 14a, 14b, 14c, 14d, 14e.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	
8	Enter exchange rate used for line 7		

Schedule I Transferred Loss Amount

Important: See instructions for who has to complete this section.

	Yes	No
1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		
2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4 Enter the transferred loss amount included in gross income as required under section 91. See instructions		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or territory	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign tax year (YYYY-MM-DD)	(c) Foreign currency	(d) Conversion rate	(e) U.S. dollars	(f) Foreign branch	(g) Passive	(h) General	(i) Other
Totals								

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 1

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
--------------------------------------	----------------------	----------------	-------------------

TAX CLASSIFICATION

100 WOMEN IN FINANCE ASSOCIATI FOREIGN SINGLE OWNER ELECTING TO BE DISREGARDED AS SEPARATE ENTITY	100.0000%	FUNDRAISING ENTITY	CJ
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ATTACHMENT FOR FORM 8858, LINE 5

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. 100 WOMEN IN FINANCE ASSOCIATION, INC.	Taxpayer identification number (TIN) 57-1174550
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 888C 8TH AVENUE, 453	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10019	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of JOAN WERNER
888-C 8TH AVENUE, #453 - NEW YORK, NY 10019

Telephone No. 609-529-8032 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.