

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2002 calendar year, or tax year beginning and ending	
B Check if applicable:	C Name of organization
<input type="checkbox"/> Address change	Women's Learning Partnership for Rights, Dev't. and Peace
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	4343 Montgomery Avenue 201
<input type="checkbox"/> Final return	City or town State or country ZIP + 4
<input type="checkbox"/> Amended return	Bethesda MD 20814-4462
<input type="checkbox"/> Application pending	D Employer identification number 52-2199581
	E Telephone number (301) 654-2774
	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>H and I are not applicable to section 527 organizations.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes," enter number of affiliates ▶</p> <p>H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Enter 4-digit GEN ▶</p> <p>M Check <input type="checkbox"/> if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF).</p>	
G Web site: ▶	
J ORGANIZATION TYPE (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) OR <input type="checkbox"/> 527	
K Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN.	
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	450,021

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	221,276
	b Indirect public support	1b	
	c Government contributions (grants)	1c	225,635
	d TOTAL (add lines 1a through 1c) (cash \$ <u>446,911</u> noncash \$ _____)	1d	446,911
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	341
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	0
7 Other investment income (describe ▶ _____)	7		
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b Less: cost or other basis and sales expenses	8a	8b
	c Gain or (loss) (attach schedule)	0 8c	0
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0
Revenue	9 Special events and activities (attach schedule)		
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
	b Less: direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0
	10 a Gross sales of inventory, less returns and allowances	10a	
	b Less: cost of goods sold	10b	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0	
	11 Other revenue (from Part VII, line 103)	11	2,769
	12 TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	450,021
Expenses	13 Program services (from line 44, column (B))	13	462,035
	14 Management and general (from line 44, column (C))	14	52,658
	15 Fundraising (from line 44, column (D))	15	31,148
	16 Payments to affiliates (attach schedule)	16	
	17 TOTAL EXPENSES (add lines 16 and 44, column (A))	17	545,841
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-95,820
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	181,903
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	86,083

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	0		
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	74,583	53,750	10,250
26	Other salaries and wages	26	89,191	67,602	16,370
27	Pension plan contributions	27	11,311	8,393	1,835
28	Other employee benefits	28	36,917	26,827	6,242
29	Payroll taxes	29	14,357	10,625	2,345
30	Professional fundraising fees	30	0		
31	Accounting fees	31	0		
32	Legal fees	32	0		
33	Supplies	33	5,191	3,847	854
34	Telephone	34	10,775	8,455	1,495
35	Postage and shipping	35	7,482	6,906	274
36	Occupancy	36	24,850	16,943	4,910
37	Equipment rental and maintenance	37	1,664	866	502
38	Printing and publications	38	8,530	8,530	0
39	Travel	39	46,433	46,382	0
40	Conferences, conventions, and meetings	40	4,090	3,121	607
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach schedule)	42	8,647	5,919	1,722
43	Other expenses not covered above (itemize): a Consultants	43a	87,678	87,678	0
	b Material dev't. & production	43b	40,972	40,972	0
	c Hotel	43c	24,208	24,208	0
	d Professional fees	43d	15,939	11,848	2,841
	e Equipment	43e	13,865	13,865	0
	Meals & entertainment		3,347	3,347	0
	Moving expenses		2,000	1,239	393
	Insurance		1,765	1,241	337
	Transportation		1,732	1,705	0
	Repairs & maintenance		1,672	1,074	405
	Outreach & development		1,630	1,185	240
	Utilities		1,437	945	331
	Training materials		1,249	1,249	0
	Bank fees		827	551	199
	Honorarium		600	600	0
	Duplicating		539	539	0
	Books		325	325	0
	License & other taxes		200	149	28
	Finance charges		69	11	58
	Miscellaneous		1,516	956	380
	f Dues & subscriptions	43f	250	182	40
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43). ORGANIZATIONS COMPLETING COLUMNS (B)-(D), CARRY THESE TOTALS TO LINES 13-15	44	545,841	462,035	52,658

JOINT COSTS. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Statement of Program Service Accomplishments (See page 24 of the instructions.)		Program Service Expenses
What is the organization's primary exempt purpose? <input type="checkbox"/> see attached		Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.
a	Leadership (see attached)	
	(Grants and allocations \$ _____)	210,710
b	Advocacy	
	(Grants and allocations \$ _____)	91,839
c	Human Rights	
	(Grants and allocations \$ _____)	10,617
d	Conference	
	(Grants and allocations \$ _____)	139,932
e	Other program services (attach schedule)	(Grants and allocations \$ _____) 8,937
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	462,035

Balance Sheets (See page 24 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	162,483	45	9,261
	46 Savings and temporary cash investments		46	20,339
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c	0
	49 Grants receivable	26,250	49	86,221
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	8,622	53	5,243
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments - land, buildings, and equipment: basis	55a 0		
b Less: accumulated depreciation (attach schedule)	55b 0	55c	0	
56 Investments - other (attach schedule)		56	0	
57 a Land, buildings, and equipment: basis	57a 23,172			
b Less: accumulated depreciation (attach schedule)	57b 13,119	57c	10,053	
58 Other assets (describe)		58	0	
59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)	210,380	59	131,117	
Liabilities	60 Accounts payable and accrued expenses	7,623	60	11,034
	61 Grants payable	20,854	61	34,000
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe)	0	65	0
66 TOTAL LIABILITIES (add lines 60 through 65)	28,477	66	45,034	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	55,583	67	-48,126
	68 Temporarily restricted	126,320	68	134,209
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72; column (A) MUST equal line 19; column (B) MUST equal line 21)	181,903	73	86,083	
74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)	210,380	74	131,117	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Other Information (See page 27 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file FORM 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> MD		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	5
91	The books are in care of <input type="checkbox"/> WLP Telephone no. <input type="checkbox"/> (301) 654-2774 Located at <input type="checkbox"/> 4343 Montgomery Ave., #201 Bethesda, MD ZIP + 4 <input type="checkbox"/> 20814		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	341	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>Video/manual sale</u>					2,719
b Other income					50
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		341	2,769
105 TOTAL (add line 104, columns (B), (D), and (E))					3,110

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103 a&b	Represents income necessary to perform WLP's exempt activities for which they were granted 501(c)3 status.

Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note:** If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: M. U. Date: MAY 8, 2003

Type or print name and title: MAHNAZ AFKHAMI, PRESIDENT & CEO

Paid Preparer's Use Only

Preparer's signature: Arden H. Buntua Date: 5/2/2003 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): P00057771

Firm's name (or yours if self-employed), address, and ZIP + 4: Buntua & Company EIN: 54-2025099

450 West Broad Street, Suite 120, Falls Church, VA 22046 Phone no.: (703)534-8500