

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)

2003

Open to Public Inspection

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 2003 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 Women's Learning Partnership for Rights, Dev't. & Peace
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 4343 Montgomery Avenue 201
 City or town State or country ZIP + 4
 Bethesda MD 20814-4462

D Employer identification number
52-2199581

E Telephone number
(301) 654-2774

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: wlp@learningpartnership.org

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here 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 **1,097,125**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	1,072,551		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 1,072,251 noncash \$ 300)	1d		1,072,551	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		24,308	
	3	Membership dues and assessments	3		0	
	4	Interest on savings and temporary cash investments	4		266	
	5	Dividends and interest from securities	5		0	
	6a	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		0		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less: cost or other basis and sales expenses	8a	0	0	
	c	Gain or (loss) (attach schedule)	8b	0	0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	0	
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0		
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 1,072,551 of contributions reported on line 1a)	9a	0		
	b	Less: direct expenses other than fundraising expenses	9b	0		
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0		
Revenue	10a	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		0		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,097,125		
Expenses	13	Program services (from line 44, column (B))	13		660,669	
	14	Management and general (from line 44, column (C))	14		43,102	
	15	Fundraising (from line 44, column (D))	15		36,055	
	16	Payments to affiliates (attach schedule)	16		0	
	17	Total expenses (add lines 16 and 44, column (A))	17		739,826	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		357,299	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		86,083	
	20	Other changes in net assets or fund balances (attach explanation)	20		0	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		443,382	

Part IV Balance Sheets (See page 25 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	9,261	45	56,005
	46 Savings and temporary cash investments	20,339	46	130,855
	47 a Accounts receivable	0		
	47 b Less: allowance for doubtful accounts	0	47c	0
	48 a Pledges receivable	0		
	48 b Less: allowance for doubtful accounts	0	48c	0
	49 Grants receivable	86,221	49	313,582
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	0		
	51 b Less: allowance for doubtful accounts	0	51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,243	53	2,830
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments—land, buildings, and equipment: basis	0		
	55 b Less: accumulated depreciation (attach schedule)	0	55c	0
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment: basis	23,477			
57 b Less: accumulated depreciation (attach schedule)	17,824	57c	5,653	
58 Other assets (describe _____)	0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)	131,117	59	508,925	
Liabilities	60 Accounts payable and accrued expenses	11,034	60	7,861
	61 Grants payable	34,000	61	57,682
	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
	64 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)	45,034	66	65,543	
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	-48,126	67	71,508
	68 Temporarily restricted	134,209	68	371,874
	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)	86,083	73	443,382	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	131,117	74	508,925	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,097,125
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	1,097,125
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,097,125

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	739,826
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	739,826
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	739,826

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>Mahnaz Afkhami</u> Str <u>3101 Cummings Ln</u> City <u>Chevy Chase</u> ST <u>MD</u> ZIP <u>20815</u>	Title <u>President</u> Hr/WK <u>40</u>	<u>69,847</u>	<u>7,000</u>	<u>0</u>
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
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Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 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	N/A
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 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and 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	N/A
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	N/A
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	
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, 2003 (See instructions.)	90b	5
91	The books are in care of <input type="checkbox"/> Name WLP Telephone no. <input type="checkbox"/> (301) 654-2774 Located at <input type="checkbox"/> 4343 Montgomery Ave. #201 City Bethesda ST 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	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 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 Sales of books					173
b Sales of manuals & videos					12,380
c Conference fees					9,310
d Others					2,445
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	266	
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					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		266	24,308
105 Total (add line 104, columns (B), (D), and (E))					24,574

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 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).
93 a,b,c,d	Represents income from sale of leadership training materials in nine languages, women's rights books and registration fees for the 2003 international human security conference. These are related to WLP's exempt activities under the leadership, advocacy, human rights and conference programs.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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. K. Date: 6/22/2004

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

Paid Preparer's Use Only

Preparer's signature: Arden H. Buntua Date: 6/17/2004 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Buntua & Company
450 W. Broad St. #120, Falls Church, VA 22046

Preparer's SSN or PTIN (See Gen. Inst. W): P00057771
 EIN: 54-2025099
 Phone no.: (703) 534-8500