Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

ΑI	or the	2022 calenda	r year, or tax year beginning 01/01/2022	and	d ending	12	2/31/2022			
В	Check if ap	oplicable:	C Name of organization			D Emp	Employer identification number			
	Address c	change	AFGHANISTAN-PAKISTAN WOMEN S ECONOMIC EMPOW	/ERMENT I	NC		87-0	933902		
Ц	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street addres	s)	Room/suite	E Telep	ohone numb	oer		
=	Initial retur		12 SUNRISE RD				203-815-8817			
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code)	-	F Gro	up Exemp	tion		
=		on pending	WOLCOTT, CT 06716			Nun	nber			
G	Account	ting Method:	Cash Accrual Other (specify):		ŀ	Check	if the or	ganization is not		
		•	ghanpakwomen.org/					Schedule B		
JΤ	ax-exen	npt status (che		4947(a)(1) o	r	(Form 9	90).			
_			✓ Corporation ☐ Trust ☐ Association	Other:						
			7b to line 9 to determine gross receipts. If gross receipts are \$2		more, or if to	tal assets				
								158,674		
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fun							
			the organization used Schedule O to respond to any		•			,		
	1		ns, gifts, grants, and similar amounts received				1	158,494		
	2		ervice revenue including government fees and contracts				2	0		
	3	-	p dues and assessments				3	0		
	4	Investment	•				4	0		
	5a		unt from sale of assets other than inventory				-			
	b		or other basis and sales expenses			0	_			
	C		s) from sale of assets other than inventory (subtract line		ine 5a)		5c	0		
	6		d fundraising events:		ino ou, .					
	a	_	ome from gaming (attach Schedule G if greater the	nan						
Пe	_			. 6a		0				
Revenue	b	Gross inco	me from fundraising events (not including \$		of contribut		-			
ě			aising events reported on line 1) (attach Schedule G if							
-			h gross income and contributions exceeds \$15,000).			180				
	С	Less: direc	t expenses from gaming and fundraising events	<u> </u>		1.097	_			
	d		e or (loss) from gaming and fundraising events (add lin		d 6b and s		-			
		line 6c) .					6d	-917		
	7a	Gross sale	s of inventory, less returns and allowances	. 7a		0				
	b		of goods sold			0	_			
	C		t or (loss) from sales of inventory (subtract line 7b from				7c	0		
	8	•	nue (describe in Schedule O)	,			8	0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	157,577		
	10		similar amounts paid (list in Schedule O)				10	103,757		
	11		id to or for members				11	0		
Ś	12	•	her compensation, and employee benefits				12	0		
JSe	13		al fees and other payments to independent contractors				13	0		
Expenses	14		r, rent, utilities, and maintenance				14	0		
Ä	15		iblications, postage, and shipping				15	0		
	16	• • •	nses (describe in Schedule O)				16	21,438		
	17	Total expe	nses. Add lines 10 through 16			<u> </u>	17	125,195		
	18	Excess or	deficit) for the year (subtract line 17 from line 9)	<u> </u>			18	32,382		
ets	19		or fund balances at beginning of year (from line 27, c					32,302		
SS			r figure reported on prior year's return)				19	9,575		
Net Assets	20	=	ges in net assets or fund balances (explain in Schedule				20	9,575		
Ž	21		or fund balances at end of year. Combine lines 18 throu				21	41,957		
			cc zaianicos at cha ci youn combino inico lo tillot					41,737		

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	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part II		<u>v</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			2,184	22	40,634
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			7,391	24	1,323
25	Total assets			9,575	25	41,957
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column			9,575	27	41,957
Part	III Statement of Program Service Accom	plishments (see th	e instructions for F	art III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part III 🗌		Expenses
What	is the organization's primary exempt purpose?	CHARITABLE				quired for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			,	nizations; optional for
28	Food Security: APWEE provided emergency food as					
	women, facing hunger in Baghlan, Kabul, Kandahar,	Kunar, Kunduz, Lagi	nman, Logar, Nangar	har, and		
	Wardak, Afghanistan as well as Afghan refugees in I					
	(Grants \$ 10,000) If this amount				28a	43,350
29	Disaster Relief: APWEE provided emergency relief to	o 100 earthquake vict	ims in Paktika, Afgha	nistan. Also,		
	APWEE provided emergency relief to 695 flood viction	ns in Balochistan and	d Khyber Pakhtunkhy	va, Pakistan		
	and Laghman, Logar, Kunar, and Nangarhar, Afghan	istan.				
	(Grants \$ 12,000) If this amount	includes foreign gra	nts, check here .		29a	41,400
30	Small Business Grants: APWEE provided livestock,	including chickens a	nd cows, to 18 female	widows in		
	Baghlan, Afghanistan. Also, APWEE setup four gree	nhouses for eight fen	nale widows in Kabul	, Afghanistan.		
		includes foreign gra			30a	13,600
31	Other program services (describe in Schedule O)	See Schedule O, Sta	tement 2			
		includes foreign gra			31a	7,610
32	Total program service expenses (add lines 28a	through 31a)			32	105,960
Part	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated—see the in	nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part IV		
		(b) Average	(c) Reportable		- 1	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation
ANIT	(a) Name and title A MIR	hours per week	(Forms W-2/1099-MISC/ 1099-NEC)	contributions to employ benefit plans, and		Estimated amount of other compensation
		hours per week devoted to position	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employ benefit plans, and	n	other compensation
CHA	A MIR RPERSON	hours per week devoted to position	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employ benefit plans, and	n	other compensation
CHAI SOH	A MIR	hours per week devoted to position	(Forms W ⁻ 2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employ benefit plans, and	0	0
CHAI SOHA TREA	A MIR IRPERSON AIR OMAR	hours per week devoted to position	(Forms W ⁻ 2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employ benefit plans, and	0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0
CHAI SOHA TREA SIRA	A MIR RPERSON AIR OMAR ASURER J KHAN	hours per week devoted to position 2.00	(Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	contributions to employ benefit plans, and	0 0	0

Part '	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	30		Ť
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	350		_
	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			Ť
	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
•	40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed: CT			
42a		203-81		
b	Located at: 362 BUCKINGHAM ST, OAKVILLE, CT 06779-1104 ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	06779		
Б	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country:	720		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		~
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			. L
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		1
	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodula O			
45	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45h		1

Form 990	0-EZ (20	022)								F	Page 4
										Yes	No
		ne organization engage, directly or in									
		ndidates for public office? If "Yes," o		, Part I					46	<u> </u>	'
Part \		Section 501(c)(3) Organizations									
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, a	and cor	nplete the	e tab	oles to	or lin	es
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	I to any question i	n this F	Part VI		<u></u>	<u> </u>		<u> L</u>
47	D: -1 -11						la coden na Alana			Yes	No
		he organization engage in lobbying 'If "Yes," complete Schedule C, Par		section 501(n) elec		епест с	luring the	tax	4-		
	•	· · ·							47		~
		organization a school as described in							48	├	~
		ne organization make any transfers to		_					49a	<u> </u>	~
		es," was the related organization a se						.	49b	L	ما ادما
		olete this table for the organization's oyees) who each received more than									
	empi	byees, who each received more than	i ψ i oo,ooo oi compei	(c) Reportable				-, em	TOI IN	One.	
	(2)	Name and title of each employee	(b) Average hours per week	compensation		d) Health I tributions t	o employee	(e) E	stimate	d amo	unt of
	(a)	Traine and title of each employee	devoted to position	(Forms W-2/1099-MIS 1099-NEC)	SC/ bene		and deferred	oth	ner com	ıpensa	tion.
None				1099-NEO)		compen	Sation				
None											
	Total	number of other employees paid over	er \$100 000								
		olete this table for the organization'			ent cont	tractors	who each	rece	aived	more	tha
		,000 of compensation from the organ			5111 0011	lidotoio	WIIO OUOI	1000	nvou	111010	,
	(-)	Name and hysinass address of each independent	lant contractor	(b) Type of			(-)	Camer			
	(a)	Name and business address of each independ	ieni contractor	(b) Type of	service		(C)	Comp	oensatio	ווכ	
None											
				_							
				-							
	-	and a second sec									
		number of other independent contra	=		• . –						
		the organization complete Schedu	ıle A? Note: All se	ection 501(c)(3) o	rganizat	ions m		_	7 -		NI.
		bleted Schedule A			• •				Yes		No
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than						iowled	ge and	belief	, it is
	uii			gae. e. willon propu		.,	.5.				
Sign		Signature of officer				Date	1				
Here						Date					
11016		SOHAIR OMAR, TREASURER Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		Ī.,		PTIN		
Paid		Trillorype preparer straine					Check L	if	•		
Prepa		Firm's name				Firm's EIN					
Use C	nly	Firm's name Firm's address					ne no.				
May th	e IRS	discuss this return with the preparer	r shown above? See i	instructions					Yes	\Box	Nο

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ACCHANISTAN DAVISTAN WOMEN'S ECONOMIC EMPOWEDMENT INC.

AFGHANISTAN-PAKISTAN WOMEN S ECONOMIC EMPOWERMENT INC 87-0933902 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 29,737 158,494 188,231 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 0 0 0 29,737 158,494 188,231 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 30,870 **Public support.** Subtract line 5 from line 4 157,361 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 0 0 0 29,737 158,494 188,231 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 188,231 Gross receipts from related activities, etc. (see instructions) 12 180 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 % 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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Schedule A (Form 990) 2022 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	I	1		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (f)		45	0/
15 16	Public support percentage for 2022 (line a Public support percentage from 2021 Scl		-				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2022 (ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage for 2022 (-			
19a	33 ¹ / ₃ % support tests—2022. If the organ						
·Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organiz		-	-		-	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		

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Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
AFGHANISTAN-PAKISTAN WOMEN S ECONOMIC EMPOWERMENT INC	87-0933902
Form 990-EZ, Part I, Line 10 - \$103,756.71 in Grants and similar amounts paid = \$9,029.38 in Grants and otl	ner assistance to foreign
organizations and foreign individuals + \$8,600.00 in Livestock + \$118.43 in Project printing + \$82,068.90 in	
Property (for greenhouses)	
Form 990-EZ, Part I, Line 16 - \$21,438.13 in Other expenses = \$50.00 in Legal + \$8,529.99 in Advertising and	
Office expenses + \$280.50 in Information technology + \$2,203.29 in Travel + \$641.00 in Foreign currency expenses	xchange gain/loss
Form 990-EZ, Part II, Line 24 - \$1,323.23 in donations made in 2022 which were not paid out as of December	er 31, 2022

Schedule O, Statement 1

AFGHANISTAN-PAKISTAN WOMEN S ECONOMIC EMPOWERMENT

INC

Form: **Form 990-EZ (2022)** EIN: **87-0933902**

Page: 1 Header Section

Reasonable Cause Explanations

Explanation

Afghanistan-Pakistan Women's Economic Empowerment Inc. is run by volunteers. The extension that was granted by the IRS gave us ample time to complete this form accurately.

AFGHANISTAN-PAKISTAN WOMEN S ECONOMIC EMPOWERMENT

INC

Form: **Form 990-EZ (2022)** EIN: **87-0933902**

Page: 2 Part III, Line 31

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
STEM Scholarships: APWEE awarded 11 STEM scholarships to low-income female students in Kabul and Kunduz, Afghanistan and Khyber Pakhtunkhwa, Pakistan.	0		4,610
Winter Survival: APWEE provided winter survival kits, including blankets and charcoal, to dozens of families, prioritizing disadvantaged women, facing freezing temperatures in Kabul, Afghanistan.	0		3,000
Total:			7.610