#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Inspection

<u>A</u>	FOR L	ne 2013 calendar year, or tax year beginning and en	nding		
В	Check applica	if C Name of organization		D Employer identif	ication number
	Add	ress WOMEN FOR WOMEN INTERNATIONAL			
	Nan	nge Doing Business As	111111111111111111111111111111111111111	52-1	838756
	Initi	n Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone numbe	er
L	Terr	ZOOO M DIKEEI, NW	0.0	(202	
L	retu			G Gross receipts \$	30,383,846.
L	App tion pen	WASHINGTON, DC 20036		H(a) Is this a group re	eturn
	- 1	F Name and address of principal officer: TONY GAMBINO		for subordinates	? Yes X No
_		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		xempt status: X 501(c)(3)	527	If "No," attach a	list. (see instructions)
		ite: ► WWW. WOMENFORWOMEN. ORG		H(c) Group exemptio	n number 🕨
	art I	of organization: X Corporation Trust Association Other Summary	L Year o	of formation: 1993	A State of legal domicile: DC
Single-	T	· · · · · · · · · · · · · · · · · · ·	TNO	MIND GIRL	TODG OF
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVII CONFLICTS WITH TOOLS TO MOVE TOWARD STABIL	DING	NOMEN SURVI	VORS OF
'nai	2	Check this box if the organization discontinued its operations or disposed			
Vel	3	Number of votion manufactor of the second of		120	ssets.
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)		3	19
88	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	112
VİĘ.	6	Total number of volunteers (estimate if necessary)		6	111
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
•	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		28,902,915.	25,698,579.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		160,428.	-93,665.
- 111	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-445,048.	498,837.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	28,618,295.	26,103,751.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,037,251.	3,770,400.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		L4,264,527.	11,156,202.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		244,768.	173,040.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 4,616,740			
_	12000	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,772,131.	10,748,817.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,318,677.	25,848,459.
- S	19	Revenue less expenses. Subtract line 18 from line 12		299,618.	255,292.
Net Assets or Fund Balances	20	Total accests (Post V. Fine 4.0)		inning of Current Year	End of Year
Bal	20	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)		18,768,809.	19,720,920.
nd d	22	Net assets or fund balances. Subtract line 21 from line 20		3,369,848.	4,081,832.
	irt II	Signature Block	]	13,390,901.	15,639,088.
		alties of perjury, I declare that I have examined this return, including accompanying schedules an	d statemer	ats, and to the hest of my	knowledge and helief it is
true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer h	as any knowledge	knowledge and belief, it is
		autric	, , , , , , , ,	Chily	8 70:4
Sign	1	Signature of officer		Date	, 2017
Her	е	TONY GAMBINO, INTERIM EXECUTIVE DIRECTO	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	Ollock	PTIŅ
Paid		FRANK H. SMITH Frank H. Smith	0 6	5/24/14 if self-employed	P00639053
	arer	Firm's name RAFFA, P.C.		Firm's EIN	52-1511275
Jse	Only	Firm's address 1899 L STREET, NW, SUITE 900			
		WASHINGTON, DC 20036		Phone no. (20	2) 822-5000
Иау	the IF	RS discuss this return with the preparer shown above? (see instructions)			. X Yes No

332002 10-29-13

SEE SCHEDULE O FOR CONTINUATION(S)

#### Part IV | Checklist of Required Schedules

1 Is the organization described in section 901(c)(S) or 4947((A)) (other than a private foundation?  If Yes, "complete Schedule A, 2 X 2 X 3  2 Is the organization requel in decor or indeter political campaign activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II  4 Section 501((Y) organization, Dt the organization engage in lobbying activities, or have a section 501((Y) election in effect or indeter politic formal Pt Yes," complete Schedule C, Part II  5 Is the organization a section 501((Y) (S) (Ot(S)), or 501((S)) organization that receives membership dues, assessments, or similar amounts as defined in Review (Province Province Schedule C, Part II  6 Dd the organization an anxion of organization described in a consume that the provide activities on the described in or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II  7 Dd the organization maintain any donor advised funds or any similar funds or accounts? If Yes," complete Schedule D, Part II  8 Dd the organization maintain collections of works of art, historical freasures, or other similar assessor? If Yes," complete Schedule D, Part II  9 Dd the organization maintain and part II Yes," complete Schedule D, Part II  10 Dd the organization organization amount in Part X, line 21, for escrove or custodial account liability, serve as a custodian for amounts in such itself in Part X, or though a related organization organization report an amount for louding questions is Yes," then complete Schedule D, Part IV II  10 Dd the organization server to any of the following questions is Yes, if then complete Schedule D, Part VII, VII, VII, VII, VII, VII, VII, VII				Yes	No
2 Is the organization required to complete Schedule of Contributions 3 Indifferent principles defined or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c/R) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as ection 501(c/R) os 10(c/R) or 501(c/R)	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Life the organization engage in direct to indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part I					
A Section 501(kg) organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule C, Part If 4	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Sction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(ii)(4), 501(ii)(5), or 501(ii)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 If "Yes," complete Schedule C, Part II is the organization maintain any otion advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for West, complete Schedule D, Part II is 2. Did the organization report on the distribution or investment of amounts in such funds or accounts If If "Yes," complete Schedule D, Part II is 3. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is 3. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is 5. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, ine 121 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, ine 121 fives, "complete Schedule D, Part IV is 10. Did the organization report an amount for lond, buildings, and equipment in Part X, line 101 If "Yes," complete Schedule D, Part IV is 11 if the organization report an amount for land, buildings, and equipment in Part X, line 101 If "Yes," complete Schedule D, Part VII is 2. Did the organization report an amount for investments complete Schedule D, Part X II is 2. The part X is 11 if 11	3		2		x
during the tax year / if 'Yes,' complete Schedule C, Part II .  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts II 'Yes,' complete Schedule D, Part III .  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historics structures II' It'es,' complete Schedule D, Part III .  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .  9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V .  11 If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II .  12 Did the organization report an amount for investments - program related in Part X, line 10? If Yes, complete Schedule D, Part X III .  13 La X .  14 Did the organization report an amount for investments - comprehence in Part X, line 10? If Yes, complete Schedule D, Part X III .  15 Did the organization report an amount for investments - to the system related in Part X, line 16? If Yes, complete Schedule D, Part X III .  16 Did the organization report an amount for ordanization related in Part X, li	4		-		
5 Is the organization a section 501(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9.8179 if "Yes," complete Schedule C, Part III	•		4		х
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Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  b Did the organization report an amount for investments - order related in Part X, line 10? If "Yes," complete Schedule D, Part VIII  c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  11		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  15 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III  16 Did the organization is a part X, line 16? If "Yes," complete Schedule D, Part X III  17 Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization is tiability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III  18 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  19 Did the organization answered "No" to line 12a, then completing Schedule D, Part X III and XII  19 Did the organization report an oral XI, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization and service activities outside the United States, or aggregate foreign investments, auded at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lin		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11c X  d Did the organization seport an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  11d X  2 Did the organization incort an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  11d X  11d X  2 Did the organization incort an amount of other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  11d X  11d X  2 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  11d X  12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule T, It "Yes," complete Schedule P, Parts II and IV  12a It the organization maintain an office, employees, or agents outside of the United States?  13 Is the organization end of the organization end of the organization end of the organization end of the Part III and			9		<u> </u>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  3 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  5 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  6 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  7 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  8 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  9 Did the organization on botain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  10 Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  11 Did X  12 Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  15	10		40	v	
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foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	15				
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 X	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 X			16	Х	
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	x	
1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	18		''		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	.5		18	х	
complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		Х
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	11 I I I I I I I I I I I I I I I I I I	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del></del> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2013) WOMEN FOR WOMEN INTERNATIONAL 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					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	112			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
				5a		_ <u>X</u> _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		ī	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		i	7a	X	
				7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		х
	to file Form 8282?	I <b>.</b> .		7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	.10	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		xt?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intelligence of the contribution of qualified intelligence of qualified		200	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Full the organization received a contribution of care beats simplened as other vehicles, did the organization			7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		t t	/n		
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	uny un	io during the your.			
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	, l			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				77
				14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eΟ		14b	000	(0040)
				Luin	330	(2013)

Form 990 (2013) WOMEN FOR WOMEN INTERNATIONAL 52-1838756 Page
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 in Schedule O. See instructions.	7.0	oop on	00
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			.,
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N
10-	Did the every instinct have lead about we have been as affiliated.	10-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	21	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b	х	
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	21	
	District the second of the sec	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in 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?	16a		Х
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AK , AL , AR , AZ , CA , CO , CT , FL , GA	,HI	,IL	,KS
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	<u> </u>	
	GENTIANA AROVAS - (202) 737-7705			
	2000 M STREET, NW, NO. 200, WASHINGTON, DC 20036			
33200	5 10-29-13 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2013)

### 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 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 and/or Box 7 of Form 1099-MISC) 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than	h an	( <b>D)</b> Reportable compensation from	( <b>E)</b> Reportable compensation from related	(F) Estimated amount of other														
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Key employee Highest compensated employee Former		Key employee Highest compensated employee Former		Key employee Highest compensated employee Former		Key employee Highest compensated employee Former		ney employee Highest compensated employee Former		hey employee Highest compensated employee Former		Highest compensated employee Former		ney employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LUCY BILLINGSLEY	1.00	<b>.</b> ,		7.7				0.	0.	0														
BOARD CHAIR (2) DANUTA LOCKETT	1.00	Х		Х				0.	0.	0.														
VICE-CHAIR	1.00	x		х				0.	0.	0.														
(3) ANDREA BERNSTEIN	1.00	^		Λ		$\vdash$		0.	0.	•														
SECRETARY	1.00	X		Х				0.	0.	0.														
(4) LEIGH COMAS	1.00			21				0.	0.	-														
TREASURER	1:00	x		х				0.	0.	0.														
(5) JEWELLE BICKFORD	1.00	<del> </del>							•															
BOARD MEMBER, UK TRUSTEE		x						0.	0.	0.														
(6) KATHERINE BORSECNIK	1.00																							
BOARD MEMBER		x						0.	0.	0.														
(7) DEBORAH DAVID	1.00																							
BOARD MEMBER		Х						0.	0.	0.														
(8) CHRISTINE FISHER	1.00																							
BOARD MEMBER		X						0.	0.	0.														
(9) KAREN FITZSIMMONS	1.00																							
BOARD MEMBER		Х						0.	0.	0.														
(10) TONY GAMBINO	1.00																							
BOARD MEMBER		Х						0.	0.	0.														
(11) DEBORAH L. HARMON	1.00																							
BOARD MEMBER, PAST CHAIR		Х						0.	0.	0.														
(12) SHARON MARCIL	1.00																							
BOARD MEMBER	1 00	Х						0.	0.	0.														
(13) LEN MIDDLETON	1.00									_														
BOARD MEMBER	1 00	Х						0.	0.	0.														
(14) BARBARA PERLMUTTER	1.00	٠,,																						
BOARD MEMBER	1 00	Х						0.	0.	0.														
(15) NANCY RUBIN	1.00	x						0.	0.	0.														
BOARD MEMBER (16) CYNTHIA RYAN	1.00	^				<u> </u>	-	0.	0.	<u> </u>														
BOARD MEMBER	1.00	x						0.	0.	0.														
(17) SHERYL SANDBERG	1.00	┢				$\vdash$		0.	· ·	<u> </u>														
BOARD MEMBER	1.00	x						0.	0.	0.														

332007 10-29-13

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Es	stimate	∍d
	hours per	box	, unle cer ar	ss pe	rson i	is bot	h an	compensation	compensation		mount (	of
	week	$\vdash$	Cei ai	iu a u	T CCIC	ii us	100)	from	from related		other	
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC)		npensa rom the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)		anizati	
	organizations	truste	al trus		ee/	mpen		(** 27 1033 141100)			d relate	
	below	Individual trustee	institutional trustee	<u></u>	Key employee	est co oyee	er				anizatio	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Form					
(18) MARY ZIENTS	1.00											
BOARD MEMBER, PAST CHAIR		Х						0.	0.			0.
(19) JAN ROCK ZUBROW	1.00											
BOARD MEMBER		Х						0.	0.			0.
(20) AFSHAN KHAN	40.00	]										
CEO				Х				375,811.	0.		<u>2</u>	18.
(21) CAROL SPAHN - AS OF 4/2013	40.00							4-4-6-6				_
SR. VP OF OPERATIONS				Х				151,870.	0.			0.
(22) KAREN SHERMAN - UNTIL 07/2013	40.00							40-000				
INTERIM AFRICA DIRECTOR	4000				Х			187,983.	0.		4	20.
(23) BRITISH ROBINSON - AS OF 3/2013	40.00				l			105 510				^
SR. VP INNOV. AND. STRAT. INIT.	40.00				Х			185,719.	0.			0.
(24) MARA DELL	40.00	4			,,			101 115			1 1	2.0
VP OF HUMAN RESOURCES	40.00				Х			181,115.	0.		1,1	<u> 34.</u>
(25) COLLEEN ZAKREWSKY	40.00	4			,,			170 707			, ,	00
VP MARKETING DEV. & COMMUNICATIONS	40.00				Х			179,727.	0.		4,6	99.
(26) JULIANNA LINDSEY - AS OF 2/2013	40.00	ł				x		120 241				^
VP PROGRAMS						Λ	Ļ	138,341.	0.		6,4	0.
1b Sub-total								539,925.	0.		6,4	
c Total from continuation sheets to Part V								1,940,491.	0.		3,2	
d Total (add lines 1b and 1c)											3,4	3/.
2 Total number of individuals (including but n	ot limited to tr	nose	liste	ed a	bove	e) wh	no re	eceived more than \$100	1,000 of reportable			14
compensation from the organization											Yes	No
2 Did the consciention list and formation	-United the second second				1 -						163	NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,		•	,	•	•	,	•	. ,	_	x	
4 For any individual listed on line 1a, is the su								or componentian from		3	<u> </u>	
and related organizations greater than \$15	•							·	uie organization	4	x	
5 Did any person listed on line 1a receive or a	•								idual for services			
Did ally person listed on line 1a receive of a	accide compe	noat		UIII	ıaııy	uill	Ciall	ca organization or multi	iddai idi ati victa			1

**Section B. Independent Contractors** 

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)	(B)	(C)
Name and business address	Description of services	Compensation
MAL WARWICK ASSOCIATES, 1015 18TH STREET,	FUNDRAISING	
NW, SUITE 805, WASHINGTON, DC 20036	CONSULTANT	1,915,965.
AMERICAN MUSEUM OF NATURAL HISTORY	FUNDRAISING	
CEN. PARK W. & 79TH ST., NEW YORK, NY 100	75FACILITIES	298,497.
PM DIGITAL, 5 HANOVER SQUARE, 6TH FLOOR,	SOFTWARE PROGRAMMING	
NEW YORK, NY 10005	SERVICES	206,671.
C: STRAIGHT		
120 BEULAH ROAD, NE, VIENNA, VA 22180	WEBSITE MAINTENANACE	196,468.
THOUSAND HILLS EXPEDITIONS		
PO BOX 3090, KIGALI, RWANDA	TOURING SERVICES	124,321.
2 Total number of independent contractors (including but not limited to those li	sted above) who received more than	
\$100,000 of compensation from the organization > 7		
	~	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

rendered to the organization? If "Yes," complete Schedule J for such person

Form 990 WOMEN FOI	R WOMEN	II	ITI	<u>ERI</u>	NA!	ri(	NZ	AL	52-183	8756
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)				ıly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) AMY GILL DIR. INSTITUTIONAL DEVELOPMENT	40.00					Х		118,545.	0.	10,337.
(28) JANET COFFEY DIR. OF GLOBAL OPERATIONS	40.00					Х		115,533.	0.	0.
(29) DAVID PAULSON DIR. OF RISK MANAGEMENT	40.00					х		102,897.	0.	6,195.
(30) ERICA LUBENSKY - UNTIL 05/2013 CHIEF OF STAFF	40.00					х		102,769.	0.	236.
(31) ANDREE SIMON - UNTIL 12/2012 FORMER PRESIDENT, INTERIM CEO, COO	40.00						х	100,181.	0.	0.
Total to Part VII, Section A, line 1c								539,925.		16,768.

#### WOMEN FOR WOMEN INTERNATIONAL 52-1838756 Form 990 (2013) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D**) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns **b** Membership dues 1b 1c 2,227,002. c Fundraising events 1d 1,491,438. d Related organizations 948,043. e Government grants (contributions) f All other contributions, gifts, grants, and 21032096 similar amounts not included above \_\_\_\_\_ **1f** 175,044. g Noncash contributions included in lines 1a-1f: \$ 25698579. h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, and 69,764. 69,764. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 45,431. 6 a Gross rents 8,256. **b** Less: rental expenses ...... 37,175. c Rental income or (loss) ..... 37,175. 37,175. d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 3562674. assets other than inventory b Less: cost or other basis 3726103. and sales expenses -163429.c Gain or (loss) -163,429.163,429. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$2,227,002. of contributions reported on line 1c). See Part IV, line 18 a 157, 120 b Less: direct expenses b 543,064. -385,944. 385,944. **c** Net income or (loss) from fundraising events

9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

52,947.

900099

2,672. 50,275. 50,275. Business Code

LEASE TERMINATION b OTHER INCOME CURRENCY TRANSACTIONS All other revenue

Total revenue. See instructions.

Total. Add lines 11a-11d

and allowances .....

**b** Less: cost of goods sold

c Net income or (loss) from sales of inventory Miscellaneous Revenue

> 877,842. 900099 38,086. -118,597. 900099

797,331. 26103751.

0. 354,897. Form **990** (2013)

877,842.

-118,597.

38,086.

50,275.

332009 10-29-13

## Form 990 (2013) WOMEN FOR WOMEN Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon			(0)	/B)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	3,770,400.	3,770,400.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,132,363.	481,355.	418,264.	232,744.
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	8,597,346.	6,804,618.	862,744.	929,984.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	159,655.	77,814.	42,690.	39,151.
9	Other employee benefits	821,426.	688,417.	70,828.	62,181.
10	Payroll taxes	445,412.	222,706.	124,715.	97,991.
11	Fees for services (non-employees):				
а	Management		F0 011	4 251	2 006
b	Legal	77,588.	70,211.	4,351.	3,026.
	Accounting	84,939.	71,096.	13,843.	
	Lobbying	172 040			172 040
е	Professional fundraising services. See Part IV, line 17	173,040.			173,040.
f	Investment management fees				
g	, -	1 070 006	826,123.	138,886.	105 007
40	column (A) amount, list line 11g expenses on Sch O.)	1,070,096. 2,852,725.	731,093.	22,873.	105,087. 2,098,759.
12	Advertising and promotion	1,007,572.		153,251.	86,658.
13	Office expenses	694,926.	591,927.	102,999.	00,030.
14	Information technology	054,520.	331,3210	102,000	
15	Royalties	1,432,819.	1,066,929.	32,709.	333,181.
16 17	Occupancy	963,896.	742,154.	23,448.	198,294.
17 18	Payments of travel or entertainment expenses	30370301	71271311	23,1101	150/251
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	17,799.	17,799.		
21	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	824,123.	525,631.	76,520.	221,972.
23	Insurance	91,388.	65,799.	25,589.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRAINING SUPPLIES	1,408,159.	1,397,929.	7,782.	2,448.
a b	TRANSLATION LOSS	151,846.	_, , , , , , , , , , , , , , , , , , ,	151,846.	_,
C	OTHER EVENT COSTS	70,941.	36,352.	2,365.	32,224.
d		. ,	.,	,	,
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	25,848,459.	18,956,016.	2,275,703.	4,616,740.
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 if following SOP 98-2 (ASC 958-720)				
					= 000 (aa.ta)

332010 10-29-13

# Form 990 (2013) Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,279,122.	1	4,676,245.
	2	Savings and temporary cash investments	4,260,908.	2	4,774,587.
	3	Pledges and grants receivable, net	1,596,417.	3	973,848.
	4	Accounts receivable, net	804,974.	4	1,052,776.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	25,382.	8	26,441.
	9	Prepaid expenses and deferred charges	1,773,147.	9	299,350.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6 , 432 , 387 .			
	b		3,052,838.	10c	4,074,379. 2,932,726.
	11	Investments - publicly traded securities	2,868,851.	11	2,932,726.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,107,170.	15	910,568.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,768,809.	16	19,720,920.
	17	Accounts payable and accrued expenses	1,883,570.	17	1,885,328.
	18	Grants payable		18	
	19	Deferred revenue	147,490.	19	120,892.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u>ia</u>		Complete Part II of Schedule L		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	1 220 700		2 075 612
	l	Schedule D	1,338,788. 3,369,848.	25	2,075,612. 4,081,832.
	26	Total liabilities. Add lines 17 through 25	3,309,040.	26	4,001,032.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.	11,538,376.	0=	11,327,056.
lan	27	Unrestricted net assets	3,799,835.	27	4,251,282.
Ва	28	Temporarily restricted net assets	60,750.	28 29	60,750.
ဋ	29	Permanently restricted net assets	00,750.	29	00,750.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances	00	and complete lines 30 through 34.		20	
sel	30	Capital stock or trust principal, or current funds		30 31	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Red	32	Retained earnings, endowment, accumulated income, or other funds	15,398,961.	33	15,639,088.
	33	Total lichilities and not specifying helphones	18,768,809.	34	19,720,920.
	34	Total liabilities and net assets/fund balances	20,700,000.	J <del>+</del>	Form <b>990</b> (2013)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>Ш</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,1			
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,8			
3	Revenue less expenses. Subtract line 2 from line 1	3			•	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,3		-	
5	Net unrealized gains (losses) on investments	5	-	-15	,10	65.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	15,6	539	, 08	88.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>
				١	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	t			
	Act and OMB Circular A-133?		[3	За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	3b	X	

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **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.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WOMEN FOR WOMEN INTERNATIONAL

**Employer identification number** 52-1838756

Pa	rt I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The o	organi	zation is not a	a private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1				s, or association of churc									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
4		•		operated in conjunction					(b)(1)(A)(ii	i). Enter	the hose	oital's nar	ne.
-		city, and state	-			•				•			•
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
_		_	(b)(1)(A)(iv). (Comple	-	,	•	,	Ü					
6				ent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)(1	)(A)(v).					
7	X			eives a substantial part					or from the	general	public d	lescribed	in
			<b>b)(1)(A)(vi).</b> (Comple		o oupp		9010			90	p a.o o		
8				ection 170(b)(1)(A)(vi).	Complete	Part II )							
9	一			eives: (1) more than 33 1			rom contri	hutions m	nemhershii	n fees la	nd aross	s receints	from
Ū				nctions - subject to certa									
			•	axable income (less sect	•	•	•				•		
			<b>509(a)(2).</b> (Complete			x, nom ba	01110000000	loquilou b	y the orga	mzation	unter our	110 00, 10	70.
10				perated exclusively to te	st for nubl	ic safety 9	See <b>sectio</b>	n 509(a)(4	ı)				
11	一	-	-	perated exclusively for the	=	-			-	out the	nurnos	es of one	or
•		Ü		ations described in section		′ '		,		•			O.
				organization and comple				.,. 000 <b>000</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>.,(0).</b> 0		DOX triat	
		a Type I				nctionally		d	avT 🔲 i	e III - No	n-functio	nally inte	arated
е		• •	•	at the organization is not		•	-		• • •			•	-
_				han one or more publicly									
f				ten determination from t						(-)(-)		(/(/	
·			rganization, check th										
g				organization accepted ar									
9				irectly controls, either al							·_	Yes	No
				upported organization?								_	+
				n described in (i) above?									+-
				person described in (i) of									+-
h				about the supported org							[3	,,,,,,	
			g		<b>J</b>	(-)-							
(i)	Name	of supported	(ii) FIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did vou	notify the	(vi) Is	the	(vii) Am	ount of mo	netary
(')		nization	(ii) Ein (iii) Fyo or organization		in col. (i) listed in your organi		organizat			organization in col.		(vii) Amount of monet support	
	9			45010 01 1110 00011011	governing document?		(i) of your	support?	Ü.S.	?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
Γota	l												

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	26335468.	31345352.	28022895.	28902915.	25698579.	140305209
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	26335468.	31345352.	28022895.	28902915.	25698579 <b>.</b>	140305209
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)						15512965.
	Public support. Subtract line 5 from line 4.						124792244
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►		<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	26335468.	<u>31345352.</u>	28022895.	28902915.	<u> 25698579.</u>	140305209
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	25,120.	111,936.	66,470.	154,298.	115,195.	473,019.
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 IV.)	65,446.	64,499.	199,033.	12,328.		379,392.
11	<b>Total support.</b> Add lines 7 through 10						141157620
	Gross receipts from related activities	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,674,928.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and sto	p here					<b>&gt;</b>
	ction C. Computation of Pub						
	Public support percentage for 2013 (					14	88.41 %
15	Public support percentage from 2012	2 Schedule A, Part	II, line 14			15	90.38 %
16a	33 1/3% support test - 2013. If the	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			►X
b	33 1/3% support test - 2012. If the	•		•		•	
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	st - 2013. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	_	
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	<b>st - 2012.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t		•				
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Cohe	dule A (Form 990	000 E7\ 2012

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

(Complete only if you checked the box on line 9 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.)

Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013  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	(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 organ-	
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 organ-	
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 organ-	
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 organ-	
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 organ-	
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 organ-	
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 organ-	
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ-	
are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
iness under section 513  4 Tax revenues levied for the organ-	
4 Tax revenues levied for the organ-	
ization'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>b</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	
c Add lines 7a and 7b	
8 Public support (Subtract line 7c from line 6.)	
Section B. Total Support	
Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013	(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	
aggired after June 20, 1075	
c Add lines 10a and 10b	
activities not included in line 10b,	
whether or not the business is	
regularly carried on	
or loss from the sale of capital	
assets (Explain in Part IV.)	
13 Total support. (Add lines 9, 10c, 11, and 12.)	
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organ	nization,
check this box and stop here	<b>&gt;</b>
Section C. Computation of Public Support Percentage	
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<u>%</u>
16 Public support percentage from 2012 Schedule A, Part III, line 15	%
Section D. Computation of Investment Income Percentage	
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<u>%</u>
18 Investment income percentage from 2012 Schedule A, Part III, line 17	<u>%</u>
19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line	17 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶□
b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%	, and
<b>→</b>	n ▶
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organizatio	

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

WOMEN FOR WOMEN INTERNATIONAL

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

OMB No. 1545-0047

Name of the organization

Employer identification number

52-1838756

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one plete Parts I and II.							
Special Rules								
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contribution	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
contributions for If this box is chec purpose. Do not (	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year							
ū	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

#### WOMEN FOR WOMEN INTERNATIONAL

52-1838756

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,491,438.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222452 10 2		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### WOMEN FOR WOMEN INTERNATIONAL

52-1838756

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 F7 or 000 PE) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number WOMEN FOR WOMEN INTERNATIONAL 52-1838756 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WOMEN FOR WOMEN INTERNATIONAL

**Employer identification number** 52-1838756

Pai	t I Organizations Maintaining Donor Advised F		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		'
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's exc	_	
6	Did the organization inform all grantees, donors, and donor advis		
-	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (		
	Preservation of land for public use (e.g., recreation or educ		storically important land area
	Protection of natural habitat		tified 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
а	Total number of conservation easements		2a
b	<del>-</del>		•
С	Number of conservation easements on a certified historic structu	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easem	ent is located >	
5	Does the organization have a written policy regarding the periodi	c monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e	•	
	include, if applicable, the text of the footnote to the organization'	s financial statements that describes	s the organization's accounting for
Do	conservation easements.  † III   Organizations Maintaining Collections of A	t Historical Tracquires or (	Other Similar Assets
rai	Complete if the organization answered "Yes" to Form 990		other Sillinai Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 9		ment and belonce sheet works of ort
Ia	historical treasures, or other similar assets held for public exhibiti		
	the text of the footnote to its financial statements that describes		arice of public service, provide, in Fait Airi,
h	If the organization elected, as permitted under SFAS 116 (ASC 9		at and halance shoot works of art, historical
D			
	treasures, or other similar assets held for public exhibition, educated relating to these items:	ation, or research in furtherance of pr	ablic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b> \$
2	If the organization received or held works of art, historical treasur	res or other similar assets for financi	
2	the following amounts required to be reported under SFAS 116 (		ai gairi, provide
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	, issue in old dod in rolling ood, rate A		F ¥

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WOMEN	FOR	WOMEN	INTERNA	TTONAT.

	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, or O	ther Sim	ilar Asse	ts(contin	nued)	
3	Using the organization's acquisition, accession	, and other record	s, check any of the	following that are	a significan	t use of its	collection	n items	<del></del>
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е		0.0					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explair	n how they further t	ne organization's	exempt pur	oose in Par	t XIII.		
5	During the year, did the organization solicit or r								
_	to be sold to raise funds rather than to be mair						Yes		No
Par	t IV Escrow and Custodial Arrange						line 9, or		
	reported an amount on Form 990, Part 2								
1a	Is the organization an agent, trustee, custodiar	or other intermed	liary for contribution	s or other assets	not include	d	_		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar								
							Amount	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form	m 990, Part X, line	21?			L	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C								
Par	t V Endowment Funds. Complete if the	he organization an	swered "Yes" to Fo	rm 990, Part IV, Iir	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three	years back	(e) Four	years b	ack
1a	Beginning of year balance	60,750.	48,250.						
b	Contributions		12,500.	48,25	0.				
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	60,750.	60,750.	48,25	0.				
2	Provide the estimated percentage of the currer	nt year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	.00	_%						
b	Permanent endowment  100.00	%							
С	Temporarily restricted endowment ▶	.00%							
	The percentages in lines 2a, 2b, and 2c should	equal 100%.							
За	Are there endowment funds not in the possess	sion of the organiza	ation that are held a	nd administered fo	or the orgar	nization	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		<u> </u>
	(ii) related organizations						3a(ii)		<u> </u>
b	If "Yes" to 3a(ii), are the related organizations li	sted as required o	n Schedule R?				. 3b		
4	Describe in Part XIII the intended uses of the o		wment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	'Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of basis (investment)	1 ' '		) Accumula depreciatio	l l	(d) Bool	k value	
	Land		20	5,482.			20	5,48	32.
	Buildings		1,73	3,435.	82,0		1,65	1,35	59.
	Leasehold improvements			3,366.	93,3		85	9,99	9.
d	Equipment			2,198.	327,8	323.	17	4,37	75.
е	Other		3,03	7,906. 1	,854,	742.	1,18	_	
	. Add lines 1a through 1e. (Column (d) must equ		X, column (B), line 1	0(c).)		🕨	4,07	4,37	79.

Part VII Investme	ts - Other Securities
-------------------	-----------------------

Part VIII Investments - Other Se Complete if the organization ar		Form 990 Part IV	ling 11h Soc Form 990	Part V line 12	
(a) Description of security or category (including		(b) Book value			nd-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, col.	(B) line 12.) <b>&gt;</b>				
Part VIII Investments - Program	Related.				
Complete if the organization ar	swered "Yes" to	Form 990, Part IV	, line 11c. See Form 990,	, Part X, line 13.	
(a) Description of investment		(b) Book value			nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col.	(B) line 13.) ►				
Part IX Other Assets.					
Complete if the organization ar			, line 11d. See Form 990,	, Part X, line 15.	(h) Daalaaalaa
	(a) De	escription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	rt V and (D) line:	15 \			
Total. (Column (b) must equal Form 990, Pa. Part X Other Liabilities.	IL X, COL. (B) IIITE I	15.)			<u> </u>
Complete if the organization ar	neworod "Voe" to	Form 000 Part IV	ling 11g or 11f Soc For	m 000 Part V line 2	5
1. (a) Description of		TOITH 330, FAIL IV	(b) Book value	111 J30, 1 alt A, III e 2	o.
(1) Federal income taxes			(2) 2001. Value		
(2) DEFERRED RENT AND	LEASE IN	CENTIVES	2,028,784	•	
(3) OTHER CURRENT LIAB		021(1110	46,828		
			10,020	-	
(4)				-	
(5) (6)					
<u>(7)</u>				-	
(8) (9)					
Total. (Column (b) must equal Form 990, Pa.	rt X col (R) line (	25)	2,075,612		
2. Liability for uncertain tax positions. In Pa					s that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per R	etur	n.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				-
1	Total	revenue, gains, and other support per audited financial statements			1	27,634,038
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains on investments	2a	-15,165.		
b		ed services and use of facilities	2b	991,460.		
С		veries of prior year grants	2c	552 000		
d		(Describe in Part XIII.)		553,992.		1 520 005
е		nes <b>2a</b> through <b>2d</b>			2e	1,530,287
3		act line <b>2e</b> from line <b>1</b>			3	26,103,751
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
		ment expenses not included on Form 990, Part VIII, line 7b	$\overline{}$			
b		(Describe in Part XIII.)				0
		nes <b>4a</b> and <b>4b</b> revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			4c 5	26,103,751
5 Pa		Reconciliation of Expenses per Audited Financial Stateme			_	
· u	, t //!!	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		itii Experioce per		*****
1	Total	expenses and losses per audited financial statements			1	27,393,911
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
– a		ed services and use of facilities	2a	991,460.		
b		/ear adjustments	2b	•		
С		losses	2c			
d		(Describe in Part XIII.)	2d	553,992.		
		nes <b>2a</b> through <b>2d</b>			2e	1,545,452.
3		act line <b>2e</b> from line <b>1</b>			3	25,848,459
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	25,848,459
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II			4; Par	t X, line 2; Part XI,
ines	zu and	l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ioriai irii	ormation.		
PAI	RT V	, LINE 4:				
EX1	PLAN	ATION: THE MARY ZIENTS PROFESSIONAL DEV	ELOI	PMENT FUND W	AS	ESTABLISHED
TO	BE	HELD IN PERPETUITY. ONLY THE INTEREST E	ARNI	ED ON THE FU	ND	MAY BE
SPI	ENT.					
PAI	ят х	, LINE 2:				
		,, ======				
EX1	PLAN	ATION: WOMEN FOR WOMEN PERFORMED AN EVA	LUAT	TION OF UNCE	RTA	IN TAX
POS	SITI	ONS FOR THE YEAR ENDED DECEMBER 31, 201	.3, <i>I</i>	AND DETERMIN	ED	THAT THERE
WEI	KE N	O MATTERS THAT WOULD REQUIRE RECOGNITION	II NO	N THE CONSOL	TDA	TED
ידה	T 7	TAI CMAMEMENIMO OD MILAM MAN ILAND AND DES	ı Tr. Cun	ON THE HAS	T2 52 T2	MDM CMAMIC
L II	VANC	IAL STATEMENTS OR THAT MAY HAVE ANY EFF	ьст	ON ITS TAX-	LXE	MPT STATUS.

LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2013 WOMEN FOR WOMEN INTERNATIONAL  Part XIII   Supplemental Information (continued)	52-1838756 Page 5
	2 672
COGS	2,672.
SPECIAL EVENT EXPENSES	543,064.
RENTAL EXPENSES	8,256.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	553,992.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COGS	2,672.
SPECIAL EVENT EXPENSES	543,064.
RENTAL EXPENSES	8,256.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	553,992.

#### **SCHEDULE F** (Form 990)

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. ➤ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

WOMEN	FOR WOMEN	INTERNATIONAL	52-1838756
Part I	General Infor	mation on Activities Outside the United States. Complete if the organ	nization answered "Yes" on

Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region				
EUROPE (INCLUDING				EDUCATING WOMEN ABOUT					
ICELAND & GREENLAND)				CHALLENGES FACED IN					
- ALBANIA, ANDORRA,				REBUILDING THEIR LIVES					
AUSTRIA, BELGIUM	2	95	PROGRAM SERVICES	IN THE AFTERMATH OF WAR.	1,047,208.				
EUROPE (INCLUDING					· · · · ·				
ICELAND & GREENLAND)									
- ALBANIA, ANDORRA,									
AUSTRIA, BELGIUM	0	0	GRANTMAKING		277,104.				
MIDDLE EAST AND				EDUCATING WOMEN ABOUT	<u> </u>				
NORTH AFRICA -				CHALLENGES FACED IN					
ALGERIA, BAHRAIN,				REBUILDING THEIR LIVES					
DJIBOUTI, EGYPT,	2	128	PROGRAM SERVICES	IN THE AFTERMATH OF WAR.	1,452,281.				
MIDDLE EAST AND					, , , -				
NORTH AFRICA -									
ALGERIA, BAHRAIN,									
DJIBOUTI, EGYPT,	0	0	GRANTMAKING		690,365.				
SUB-SAHARAN AFRICA -				EDUCATING WOMEN ABOUT					
ANGOLA, BENIN,				CHALLENGES FACED IN					
BOTSWANA, BURKINA,				REBUILDING THEIR LIVES					
FASO,	4	295	PROGRAM SERVICES	IN THE AFTERMATH OF WAR.	6,043,256.				
SUB-SAHARAN AFRICA -					<u> </u>				
ANGOLA, BENIN,									
BOTSWANA, BURKINA,									
FASO,	0	0	GRANTMAKING		2,802,931.				
·					<u> </u>				
3 a Sub-total	8	518			12,313,145.				
<b>b</b> Total from continuation					, , ,				
sheets to Part I	0	0			0.				
c Totals (add lines 3a									
and 3b)	8	518			12,313,145.				
		·							

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
the IRS, or for which t	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (b) Region valuation (book, FMV, appraisal, other) (a) Type of grant or assistance recipients cash grant cash disbursement non-cash non-cash assistance assistance EUROPE (INCLUDING ICELAND AND DIRECT HUMANITARIAN AID GREENLAND) 2,443 277,104.CASH PAYMENT 0 MIDDLE EAST AND DIRECT HUMANITARIAN AID NORTH AFRICA 6,521 690,365. CASH PAYMENT 0 SUB-SAHARAN DIRECT HUMANITARIAN AID AFRICA 25,560 2802931. CASH PAYMENT 0

Schedule F (Form 990) 2013

332073 10-03-13



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 Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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 Instructions for Forms 3520 and 3520-A)	Yes	X 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 Instructions for Form 5471)	Yes	X 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 Instructions for Form 8621)	Yes	X 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 Instructions for Form 8865)	Yes	X 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X 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.

#### PART I, LINE 2:

EXPLANATION: WOMEN FOR WOMEN ENGAGES LOCAL ACCOUNTANTS TO AUDIT COUNTRY PROGRAMS ON AN ANNUAL BASIS AND WOMEN FOR WOMEN UNDERGOES A GLOBAL AUDIT ANNUALLY WITH A US-BASED AUDIT FIRM. DEPENDING UPON WHERE THE GRANT IS ADMINISTERED, GRANT FINANCIAL REPORTS ARE EITHER PREPARED LOCALLY AT THE COUNTRY OFFICE AND REVIEWED BY HO FINANCE, OR BY HO FINANCE DIRECTLY. WOMEN FOR WOMEN STAFF WORK JOINTLY WITH LOCAL STAFF TO PRODUCE BUDGETS FOR COUNTRY OFFICES OUTSIDE THE US. THESE BUDGETS INCLUDE GRANT FUNDED AND NON-GRANT FUNDED ACTIVITIES. EXPENDITURES ARE MONITORED AGAINST THE APPROVED BUDGET BY BOTH LOCAL COUNTRY OFFICE STAFF AND US-BASED FINANCE STAFF. THE COUNTRY OFFICES SUBMIT MONTHLY DETAILED EXPENSE REPORTS TO THE US OFFICE AND US FINANCE STAFF REVIEW SPENDING REPORTS AND PERIODICALLY REQUEST BACKUP FOR SIGNIFICANT OR UNUSUAL EXPENSES. MONTHLY EXPENSE REPORTS ARE REVIEWED AND APPROVED BY LOCAL FINANCE STAFF AND THE COUNTRY DIRECTOR.

#### PART III, COL (C):

EXPLANATION: THE NUMBER OF WOMEN RECEIVING TRAINING STIPENDS IS TRACKED IN A DATABASE MAINTAINED BY WOMEN FOR WOMEN. THIS DATABASE OF ENROLLED WOMEN IS THE SOURCE FOR THE MONTHLY TRAINING STIPEND DISTRIBUTION LIST PROVIDED TO THE COUNTRY OFFICES.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Inspection

Employer identification number

Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

**Open To Public** 

OMB No. 1545-0047

WOMEN F	OR WOMEN INTERNAT	IONA	L		52-1838	756
Part I Fundraising Activities required to complete this par	• Complete if the organization answrt.	vered "Y	'es" to	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicit f X Solicit g X Special  or oral agreement with any individual  Part VII) or entity in connection with lividuals or entities (fundraisers) pur	ation of ation of al fundra al (includ profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
MAL WARWICK ASSOCIATES - 1015 18TH STREET, NW, SUITE 805,	FUNDRAISING CONSULTANT	Yes	No X	2,906,244.	173,040.	2,733,204.
Total  3 List all states in which the organization or licensing.  AL, AK, AZ, AR, CA, CO, CT, MO, MT, NE, NV, NH, NJ, NM,	DE,DC,FL,GA,HI,ID	t contrib	intions	s or has been notified	I it is exempt from re	egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2013

52-1838756 Page 2 Schedule G (Form 990 or 990-EZ) 2013 WOMEN FOR WOMEN INTERNATIONAL Fundraising Events. Complete if the organization answered "Yes" to 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 NONE (add col. (a) through NY GALA NY LUNCHEON col. (c)) (total number) (event type) (event type) Revenue 2,022,037. 362,085. 2,384,122. Gross receipts 1,898,917 328,085 2,227,002. 2 Less: Contributions 123,120 34,000 157,120. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 156,450. 39,995. 196,445. Rent/facility costs 141,687. 3,600. 145,287. Food and beverages 42,273. 13,450. 55,723. Entertainment 106,471. 39,138. 145,609. Other direct expenses 543,064. 10 Direct expense summary. Add lines 4 through 9 in column (d) -385,944. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** 

xpe	3	Noncash prizes								
Direct Expe	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes %	Yes % No	Yes % No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	Net gaming income summary. Subtract line 7 from line 1, column (d)									
	a Is the organization licensed to operate gaming activities in each of these states?									
•	_	No," explain:								
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," explain:									

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 WOMEN FOR WOMEN INTERNATIONAL	52-1838	<u> 375</u> 6	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes I	└─ No
13 Indicate the percentage of gaming activity operated in:	120		0/
a The organization's facility b An outside facility			<u>%</u> %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record		<u> </u>	
Name ▶			
Address			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue received by the organization ▶	unt		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address ►			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation > \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i organization's own exempt activities during the tax year ▶ \$	n the		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	art III. lines 9	. 9b. 10	 )b. 15b.
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction			
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:		
(I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES			
(I) ADDRESS OF FUNDRAISER:			
1015 18TH STREET, NW, SUITE 805, WASHINGTON, DC 20036			
PART I, LINE 2B, COLUMN (V):			
EXPLANATION: MAL WARWICK ASSOCIATES ASSISTS WITH THE PRODUCT	ION. C	REAT	ION
AND IMPLEMENTATION OF FUNDRAISING CAMPAIGNS; THIS INCLUDES M			
	G (Form 990		

Schedule 6	G (Form 990 or 990-EZ)	WOMEN FOR WOM	EN INTERNATIONAL	52-1838756	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)			
		(			
-					
_					
-					
-					

### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www irs gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

WOMEN FOR WOMEN INTERNATIONAL

Employer identification number 52-1838756

Pa	art 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 in Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	X First-class or charter travel X Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., 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	Х			
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 in line 1a?	2	Х			
3	Indicate which, if any, of the following the filing 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.					
	Compensation committee Written employment contract					
	Independent compensation consultant					
	Form 990 of other organizations  Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
	Receive a severance payment or change-of-control payment?	4a	Х			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х		
	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) and 501(c)(4) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:			37		
	The organization?	5a		X		
b	Any related organization?	5b		X		
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:			77		
	The organization?	6a		X		
b	Any related organization?	6b		Х		
_	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_	v			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	X			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v		
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9	1			

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

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 in 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 are not 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in prior Form 990		
(1) AFSHAN KHAN	i)	293,929.	0.	81,882.	0.	218.	376,029.	0.		
CEO (ii	i) 🗌	0.	0.	0.	0.	0.	0.	0.		
(2) CAROL SPAHN - AS OF 4/2013 (i)	i) 🗌	151,743.	0.	127.	0.	0.	151,870.	0.		
SR. VP OF OPERATIONS (iii	i) [	0.	0.	0.	0.	0.	0.	0.		
(3) KAREN SHERMAN - UNTIL 07/2013 (i)	i)	187,772.	0.	211.	0.	420.	188,403.	0.		
INTERIM AFRICA DIRECTOR (ii		0.	0.	0.	0.	0.	0.	0.		
(4) BRITISH ROBINSON - AS OF 3/2013 (i)	i)	173,077.	12,500.	142.	0.	0.	185,719.	0.		
SR. VP INNOV. AND. STRAT. INIT.	i) [	0.	0.	0.	0.	0.	0.	0.		
(5) MARA DELL (i)	i)	180,943.	0.	172.	0.	1,132.	182,247.	0.		
VP OF HUMAN RESOURCES		0.	0.	0.	0.	0.	0.	0.		
(6) COLLEEN ZAKREWSKY (i)		179,543.	0.	184.	0.	4,699.	184,426.	0.		
VP MARKETING DEV. & COMMUNICATIONS (iii		0.	0.	0.	0.	0.	0.	0.		
(7) ANDREE SIMON - UNTIL 12/2012 (i)	i)	0.	0.	100,181.	0.	0.	100,181.	0.		
FORMER PRESIDENT, INTERIM CEO, COO (iii		0.	0.	0.	0.	0.	0.	0.		
(i)	i)									
(ii										
	i)									
(ii	i) [									
	i)									
(ii										
(i)	i)									
(ii										
(i)	i)									
(ii										
(i)	_									
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332112 09-13-13 Schedule J (Form 990) 2013

Scriedule 3 (1 OIII 330) 2013 WOLLDIN I OII WOLLDIN IIVIIII I OIIIII	32 1030730	raye o
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	s part for any additional information.	
PART I, LINE 1A:		
EVELANAMION. AEGUAN MUAN GEO DEGETMED A HOHGING ALLOWANGE OF 624 020		
EXPLANATION: AFSHAN KHAN, CEO, RECEIVED A HOUSING ALLOWANCE OF \$24,820.		
PART I, LINE 4A:		
EXPLANATION: ANDREE SIMON, FORMER PRESIDENT, INTERIM CEO, COO, RECEIVED		
ADDITIONAL COMPENSATION PAY OF \$100,181. ERICA LUBENSKY, CHIEF OF STAFF,		
RECEIVED ADDITIONAL COMPENSATION PAY OF \$13,724.		
MECHANISM COMPANIESM IIII OF \$15,7721		
PART I, LINE 7:		
EXPLANATION: WOMEN FOR WOMEN AWARDS BONUSES IN A DISCRETIONARY FASHION		
ENTIRATION: WOMEN FOR WOMEN AWARDS BONOSES IN A DISCRETIONARY FASHION		
WHERE EXEMPLARY PERFORMANCE IN SERVICE OF THE MISSION MERITS RECOGNITION.		

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

WOMEN FOR WOMEN INTERNATIONAL

Employer identification number 52-1838756

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution amounts reported on	Method of d		•	
		applicable	contributions or	Form 990, Part VIII, line 1	noncash contrib	ution ar	mount	S
1	Art - Works of art		TECHIO CONTINUATOR	T OITH 600, T dit VIII, III16 T				
2	Art - Historical treasures					-		
3								
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		0.0	175 044				
9	Securities - Publicly traded	Х	22	175,044.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21								
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organize		-					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 - 28	, that it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for ex	empt purposes for			
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any non-standard contr	butions?	31		X
	Does the organization hire or use third parties							
	contributions?					32a		Х
h	If "Yes," describe in Part II.		• • • • • • • • • • • • • • • • • • • •					
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is	checked			
-	describe in Part II.	551GITIIT (C) 1	o, a type of prope	ity for without column (a) is	Ji lookou,			
ΙНΔ		the Instruc	tions for Form 00	n	Schedule M	/Earm	000) (	2012)

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Schedule M (Form 990) (2013)

332142 09-03-13

## SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

WOMEN FOR WOMEN INTERNATIONAL

Employer identification number 52-1838756

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT. WITH ACCESS TO THESE SKILLS, KNOWLEDGE AND RESOURCES, SHE HAS

THE CONFIDENCE AND AGENCY TO CREATE SUSTAINABLE CHANGE FOR HERSELF, HER

FAMILY, AND COMMUNITY.

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

PROVIDE FINANCIAL SUPPORT TO WOMEN FOR WOMEN'S WORK AND ARE LINKED WITH

PARTICIPANTS THROUGH A LETTER EXCHANGE PROGRAM TO PROVIDE ADDITIONAL

EMOTIONAL SUPPORT.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AFGHANISTAN, BOSNIA-HERZEGOVINA, CONGO, DEM REP, IRAQ,

NIGERIA, RWANDA, SUDAN

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: WOMEN FOR WOMEN'S FINANCE STAFF REVIEWS THE FINANCIAL ASPECTS
OF THE FEDERAL FORM 990 TO MAKE SURE RESULTS ARE PROPERLY STATED AND
RECONCILE TO THE AUDITED FINANCIAL STATEMENTS. THE GLOBAL LEADERSHIP TEAM
REVIEWS BOTH THE FINANCIAL AND NON-FINANCIAL CONTENT FOR ACCURACY AND
COMPLETENESS. ONCE THE FEDERAL FORM 990 IS REVIEWED AND APPROVED BY
MANAGEMENT IT IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS.
THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS COMPRISED OF A SEGMENT OF
THE GOVERNING BODY, AND HAS BEEN CHARGED WITH THE DUTY OF REVIEWING THE
FEDERAL FORM 990 DUE TO THEIR EXPERIENCE AND KNOWLEDGE WITH FINANCIAL
MATTERS. THE FEDERAL FORM 990 IS THEN EMAILED TO THE ENTIRE BOARD OF
DIRECTORS BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ON AN ANNUAL BASIS, WOMEN FOR WOMEN CONDUCTS A SURVEY OF BOARD OF DIRECTORS' MEMBERS AND KEY EMPLOYEES TO DETERMINE WHETHER ANY CONFLICTS EXIST. IF A CONFLICT ARISES, THE GOVERNANCE COMMITTEE OF THE BOARD OF THE DIRECTORS WOULD EVALUATE ANY CONFLICTS AND DETERMINE IF ANY ACTION IS NECESSARY. IF THE GOVERNANCE COMMITTEE DETERMINED THAT A CONFLICT EXISTED, IT WOULD TAKE STEPS TO LIMIT THE ACTIVITIES AND AUTHORITY OF THE DIRECTOR, OFFICER, OR KEY EMPLOYEE BASED ON THE NATURE OF THE CONFLICT. WE HAVE NO DEALINGS WITH COMPANIES OWNED BY BOARD OF DIRECTORS' MEMBERS, SO THIS HAS NOT REALLY BEEN AN ISSUE FOR US.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: WOMEN FOR WOMEN'S HUMAN RESOURCES DIRECTOR WORKS WITH

MANAGEMENT AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS TO REVIEW

THE POSITION REQUIREMENTS. WOMEN FOR WOMEN THEN DETERMINES COMPARABLE

MARKET RATES BASED ON DISCUSSIONS WITH OTHER NON-PROFITS, REVIEW OF

PUBLISHED COMPENSATION STUDIES AND REVIEW OF SALARY HISTORIES FOR

CANDIDATES WHO MEET THE STATED REQUIREMENTS. THE CEO OR OTHER HIRING

MANAGER MAKES A RECOMMENDATION WHICH IS REVIEWED AND DISCUSSED BY THE

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE REQUEST IS APPROVED OR

MODIFIED AS NEEDED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ

NM,NY,OH,OK,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization  WOMEN FOR WOMEN INTERNATIONAL	52-18	38756
EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICY	AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST.	

## **SCHEDULE R** (Form 990)

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.

➤ See separate instructions.

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 52-1838756 WOMEN FOR WOMEN INTERNATIONAL Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or **Exempt Code** Public charity Name, address, and EIN Primary activity Direct controlling controlled of related organization status (if section section entity entity? foreign country) 501(c)(3)) Yes No WOMEN FOR WOMEN UK 32-36 LOMAN STREET LONDON, UNITED KINGDOM WFWI X SE1 OEH EDUATION UNITED KINGDOM

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

Schedule R (Form 990) 2013



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

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>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Cita	o)(13) folled ity?
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Yes	NO_
		15							

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

Schedule R (Form 990) 2013

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	is with one or more r	elated organizations listed	in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X			
b Gift, grant, or capital contribution to related organization(s)										
	Gift, grant, or capital contribution from related organization(s)				1c	Х				
d	Loans or loan guarantees to or for related organization(s)				1d		X			
е	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)										
Performance of services or membership or fundraising solicitations for related organization(s)										
	Performance of services or membership or fundraising solicitations by related organic				1m		X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
	Reimbursement paid by related organization(s) for expenses				1p 1q		X			
r	Other transfer of cash or property to related organization(s)				1r		X			
	Other transfer of cash or property from related organization(s)				1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on w									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
1) [	WFWI UK	С	1,491,438.							
21										
-,										
3)										
4)										
5)										
e)										
2010	2 00 40 42	46		Sohous		<b>7000</b> \	2012			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)  Name, address, and EIN  of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropotionate allocation Yes N	amount in box 20 of Schedule K-1	General of managing partner?  Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2013