	uuli	
Form	330	

Check if applicable:

Address change

В

## \*\* 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)

and ending

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

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



Department of the Treasury Internal Revenue Service A For the 2014 calendar year, or tax year beginning

C Name of organization	D Employer identification number
WOMEN FOR WOMEN INTERNATIONAL	
	52_1838756

	Name			52-18	838756
	Initial returr	Number and street (or P.U. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final	V V	00	(202	
_	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	25,634,981.
	Amer	WASHINGTON, DC 20036		H(a) Is this a group re	
	Appli tion pend			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		tempt status: $X 501(c)(3) 501(c)() $ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		te: WWW.WOMENFORWOMEN.ORG	_	H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1993 M	State of legal domicile: DC
Pa	art I				
e	1	Briefly describe the organization's mission or most significant activities:	ING W	OMEN TO GAIL	N SKILLS,
Activities & Governance		IMPROVE HEALTH, INFLUENCE DECISIONS, AND			
ern	2	Check this box  Image: Check this box	d of more		
Š	3				21
<del>م</del>	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ldots$			20
ties	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			75
tivit	6	Total number of volunteers (estimate if necessary)			1494
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		
				Prior Year 25,698,579.	Current Year 24,736,809.
Revenue	8	Contributions and grants (Part VIII, line 1h)		23,090,579.	24,750,009.
ven	9	Program service revenue (Part VIII, line 2g)		-93,665.	37,559.
Ве	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		498,837.	-175,528.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,103,751.	24,598,840.
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,770,400.	3,422,402.
	14			0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		11,156,202.	10,565,791.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·····	173,040.	177,840.
per		Total fundraising expenses (Part IX, column (D), line 25) 3,947,152	2.	_/ _ / • _ • ·	, • _ • •
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,748,817.	10,329,186.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,848,459.	24,495,219.
	19	Revenue less expenses. Subtract line 18 from line 12		255,292.	103,621.
or				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		19,720,920.	19,193,140.
Ass J Ba	21	Total liabilities (Part X, line 26)	·····	4,081,832.	3,435,064.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		15,639,088.	15,758,076.
		Signature Block		· · ·	

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

Sign	Signature of officer	Date
Here	▶ JENNIFER L. WINDSOR, CHIEF EXECUTIVE OFFI	CER
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	FRANK H. SMITH Frank H. Smith	05/13/15 if self-employed P00639053
Preparer	Firm's name RAFFA, P.C.	Firm's EIN 52-1511275
Use Only	Firm's address ▶ 1899 L STREET, NW, SUITE 900	
	WASHINGTON, DC 20036	Phone no. (202) 822-5000
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
432001 11-0	17-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2014)
		COPY

\*\*\*ELECTRONICALLY FILED ON 05/13/2015\*\*\*

Check if Schedule O contains a megories or note to any line in this Part III         Bindly discribe the organizations mesiation:         Bindly discribe the organization mesiation:         INTERNATIONAL (WOMEN FOR WOMEN) SILPORTS THE MOST MARGINALIZED WOMEN         TO EARN AND SAVE MONEY, IMPROVE HEALTH AND WELL-BEING, INFLUENCE         DECISIONS IN THEIR HOME AND COMMUNITY, AND CONNECT TO NETHORKS FOR         Dod the organization underlake any significant fragmen services during the year which were not listed on         If "Yes," destination underlake any significant fragmen services during the year which were not listed on         Diff the organization of services on Schedule 0.         Dod the organization of schedule 0.         Describe these ense services on Schedule 0.         Describe these any significant fragments for each of the three largest program services, as measured by expenses.         Section 501(c)(a) and 501(c)(d) organizations are required to report the amount of grants and allocations to othere, the total expenses, a resence, if any, for schedule organization are required to report the amount of grants and allocations to othere, the total expenses, a resence, if any, for schedule organization, are required to report the amount of grants and allocations to othere, the total expenses, a resence, if any, for schedule organization, are required to report the amount of grants and allocations to othere, the total expenses, a resence, if any for schedule organization are required to report the amount of grants and allocations to there, the total expenses, and there are a schedule or the aspect of the protexpect of thexpect of the Kact Type DECIST on MARINE R		990 (2014) WOMEN FOR WOMEN INTERNATIONAL 52-1838756 Pa t III Statement of Program Service Accomplishments
Bindly describe the organizator's mission: IN COUNTRIES AFECTED BY CONFLICT AND WAR, WOMEN FOR WOMEN INTERNATIONAL (WOMEN FOR WOMEN) SUPPORTS THE MOST MARGINALIZED WOMEN TO EARN AND SAVE WOMEY, INPROVE HEALTH RAND WELL-BEING, INFLUENCE DECISIONS IN THEIR HOME AND COMMUNITY, AND CONNECT TO NETWORKS FOR Dd the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 900 990-2002. If "%", 'describe these new services on Schedule 0. Do the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 901 (%) and 501(%) organizations are required to report the amount of grants and allocations to others, the total expenses, an invenue, fary, for sach program service exponded. Coar   (townest 17, 699, 888. not applicable) to program services, as measured to y expenses. Section 501(%) and 501(%) organizations program service report the amount of grants and allocations to others, the total expenses, an invenue, fary, for sach program service second end of grants and allocations to others, the total expenses, an invenue, fary, for sach program service approach. Coar   (townest 17, 699, 888. not the TEART-LONG TRAINING PROGRAMS FOST AWARENESS AND UNDERSTRANDING OF WOMEN'S RIGHTS; PROVIDE CRITICAL AND BUSINESS SKILLS TRAINING; PROVIDE ACCESS TO INCOME GENERATION SUPPOR AND ENCOURAGE WOMEN TO TAKE ACTIVE DECISION MAKING ROLES IN THE FAMIL INFORMATION ON KEY HEALTH AND WELLINESS : OFFER VOCATIONAL AND BUSINESS SKILLS TRAINING; PROVIDE ACCESS TO INCOME GENERATION SUPPOR AND ENCOURAGE WOMEN TO TAKE ACTIVE DECISION MAKING ROLES IN THE FAMIL ND PARCITCLE PROGRAM SCHEME STATUSES COMPARISED WITH THE PROVISION O MONTHLY TRAINING STIPEND, THIS HOLISTIC TRAINING WAXES THAT ARE INDEPENDENT, PRODUCTIVE AND SECURE. PARTICIPANTS MAY ALSO BE LINKED WITH A SPONSOR.		
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<pre>If 'Yes,' describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(63) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service reported. (code   [Crowents 17,699,888. Including parts of 3,422,402.) [Revenues TRAINING AND RELATED PROGRAMS - THE YEAR-LONG TRAINING PROGRAMS FOST AWARENESS AND UNDERSTANDING OF WOMEN'S RIGHTS; PROVIDE CRITICAL INFORMATION ON KEY HEALTH AND WELLNESS ISSUES; OFFER VOCATIONAL AND BUSTNESS SKILLS TRAINING; PROVIDE ACCESS TO INCOME GENERATION SUPPOR AND ENCOURAGE WOMEN TO TAKE ACTIVE DECISION MAKING ROLES IN THE FAMI AND PARTICIPATE IN THEIR COMMUNITIES. COMBINED WITH THE PROVISION O MONTHLY TRAINING STIPEND, THIS HOLISTIC TRAINING PACKAGE AND SAFE GR LEARNING SETTING HELPS WOMEN RESTART THEIR LIVES IN WAYS THAT ARE INDEPENDENT, PRODUCTIVE AND SECURE. PARTICIPANTS MAY ALSO BE LINKED WITH A SPONSOR.  D [Code</pre>		
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Part IV Checklist of Required Schedules

WOMEN FOR WOMEN INTERNATIONAL

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		- 23
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
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	9		Х
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	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		x
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
b	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		v	
<i></i>	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Х	
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	21	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

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### Form 990 (2014)

WOMEN FOR WOMEN INTERNATIONAL

Pa	rt 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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		x
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 "Yes,"			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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		х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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** (2014)

432004 11-07-14

			756		age 5
Part V Stateme	nts Regarding Other IRS Filings and Tax Compliance				
Check if Sc	nedule O contains a response or note to any line in this Part V				X
				Yes	No
1a Enter the number i	eported in Box 3 of Form 1096. Enter -0- if not applicable	1a 41			
<b>b</b> Enter the number of	of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c Did the organization	n comply with backup withholding rules for reportable payments to vendors and	reportable gaming			
(gambling) winning	s to prize winners?		1c	Х	
2a Enter the number of	f employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
filed for the calend	ar year ending with or within the year covered by this return	2a 75			
	ported on line 2a, did the organization file all required federal employment tax retu		2b	Х	
	lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	is)			
•			3a		X
	a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		<u> </u>
	the calendar year, did the organization have an interest in, or a signature or other	•			
	a foreign country (such as a bank account, securities account, or other financial	account)?	4a	Х	
	name of the foreign country:  SEE SCHEDULE O				
	r filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial				37
	on a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	ty notify the organization that it was or is a party to a prohibited tax shelter trans		5b		X
	or 5b, did the organization file Form 8886-T?		5c		<u> </u>
	ion have annual gross receipts that are normally greater than \$100,000, and did t		-		v
			6a		X
	ganization include with every solicitation an express statement that such contribu	-			
were not tax dedu			6b		
-	t may receive deductible contributions under section 170(c).	pruipage provided to the powerQ		х	
	eceive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a 7b	X	<u> </u>
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			Δ	<u> </u>
c Did the organization to file Form 8282?	n sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required	70		x
	a number of Earma 2002 filed during the year	7d	7c		- 25
	e number of Forms 8282 filed during the year n receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		x
	n, during the year, pay premiums, directly or indirectly, on a personal benefit contained to the second		7e 7f		X
•	received a contribution of qualified intellectual property, did the organization file F		7g		
	received a contribution of cars, boats, airplanes, or other vehicles, did the organization me		79 7h		<u> </u>
-	izations maintaining donor advised funds. Did a donor advised fund maintaine		/11		
			8		
	izations maintaining donor advised funds.		•		
			9a		
	organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
	prganizations. Enter:				
	capital contributions included on Part VIII, line 12	10a			
	luded on Form 990, Part VIII, line 12, for public use of club facilities				
	organizations. Enter:				
	members or shareholders	11a			
	other sources (Do not net amounts due or paid to other sources against				
amounts due or re	ceived from them.)	11b			
	non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forn	n 1041?	12a		
<b>b</b> If "Yes," enter the	amount of tax-exempt interest received or accrued during the year	12b			
	qualified nonprofit health insurance issuers.				
	licensed to issue qualified health plans in more than one state?		13a		
	uctions for additional information the organization must report on Schedule O.				
<b>b</b> Enter the amount of	f reserves the organization is required to maintain by the states in which the				
organization is lice	nsed to issue qualified health plans	13b			
	f reserves on hand	13c			
			14a		X
<b>b</b> If "Yes," has it filed	a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b	000	

Form **990** (2014)

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432005 11-07-14

Form 990	(2014)
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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.

	Check if Schedule O contains a response or note to any line in this Part VI					X
ject	tion A. Governing Body and Management					
				- <u> </u>	Yes	N
	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	2	1		
	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 0.					
	Enter the number of voting members included in line 1a, above, who are independent	1b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ippoint	one or			
	more members of the governing body?			7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:			
а	The governing body?			8a	Х	
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 read	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e Code.)			_
					Yes	1
0a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	iflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization				X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's			
	exempt status with respect to such arrangements?			16b		Г
ect	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed <b>AK</b> , <b>AL</b> , <b>AR</b> , <b>AZ</b> , <b>C</b>	CA,C	O, CT, FL, G	A,HI	,IL	, I
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					
	for public inspection. Indicate how you made these available. Check all that apply.	,		,		
	X Own website X Another's website X Upon request Other (explain	n in Scl	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			nd finan	ncial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records:			
	OLY BRACHO - (202) 737-7705	20110 01				
	2000 M STREET, NW, NO. 200, WASHINGTON, DC 20036					
	2000 M STREET, NW, NO. 200, WASHINGTON, DC2003611-07-14SEE SCHEDULE O FOR FULL LIST OF STATES			Form	n <b>990</b>	(20

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 (Ď), (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.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	ll trus		/ee	mpen		(1000 10100)		and related
	below	d ual 1	Institutional trustee	-	Key employee	est co oyee	er			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			C C
(1) DANUTA E. LOCKETT	1.00									
CHAIR		X		Х				0.	0.	0.
(2) JAN ROCK ZUBROW	1.00									
VICE-CHAIR		X		Х				0.	0.	0.
(3) DEBBIE HARMON	1.00									
SECRETARY		X		Х				0.	0.	0.
(4) LEIGH COMAS	1.00									
TREASURER		X		Х				0.	0.	0.
(5) ANDI E. BERNSTEIN	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) JEWELLE W. BICKFORD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) LUCY BILLINGSLEY	1.00									
BOARD MEMBER - UNTIL 02/2014		Х						0.	0.	0.
(8) KATHERINE BORSECNIK	1.00									
BOARD MEMBER - UNTIL 02/2014		Х						0.	0.	0.
(9) DEBORAH DAVID	1.00									_
BOARD MEMBER, UK TRUSTEE		х						0.	0.	0.
(10) CHRISTINE FISHER	1.00									
BOARD MEMBER		х						0.	0.	0.
(11) KAREN FITZSIMMONS	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(12) TONY GAMBINO	1.00							1 6 0 0 0 6		0
BOARD MEMBER, INTERIM CEO	1 00	X		X				162,806.	0.	0.
(13) MARNE LEVINE	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(14) SHARON MARCIL	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(15) LEN MIDDLETON	1.00							0		0
BOARD MEMBER - UNTIL 02/2014	1 00	X						0.	0.	0.
(16) BARBARA PERLMUTTER	1.00							0		0
BOARD MEMBER	1 00	X						0.	0.	0.
(17) NANCY RUBIN	1.00	v						0.	0.	<u>م</u>
BOARD MEMBER		X						0.	0.	0.
432007 11-07-14						_				Form <b>990</b> (2014)

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52-1838756 Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	Position Reportable Reportable			Estima	ted						
	hours per	box	, unles	ss pe	erson	is bot	both an compensation compensatio		n	amoun	t of	
	week	offi	cer an	d a d	lirecto	or/trus	tee)	from	from related		othe	er
	(list any	ector						the	organizations		compens	sation
	hours for	or dir	e.			ated		organization	(W-2/1099-MIS	;C)	from t	
	related	istee	truste			pensi		(W-2/1099-MISC)			organiza	
	organizations below	ial tru	onal t		loyee	co m					and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				organiza	tions
	1.00	Ē	Ë	Of	Å	Ξē	요			-+		
(18) CYNTHIA RYAN	1.00	v						0.		ο.		0
BOARD MEMBER - UNTIL 02/2014	1 00	X						0.		0.		0.
(19) RIMA SALAH	1.00							0				0
BOARD MEMBER	1 00	X						0.		0.		0.
(20) SHERYL SANDBERG	1.00											•
BOARD MEMBER		X						0.		0.		0.
(21) MEGAN SINGH-SIDHU	1.00											-
BOARD MEMBER		Х						0.		0.		0.
(22) DELANEY STEELE	1.00											
BOARD MEMBER		Х						0.		0.		0.
(23) AMY L. TOWERS	1.00											
BOARD MEMBER		X						0.		0.		Ο.
(24) CLEMANTINE WAMARIYA	1.00											
BOARD MEMBER		X						0.		0.		Ο.
(25) MARY MENELL ZIENTS	1.00											
BOARD MEMBER		x						0.		0.		Ο.
(26) AFSHAN KHAN	40.00											
CEO - UNTIL 04/2014		1		х				185,367.		0.		120.
dh. Cuib total								348,173.		0.		120.
c Total from continuation sheets to Part VI								1,529,139.		0.		188.
								1,877,312.		0.		308.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>									000 of reportabl	-	011	
compensation from the organization		1036	IISLE	u a	000		101			-		22
											Yes	
<b>3</b> Did the organization list any <b>former</b> officer,	director or tri	ictor	o ko	w or	mole	~~~~	or	highest componented of	mplovoo op	П		
line 1a? If "Yes," complete Schedule J for s				-	•			<b>o</b> .	npioyee on		3	x
								har companyation from	the organization	·····  -	3	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4 X	
										·····	4 X	
5 Did any person listed on line 1a receive or a	•					<b>,</b>		0			-	x
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Schedui	eJī	or su	icn	pers	son .					5	_ <u> </u>
-		-1							¢100.000 - f			
1 Complete this table for your five highest co										pensa	ation from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	Ithii		/ear.		(0)	
(A) Name and business	address							<b>(B)</b> Description of s	envices	C	<b>(C)</b> ompensat	ion
		птт	0		יברים	<b>m</b>	_	FUNDRAISING	ervices		Jinpensat	
MAL WARWICK ASSOCIATES, 2				L'RI	26)	т,				n	100	E / E
NW, SUITE 805, WASHINGTON	$\mathbf{N}$ , DC 20	10.	30				_	CONSULTANT			,102,	545.
RUSS REID	~~ ~110/		- 1 0	、 –							000	0 - 0
PO BOX 90125, PASADENA, (				15			_	WEBSITE STRA	TEGY		280,	250.
AMERICAN MUSEUM OF NATURA												
CEN. PARK W. & 79TH ST.,	NEW YOR	RK (	, 1	1Y	1	00	/ 5	GALA FACILIT	IES		187,	344.
C: STRAIGHT												
120 BEULAH ROAD, NE, VIEN								WEBSITE MAIN	TENANACE		131,	910.
HIRESTRATEGY, 125 S. WACH	KER DRIV	JΕ,	, S	SU	[T]	E						
2700, CHICAGO, IL 60606								RECRUITING S	ERVICES		129,	101.
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	steo	d above) who received m	ore than			
\$100,000 of compensation from the organiz					1	-						
SEE PART VII, SECTION	A CON	<b>LIJ</b>	NUP	ΔT]	IOI	NS	SH	EETS		I	Form <b>990</b>	(2014)
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Form 990 WOMEN FOR									52-183	8756
Part VII Section A. Officers, Directors, Tru	stees, Key Eı	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	<b>(B)</b> Average hours		(C) Position (check all that apply)			1		<b>(D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee 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) JENNIFER L. WINDSOR CEO	40.00			x				36,250.	0.	1,695.
(28) CAROL SPAHN SR. VP OF OPERATIONS - UNTIL 05/2014	40.00			x				104,993.	0.	8,044.
(29) OLY BRACHO VP OF OPERATIONS	40.00			x				58,375.	0.	4,550.
(30) COLLEEN ZAKREWSKY	40.00			- 23	v					
VP MKTG., DEVELOPMENT AND COMM. (31) BRITISH ROBINSON	40.00				X			196,000.	0.	15,674.
SVP, INN. & STRATEGIC INITIATIVES (32) MARA DELL	40.00				X			188,749.	0.	4,394.
VP HUMAN RESOURCES - UNTIL 12/2014 (33) JULIANNA LINDSEY	40.00				х			185,775.	0.	0.
VP GLOBAL PROGRAMS						x		180,000.	0.	9,810.
(34) JOHN TALIERI SENIOR DIRECTOR IT	40.00					x		164,600.	0.	11,281.
(35) AMBEREEN KHAN SENIOR DIRECTOR COMMUNICATIONS	40.00					x		141,538.	0.	15,180.
(36) DEBRA BOWERS DIRECTOR PROGRAM PLANNING	40.00					x		139,121.	0.	9,143.
(37) ANNA MITCHELL	40.00									
DIRECTOR FINANCIAL PLANNING						X		133,738.	0.	7,417.
Total to Part VII, Section A, line 1c								1,529,139.		87,188.

Form 990 (20		WOMEN 1	_
Part VIII	Stateme	nt of Revenue	2

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
S S	1.0	Enderstad compaigns				Tovende	Tevendo	512 - 514
ant		Federated campaigns						
Ω <sup>E</sup>		Membership dues		411,101.				
fts,		Fundraising events		734,645.				
, Gi		Related organizations		<u>/34,043.</u> 801,344.				
Sin		Government grants (contribut		001,344.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran		0700710				
Oth		similar amounts not included abo		9789719.				
ont	-	Noncash contributions included in lines		145,678.	04726000			
<u>a</u> C	h	Total. Add lines 1a-1f			24736809.			
				Business Code				
e	2 a							
le rvi	b							
Su	С							
ran ev	d							
Program Service Revenue	е							
P 1	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		►				
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		►	48,636.			48,636.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	594,906.	5,100.				
	b	Less: cost or other basis						
		and sales expenses	592,744.	18,339.				
	с	Gain or (loss)	2,162.	-13,239.				
		Net gain or (loss)			-11,077.			-11,077.
e	8 a	Gross income from fundraisin						
		including \$ 1,411,1	.01. of					
lev		contributions reported on line						
ъ		Part IV, line 18		147,195.				
Other Reven	b	Less: direct expenses	b	420,462.				
Ŭ	с	Net income or (loss) from fund	draising events	🕨	-273,267.			-273,267.
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	🕨				
	10 a	Gross sales of inventory, less	returns					
		and allowances		4,143.				
	b	Less: cost of goods sold	b	4,596.	1 - 0	1 - 0		
	С	Net income or (loss) from sale			-453.	-453.		
		Miscellaneous Revenu		Business Code				1.6.6. 0.6.6
	11 a	SUBLEASE INCOME		900099	166,360.			166,360.
	b		.N	900099	16,394.			16,394.
	С			900099	6,965.			6,965.
		All other revenue		900099	-91,527.			-91,527.
	е				98,192.	1.5.0		
42000	12	Total revenue. See instructions.		►	24598840.	-453.	0.	137,516.
43200 11-07-	9 14							Form <b>990</b> (2014)

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Part IX Statement of Functional Expenses

WOMEN FOR WOMEN INTERNATIONAL

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Db Rot Include amounts reported on lines to, 28, 8b, 9b, and 10 of Par VII.         Total expenses         Program service expenses         Management a general expense           1         Grants and other assistance to domestic individuals. See Part IV, line 22         Total expenses         Program service         Management a general expense           2         Grants and other assistance to domestic individuals. See Part IV, line 22         Total expenses         3, 422, 402.         3, 422, 402.           3         Grants and other assistance to domestic individuals. See Part IV, line 24         Total expenses         1, 152, 522.         186, 462.         669, 05           5         Compensation of current offices, directors, trustes, and key employees         1, 152, 522.         186, 462.         669, 05           6         Compensation of current offices, directors, trustes, and key employees         1, 152, 522.         186, 462.         669, 05           7         Other salaries and key employees         1, 152, 522.         186, 462.         669, 05           9         Other employee benefits         989, 443.         706, 014.         98, 9           9         Dearent traves         391, 593.         282, 357.         38, 8           1         Frees for services (non-employees): a Management tees go ther (IIII and asing services. See Part IV, line 12         177, 840.         112, 188. <td< th=""><th><b>D</b> -</th><th>Check if Schedule O contains a respor</th><th>(A)</th><th>(B)</th><th>(C)</th><th>(D)</th></td<>	<b>D</b> -	Check if Schedule O contains a respor	(A)	(B)	(C)	(D)
and domestic governments. See Part IV, line 21         2 Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16         3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         4 Benefits paid to of or members         5 Compensation of current officers, directors, trustees, and key employees         6 Compensation of current officers, directors, trustees, and key employees         7,930,770       6,346,133         9 Other samples and vagas         9 Other samples and vagas </th <th>7b, 8</th> <th>8b, 9b, and 10b of Part VIII.</th> <th>Total expenses</th> <th>Program service</th> <th>Management and general expenses</th> <th>Fundraising expenses</th>	7b, 8	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising expenses
individuals. See Part IV, line 22         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         Benefits paid to or for members         Compensation of current officers, directors, trustees, and key employees         Compensation of current officers, directors, trustees, and key employees         Other satisfies and wages         Pension plan accruals and contributions (include section 401(k) and 403(k) (3)(k)         Other satisfies and wages         Payroll taxes         Detay employee benefits         999, 1522       68, 415.         101, 463.       80, 689.         92, 443.         77, 930, 770.         6, 346, 133.         241, 72.         9 Other employee benefits         999, 152.         68, 415.         112, 188.         77, 410.         14, 52         0 Cother employees         9 Cher, (filline Tig amount exceels 10% of line 25, column (A) amount, list line 11g expenses on 5ch 0.)         31, 122, 442.         32, 622, 653.         93, 193.         93, 193.         93, 193.         93, 193.         93, 193.         93, 193.         94, 443.	1	-				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16.       3,422,402.       3,422,402.         4 Benefits paid to or for members       3,422,402.       3,422,402.         5 Compensation of current officers, directors, trustees, and key employees       1,152,522.       186,462.       669,09         6 Compensation not included above, to disguilfied persons (as defined under section 4958(c)(3)(B)       7,930,770.       6,346,133.       241,72         7 Other anaries and wages       391,593.       282,357.       38,84         9 Other employee benefits       99,152.       68,415.       12,88         9 Payroli taxes       391,593.       282,357.       38,84         14 Fees for services (non-employees):       3       4112,188.       77,410.       14,55         12 Advertising and promotion       30,091.       917,763.       172,91         9 Other, (filling and promotion       356,042.       245,669.       46,22         9 Office expenses       99,193.       626,653.       118,007         9 Office expenses       97,089.       660,391.       124,42         10 Other expenses. Immert expenses not covered above, (it sincellaneus expenses not covered above, (it sincellaneus expenses not schedule(0).       35,828.       24,721.       4,65         9 Depr	2	Grants and other assistance to domestic				
3       Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16       3,422,402.       3,422,402.         4       Benefits paid to or for members       3,422,402.       3,422,402.         5       Compensation of current offices, directors, trustees, and key employees       1,152,522.       186,462.       669,09         6       Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B)       7,930,770.       6,346,133.       241,72         7       Other employee banefits       989,443.       706,014.       98.9       98.9       443.       706,014.       98.9       98.9         9       Payroli taxes       391,593.       282,357.       38,64       112,188.       77,410.       14,55         14       Payroli taxes       391,593.       282,357.       38,64       12,85         15       Contermployees):       a Management       99,152.       68,415.       12,85         15       Cocunting       112,188.       77,410.       14,55         16       Ibagai       99,152.       68,415.       12,93         9       Other employee banefits       99,152.       68,415.       12,93         177,7840.       177,7840.       112,118.97		individuals. See Part IV, line 22				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         3,422,402.         3,422,402.           Benefits paid to or for members.         1,152,522.         186,462.         669,09           Compensation of current officers, directors, trustees, and key employees         1,152,522.         186,462.         669,09           Compensation of current officers, directors, trustees, and key employees         7,930,770.         6,346,133.         241,77           Other salaries and wages         7,930,770.         6,346,133.         241,77           Pension plan accruals and contributions         989,443.         706,014.         98,9           Other salaries and wages         7,930,770.         6,346,133.         241,77           Parsion plan accruals and contributions         989,443.         706,014.         98,9           Other exployee benefits         99,152.         68,415.         12,88           Accounting         112,188.         77,410.         14,55           d Lobbying         112,188.         77,410.         14,55           g Other, (filine 11g amount exceeds 10% of line 25, column (A) amou	3					
individuals. See Part IV, lines 15 and 16       3, 422, 402.       3, 422, 402.         Benefits paid to or for members		organizations, foreign governments, and foreign				
4       Benefits paid to or for members       Image: Compensation of current officers, trustees, and key employees       1,152,522.       186,462.       669,09         6       Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and person stesched in section 4958(r)(3)(8)       7,930,770.       6,346,133.       241,77.         7       Other salaries and wages       7,930,770.       6,346,133.       241,77.         8       Pension plan accruals and contributions)       989,443.       706,014.       98.9       98.9         9       Other employee benefits       989,443.       77,410.       14.58.       98.9       44.5.       12,88.9         9       Payroll taxes       391,593.       282,357.       38.84       112,188.       77,410.       14.58.         9       Payroll taxes       99,152.       68,415.       12,88.9       112,188.       77,410.       14.58.         10       Interst       1       Interst of management tees       99,152.       68,415.       12,88.9         11       Payronand parometric tees       99,152.       68,415.       12,88.9       112,188.9         11       finore stomanagement tees       90,011.       14,58.9       112,188.9       112,188.9       112,188.9       112,188.9			3,422,402.	3,422,402.		
5       Compensation of current officers, directors, trustees, and key employees (a compensation not included above, to disquified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1) and persons described in section 4958(r) and the sectin 4958(r) and the sectin 4958(r) and the section 4958(r) and the s	4					
trustees, and key employees       1,152,522.       186,462.       669,05         Compensation not included above, to disgualified persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(1) and the section 4958(r)(1) and the section 4958(r)(1) and the section 4958(r) and 101, 463.       80,689.       5,44         Other employee benefits       989,443.       706,014.       98.9 <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td>	5					
6         Compensation not included above, to disgualified persons (as defined under section 4986(r)(1) and persons described in section 498(r)(1) and persons described in a section 498(r)(1) and persons described in a section 498(r)(1) and persons described in the section 498(r)(1) and persons described in a section 498(r)(1) and 10(r) and persons and meetings           2         Outper expenses interverse and the section 498(r) and persons and meetings         3         5         6         5         7         4         6         5           3         Interest         1         3         3		-	1,152,522.	186,462.	669,090.	296,970
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(2)(8)         7,930,770.         6,346,133.         241,77           9 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         101,463.         80,689.         5,44           9 Other employee benefits         989,443.         706,014.         98.9,5         98.9,443.         706,014.         98.9,5           9 Payroll taxes         391,593.         282,357.         38.8,84           1 Fees for services (non-employees):         112,188.         77,410.         14,58           0 Legal         99,152.         68,415.         12,85           c Accounting         112,188.         77,410.         14,58           0 Cher, (If line 11g anount exceeds 10% of line 25, colum (A) amount, list line 11g expenses on Sch 0.)         838,280.         578,414.         108,95           2 Advertising and promotion         356,042.         245,669.         46,226           3 Office expenses         1,330,091.         917,763.         172,91           9 Information technology         957,089.         660,391.         124,42           1,001,912.         691,319.         130,24           9 Payrents of travel or entertainment expenses         657,896.         453,949.         85,52	6					
persons described in section 4958(c)(3)(B)         7,930,770.         6,346,133.         241,72           7 Other salaries and wages         7,930,770.         6,346,133.         241,72           9 Pension plan accruals and contributions)         101,463.         80,689.         5,44           9 Other employee benefits         989,443.         706,014.         98,95           9 Ayroll taxes         391,593.         282,357.         38,84           1 Fees for services (non-employees):         391,593.         282,357.         38,84           a Management         99,152.         68,415.         12,86           b Legal         99,152.         68,415.         12,86           c Accounting         112,188.         77,410.         14,56           1 Lobbying         9         91,52.         68,415.         12,86           9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         838,280.         578,414.         108,97           2 Advertising and promotion         356,042.         245,669.         46,26           3 Office expenses         1,330,091.         917,763.         118,06           5 Royalties         9         9         9,177,689.         660,391.         124,42           7 Tra	-					
7       Other salaries and wages       7,930,770.       6,346,133.       241,72         8       Perion plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       101,463.       80,689.       5,44         9       Other employee benefits       989,443.       706,014.       98,9         9       Other employee benefits       391,593.       282,357.       38,86         1       Fees for services (non-employees):       391,593.       282,357.       38,86         1       Fees for services (non-employees):       112,188.       77,410.       14,56         4       Lobbying       112,188.       77,410.       14,56         9       Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0, column (A) amount, list line 11g expenses on Sch 0, column (A) amount, exceeds 10% of line 25, column (A) amount sceeds 10% of line 25, column (A) amount sceeds 10% of line 25, column (A) amount, list line 11g expenses for any federal, state, or local public officials       957,089.       660,391.       124,42         1       Payments of travel or entertainment expenses for any federal, state, or local public officials       957,089.       660,391.       124,42         2       Depreciation, depletion, and amortization amount, list line 24e expenses on Schedule 0.)       657,896.       453,949.       85,52         3						
8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       101, 463.       80, 689.       5, 44         9       Other employee benefits       989, 443.       706, 014.       98, 97         9       Payroll taxes       391, 593.       282, 357.       38, 84         1       Fees for services (non-employees):       a       391, 593.       282, 357.       38, 84         1       Fees for services (non-employees):       a       1112, 188.       77, 410.       14, 58         6       Accounting       112, 188.       77, 410.       14, 58         9       Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.       838, 280.       578, 414.       108, 97         9       Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list ine 14g expenses on Sch 0.       356, 0422.       245, 669.       46, 22         3       Other expenses       1, 330, 091.       917, 763.       172, 91         4       Information technology       957, 089.       660, 391.       124, 42         5       Occupancy       957, 089.       660, 391.       124, 42         7       Travel       1,001,912.       691, 319.       130, 24         8       Payme	7		7,930,770.	6,346,133.	241,724.	1,342,913
section 401(k) and 403(b) employer contributions)         101,463.         80,689.         5,44           9 Other employee benefits         989,443.         706,014.         98,97           9 Payroll taxes         391,593.         282,357.         38,84           1 Fees for services (non-employees):         a         112,188.         77,410.         14,58           a Management         99,152.         68,415.         12,86           b Legal         99,152.         68,415.         12,86           c Accounting         112,188.         77,410.         14,58           d Lobbying			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_,,.
Other employee benefits         989,443.         706,014.         98,9           Payrolit taxes         391,593.         282,357.         38,84           Fees for services (non-employees):         391,593.         282,357.         38,84           Management         99,152.         68,415.         12,88           Legal         99,152.         68,415.         12,88           Professional fundraising services. See Part IV, line 17         177,840.         112,188.         77,410.         14,58           Gother. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         838,280.         578,414.         108,95           Advertising and promotion         356,042.         245,669.         46,28           Gother. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         838,280.         578,414.         108,95           Advertising and promotion         356,042.         245,669.         46,28           Gother expenses         998,193.         626,653.         118.06           Occupancy         957,089.         660,391.         124,42           Travel         1,001,912.         691,319.         130,22           Insurance         144,687.         99,834.         18,86	-		101,463.	80,689.	5,446.	15,328
Payroll taxes       391,593.282,357.38,84         1 Fees for services (non-employees):       a Management         a Management       99,152.68,415.12,85         b Legal       99,152.68,415.12,85         d Lobbying       112,188.77,410.14,55         d Lobbying       99,152.68,415.12,85         e Professional fundraising services. See Part IV, line 17       177,840.         f Investment management fees       9         g Other. (If line 11g arount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       838,280.578,414.108,97         2 Advertising and promotion       356,042.245,669.46,28         3 Office expenses.       1,330,091.917,763.172,93         908,193.626,653.118,06       124,42         1,001,912.691,319.130,22       987,089.660,391.124,42         2 Payments of travel or entertainment expenses       957,089.660,391.124,42         1 ravel       1,001,912.691,319.130,22         2 Payments of travel or entertainment expenses       1,001,912.691,319.130,22         1 ravel       35,828.24,721.4,65         2 Depreciation, depletion, and amortization       657,896.453,949.85,55         3 Insurance       1,448,637.99,834.18,80         4 Other expenses. Insize expenses on Schedule 0.)       1,498,235.1,033,782.194,77         3 FRAFF DEV. & RECRUIT.       1,498,2	2				98,970.	184,459
1       Fees for services (non-employees):         a Management       99,152.         b Legal       99,152.         c Accounting       112,188.         d Lobbying       112,188.         e Professional fundraising services. See Part IV, line 17       177,840.         f Investment management fees       9         g Other. (filme 11g anount, list line 11g expenses on Sch 0.)       838,280.         2 Advertising and promotion       356,042.         3 Office expenses       1,330,091.         1 Information technology       908,193.         6 Occupancy       957,089.         7 Travel       957,089.         8 Payments of travel or entertainment expenses for any federal, state, or local public officials         9 Chere expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. filtine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on schedule 0.)         a TRAINING SUPPLIES       1,498,235.       1,033,782.       194,77         a TRAINING SUPPLIES       1,314,219.       906,812.       170,840.         b PRINTING & CONTENT DEV.       251,652.       173,640.       32.,71         a Tatal functional expenses. Add lines 1 through 24e       24,495,219.       18,151,199.       2,396,86         6 Joint costs. Complet this line only if					38,845.	70,391
a Management       99,152.       68,415.       12,85         b Legal       99,152.       68,415.       12,85         c Accounting       112,188.       77,410.       14,55         d Lobbying       112,188.       77,410.       14,55         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       838,280.       578,414.       108,95         2 Advertising and promotion       356,042.       245,669.       46,255         3 Office expenses       1,330,091.       917,763.       172,91         4 Information technology       908,193.       626,653.       118,065         6 Occupancy       957,089.       660,391.       124,425         7 Travel       957,089.       660,391.       124,425         7 Travel       1,001,912.       691,319.       130,245         8 Payments of travel or entertainment expenses for any federal, state, or local public officials       657,896.       453,949.       85,55         1 Payments to affiliates       657,896.       453,949.       85,55         2 Depreciation, depletion, and amortization       657,896.       453,949.       85,55         3 Insurance       144,687.       99,834.       18,80         4 Other expenses. Itemize expens			0,2,0,0,0	202/00/1		
b Legal       99,152.       68,415.       12,85         c Accounting       112,188.       77,410.       14,55         d Lobbying       112,188.       77,410.       14,55         e Professional fundraising services. See Part IV, line 17       177,840.       1         f Investment management fees       9       177,840.       1         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       838,280.       578,414.       108,97         2 Advertising and promotion       356,042.       245,669.       46,28         3 Office expenses       1,330,091.       917,763.       172,93         a Information technology       908,193.       626,653.       118,06         5 Royalties       9       957,089.       660,391.       124,42         1,001,912.       691,319.       130,24         3 Payments of travel or entertainment expenses for any federal, state, or local public officials       9       657,896.       453,949.       85,55         2 Depreciation, depletion, and amortization at symmets.       657,896.       453,949.       85,55         3 Insurance       144,687.       99,834.       18,80         24 amount, list line 24e expenses on Schedule 0.       1,314,219.       906,812.       17						
c Accounting       112,188.       77,410.       14,58         d Lobbying       112,188.       77,410.       14,58         e Professional fundraising services. See Part IV, line 17       177,840.       177,840.         f Investment management fees       9       1177,840.       108,97         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       838,280.       578,414.       108,97         2 Advertising and promotion       356,042.       245,669.       46,28         3 Office expenses       1,330,091.       917,763.       172,91         4 Information technology       957,089.       660,391.       124,42         7 Travel       957,089.       660,391.       124,42         8 Payments of travel or entertainment expenses for any federal, state, or local public officials       957,896.       453,949.       85,52         9 Depreciation, depletion, and amortization       657,896.       453,949.       85,52         1 navance       144,687.       99,834.       18,80         2 bepreciation, depletion, and amortization       657,896.       453,949.       85,52         1 raymance       1,498,235.       1,033,782.       194,77         2 target as the sto affiliates       144,687.       99,834.			99 152.	68 415.	12 890.	17,847
d Lobbying       177,840.         e Professional fundraising services. See Part IV, line 17       177,840.         f Investment management fees       9         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       838,280.       578,414.       108,97         2 Advertising and promotion       356,042.       245,669.       46,28         3 Office expenses       1,330,091.       917,763.       172,91         4 Information technology       957,089.       660,391.       124,42         5 Occupancy       957,089.       660,391.       124,42         7 Travel       1,001,912.       691,319.       130,24         8 Payments of travel or entertainment expenses for any federal, state, or local public officials       9       657,896.       453,949.       85,52         9 Interest       1       144,687.       99,834.       18,80         1 Payments to affiliates       1       1,498,235.       1,033,782.       194,77         1 Clist miscellance sepenses on Schedulo 0.       1,498,235.       1,033,782.       194,77         1 at the expenses       1,498,235.       1,033,782.       194,77         a TRALINING SUPPLIES       1,498,235.       1,033,782.       194,77         b PRINTING & CONTENT		-				20,194
e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         Advertising and promotion       356, 042.         3       Office expenses         4       Information technology         5       Royatties         6       Occupancy         7       Travel         8       Payments of travel or entertainment expenses for any federal, state, or local public officials         9       Conferences, conventions, and meetings         1       Payments to affiliates         2       Depreciation, depletion, and amortization atomut, list line 24e expenses on Schedule 0.         1       Payments of affiliates         1       Payments of affiliates         2       Depreciation, depletion, and amortization atomut, list line 24e expenses on Schedule 0.         1       Nature expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.         4       Other expenses.       1,498,235.       1,033,782.       194,77         1       All other expenses.       1,498,235.       1,033,782.       194,77         a Bayments of travel ore on covered above. (List miscellaneous ex			112,100.	77,410.	11,501.	20,194
f       Investment management fees         g       Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       838, 280.       578, 414.       108, 97         2       Advertising and promotion       356, 042.       245, 669.       46, 28         3       Office expenses       1, 330, 091.       917, 763.       172, 91         4       Information technology       908, 193.       626, 653.       118, 06         5       Occupancy       957, 089.       660, 391.       124, 42         7       Travel       1,001,912.       691,319.       130, 24         3       Payments of travel or entertainment expenses for any federal, state, or local public officials       957, 0896.       453,949.       85,52         1       Payments to affiliates       9144,687.       99,834.       18,80         2       Depreciation, depletion, and amortization       657,896.       453,949.       85,52         3       Insurance       144,687.       99,834.       18,80         4       Other expenses. Itemize expenses on tocvered above. (List miscellaneous expenses on Schedule 0.)       1,498,235.       1,033,782.       194,77         a       TRAINING SUPPLIES       1,498,235.       1,033,782.       194,77		, .	177 8/0			177,840
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       838, 280. 578, 414. 108, 97         2 Advertising and promotion       356, 042. 245, 669. 46, 28         3 Office expenses       1, 330, 091. 917, 763. 172, 91         4 Information technology       908, 193. 626, 653. 118, 06         5 Royalties       957, 089. 660, 391. 124, 42         6 Occupancy       957, 089. 660, 391. 124, 42         7 Travel       1, 001, 912. 691, 319. 130, 24         7 Payments of travel or entertainment expenses for any federal, state, or local public officials       35, 828. 24, 721. 4, 65         9 Depreciation, depletion, and meetings       35, 828. 24, 721. 4, 65         1 harrest       144, 687. 99, 834. 18, 80         9 Depreciation, depletion, and amortization amount, list line 24e expenses on Schedule 0.)       1, 498, 235. 1, 033, 782. 194, 77         1 strace       1, 498, 235. 1, 033, 782. 194, 77         1 strace       1, 498, 235. 1, 033, 782. 194, 77         1 strace       1, 498, 235. 1, 033, 782. 194, 77         1 strace       1, 498, 235. 1, 033, 782. 194, 77         1 strace       1, 498, 235. 1, 033, 782. 194, 77         1 strace       1, 498, 235. 1, 033, 782. 194, 77         1 strace       1, 498, 235. 1, 033, 782. 194, 77         1 strace       1, 498, 235. 1, 033, 782. 194, 77		-	177,040.			177,040
column (A) amount, list line 11g expenses on Sch 0.)       838, 280.       578, 414.       108, 97         Advertising and promotion       356, 042.       245, 669.       46, 28         3 Office expenses       1, 330, 091.       917, 763.       172, 91         4 Information technology       908, 193.       626, 653.       118, 06         5 Royatties       957, 089.       660, 391.       124, 42         6 Occupancy       957, 089.       660, 391.       124, 42         7 Travel       1,001,912.       691,319.       130, 24         9 Payments of travel or entertainment expenses for any federal, state, or local public officials       1,001,912.       691,319.       130, 24         9 Depreciation, depletion, and mortization       657,896.       453,949.       85, 52         1 Naurance       144,687.       99,834.       18,80         4 Other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       1,498,235.       1,033,782.       194,77         a TRAINING SUPPLIES       1,498,235.       1,033,782.       194,77       1,314,219.       906,812.       170,86         b PRINTING & CONTENT DEV.       251,652.       173,640.       32,71       251,652.       173,640.       32,71         5 Total						
2       Advertising and promotion       356,042.       245,669.       46,28         3       Office expenses       1,330,091.       917,763.       172,91         4       Information technology       908,193.       626,653.       118,06         5       Royalties       908,193.       626,653.       118,06         6       Occupancy       957,089.       660,391.       124,42         7       Travel       957,089.       660,391.       124,42         8       Payments of travel or entertainment expenses for any federal, state, or local public officials       9       0.       101,912.       691,319.       130,24         9       Conferences, conventions, and meetings       0       144,687.       99,834.       18,80         1       Payments to affiliates       0       0.       144,687.       99,834.       18,80         2       Depreciation, depletion, and amortization anount, list line 24e expenses on Schedule 0.       1,498,235.       1,033,782.       194,77         3       TRAINING SUPPLIES       1,498,235.       1,033,782.       194,77         4       BRINTING & CONTENT DEV.       257,225.       177,487.       33,43         5       Total functional expenses. Add lines 1 through 24e       24,495,219	g		838 380	578 111	108 076	150,890
3       Office expenses       1,330,091.       917,763.       172,91         4       Information technology       908,193.       626,653.       118,06         5       Royalties       957,089.       660,391.       124,42         6       Occupancy       957,089.       660,391.       124,42         7       Travel       957,089.       660,391.       124,42         8       Payments of travel or entertainment expenses for any federal, state, or local public officials       9       957,896.       453,949.       85,52         9       Conferences, conventions, and meetings       0       144,687.       99,834.       18,80         1       Payments to affiliates       1       1,498,235.       1,033,782.       194,77         1       Binsurance       1144,687.       99,834.       18,80         1       Payments of line 25, column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       1,498,235.       1,033,782.       194,77         1       STAFF DEV. & RECRUIT.       1,498,235.       1,033,782.       194,77         1       All other expenses       257,225.       177,487.       33,43         2       STAFF DEV. & RECRUIT.       257,225.       177,487.       33,43	_				16 285	64,088
4       Information technology       908,193.       626,653.       118,06         5       Royalties       957,089.       660,391.       124,42         6       Occupancy       957,089.       660,391.       124,42         7       Travel       957,089.       660,391.       124,42         8       Payments of travel or entertainment expenses for any federal, state, or local public officials       957,089.       660,391.       124,42         9       Conferences, conventions, and meetings       35,828.       24,721.       4,65         9       Depreciation, depletion, and amortization       657,896.       453,949.       85,52         1       Payments to affiliates       144,687.       99,834.       18,80         2       Depreciation, depletion, and amortization       657,896.       453,949.       85,52         3       Insurance       1,498,235.       1,033,782.       194,77         4       Other expenses on Schedule 0.)       1       1,498,235.       1,033,782.       194,77         5       FRINTING & CONTENT DEV.       1,498,235.       1,033,782.       194,77         1       STAFF DEV. & RECRUIT.       251,652.       173,640.       32,71         24,495,219.       18,151,199.		-				239,416
5       Royalties         6       Occupancy         7       Travel         8       Payments of travel or entertainment expenses for any federal, state, or local public officials         9       Conferences, conventions, and meetings         1       Payments to affiliates         2       Depreciation, depletion, and amortization         1       Insurance         4       Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)         a       TRAINING SUPPLIES         b       PRINTING & CONTENT DEV.         c       RETURN OF UNUSED GRANT         d       STAFF DEV. & RECRUIT.         e       All other expenses.         5       Total functional expenses. Add lines 1 through 24e         5       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			1,330,091.			163,475
6       Occupancy       957,089.       660,391.       124,42         7       Travel       1,001,912.       691,319.       130,24         8       Payments of travel or entertainment expenses for any federal, state, or local public officials       35,828.       24,721.       4,65         9       Conferences, conventions, and meetings       35,828.       24,721.       4,65         1       Payments to affiliates       657,896.       453,949.       85,52         1       Payments to affiliates       144,687.       99,834.       18,80         2       Depreciation, depletion, and amortization       657,896.       453,949.       85,52         3       Insurance       144,687.       99,834.       18,80         4       Other expenses in line 24e. If line 24e anount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       1,498,235.       1,033,782.       194,77         a       TRAINING SUPPLIES       1,498,235.       1,033,782.       194,77         b       FRINTING & CONTENT DEV.       251,652.       173,640.       32,71         c       RETURN OF UNUSED GRANT       257,225.       177,487.       33,43         5       Total functional expenses. Add lines 1 through 24e       24,495,219.       18,151,199.			900,193.	020,033.	110,005.	105,475
7       Travel       1,001,912.691,319.130,24         8       Payments of travel or entertainment expenses for any federal, state, or local public officials       3         9       Conferences, conventions, and meetings       35,828.24,721.4,65         1       Payments to affiliates       35,828.24,721.4,65         2       Depreciation, depletion, and amortization       657,896.453,949.85,52         3       Insurance       657,896.453,949.85,52         4       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.)       1,498,235.1,033,782.194,77         a       TRAINING SUPPLIES       1,314,219.906,812.170,84         b       PRINTING & CONTENT DEV.       566,497.390,883.73,64         c       RETURN OF UNUSED GRANT       251,652.173,640.32,71         d       STAFF DEV. & RECRUIT.       257,225.177,487.33,43         e       All other expenses       257,225.177,487.33,43         5       Total functional expenses. Add lines 1 through 24e       24,495,219.18,151,199.2,396,86         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       24,495,219.18,151,199.2,396,86			057 000	660 201	104 400	170 076
B       Payments of travel or entertainment expenses for any federal, state, or local public officials         Conferences, conventions, and meetings       35,828.24,721.4,65         Interest       35,828.24,721.4,65         Payments to affiliates       657,896.453,949.85,52         Depreciation, depletion, and amortization       657,896.453,949.85,52         Insurance       144,687.99,834.18,80         4       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.)       1,498,235.1,033,782.194,75         a       TRAINING SUPPLIES       1,498,235.1,033,782.194,75         b       PRINTING & CONTENT DEV.       1,314,219.906,812.170,84         c       RETURN OF UNUSED GRANT       566,497.390,883.73,64         d       STAFF DEV. & RECRUIT.       257,225.177,487.33,43         e       All other expenses       257,225.177,487.33,43         5       Total functional expenses.Add lines 1 through 24e       24,495,219.18,151,199.2,396,86         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       24,495,219.18,151,199.2,396,86			957,089.			172,276
for any federal, state, or local public officials9Conferences, conventions, and meetings1Payments to affiliates2Depreciation, depletion, and amortization3Insurance4Other 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.)aTRAINING SUPPLIESbPRINTING & CONTENT DEV.cRETURN OF UNUSED GRANTdSTAFF DEV. & RECRUIT.eAll other expenses. Add lines 1 through 24e5Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	7		1,001,912.	691,319.	130,249.	180,344
9       Conferences, conventions, and meetings       35,828.       24,721.       4,65         0       Interest	8					
D       Interest         1       Payments to affiliates         2       Depreciation, depletion, and amortization         3       Insurance         4       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.)         a       TRAINING SUPPLIES         b       PRINTING & CONTENT DEV.         c       RETURN OF UNUSED GRANT         d       STAFF DEV. & RECRUIT.         e       All other expenses. Add lines 1 through 24e         5       Total functional expenses. Add lines 1 through 24e         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				04 801	4 (50	<u> </u>
1Payments to affiliates2Depreciation, depletion, and amortization3Insurance3Insurance4Other 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.)aTRAINING SUPPLIESbPRINTING & CONTENT DEV. RETURN OF UNUSED GRANT d STAFF DEV. & RECRUIT.cRETURN OF UNUSED GRANT 251, 652.dSTAFF DEV. & RECRUIT. 251, 652.eAll other expenses. Add lines 1 through 24e reported in column (B) joint costs from a combined	9	Conferences, conventions, and meetings	35,828.	24,721.	4,658.	6,449
2       Depreciation, depletion, and amortization       657,896.       453,949.       85,52         3       Insurance       144,687.       99,834.       18,80         4       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.)       1,498,235.       1,033,782.       194,75         a       TRAINING SUPPLIES       1,498,235.       1,033,782.       194,75         b       PRINTING & CONTENT DEV.       1,314,219.       906,812.       170,84         c       RETURN OF UNUSED GRANT       566,497.       390,883.       73,64         d       STAFF DEV. & RECRUIT.       251,652.       173,640.       32,71         e       All other expenses       257,225.       177,487.       33,43         5       Total functional expenses. Add lines 1 through 24e       24,495,219.       18,151,199.       2,396,86         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       24,495,219.       18,151,199.       2,396,86	0					
3Insurance144,687.99,834.18,804Other expenses. Itemize expenses on 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.)1,498,235.1,033,782.194,77aTRAINING SUPPLIES PRINTING & CONTENT DEV. C RETURN OF UNUSED GRANT d STAFF DEV. & RECRUIT.1,498,235.1,033,782.194,77cRETURN OF UNUSED GRANT STAFF DEV. & RECRUIT.566,497.390,883.73,64cAll other expenses S257,225.177,487.33,435Total functional expenses. Add lines 1 through 24e24,495,219.18,151,199.2,396,866Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined24,495,219.18,151,199.2,396,86	1					110 101
4       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.)       1,498,235.       1,033,782.       194,77         a       TRAINING SUPPLIES       1,498,235.       1,033,782.       194,77         b       PRINTING & CONTENT DEV.       1,314,219.       906,812.       170,84         c       RETURN OF UNUSED GRANT       566,497.       390,883.       73,64         d       STAFF DEV. & RECRUIT.       251,652.       173,640.       32,71         e       All other expenses       257,225.       177,487.       33,43         5       Total functional expenses. Add lines 1 through 24e       24,495,219.       18,151,199.       2,396,86         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       24,495,219.       18,151,199.       2,396,86	2	Depreciation, depletion, and amortization			85,526.	118,421
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.)1,498,235.1,033,782.194,75aTRAINING SUPPLIES1,498,235.1,033,782.194,75bPRINTING & CONTENT DEV. RETURN OF UNUSED GRANT1,314,219.906,812.170,84cRETURN OF UNUSED GRANT566,497.390,883.73,64dSTAFF DEV. & RECRUIT. E All other expenses251,652.173,640.32,71eAll other expenses257,225.177,487.33,435Total functional expenses. Add lines 1 through 24e24,495,219.18,151,199.2,396,866Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined242424	3		144,687.	99,834.	18,809.	26,044
a       TRAINING SUPPLIES       1,498,235.       1,033,782.       194,77.         b       PRINTING & CONTENT DEV.       1,314,219.       906,812.       170,84.         c       RETURN OF UNUSED GRANT       566,497.       390,883.       73,64.         d       STAFF DEV. & RECRUIT.       251,652.       173,640.       32,71.         e       All other expenses       257,225.       177,487.       33,42.         5       Total functional expenses. Add lines 1 through 24e       24,495,219.       18,151,199.       2,396,86.         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       24,495,219.       18,151,199.       2,396,86.	4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b       PRINTING & CONTENT DEV. RETURN OF UNUSED GRANT       1,314,219.       906,812.       170,84         d       STAFF DEV. & RECRUIT.       566,497.       390,883.       73,64         e       All other expenses       251,652.       173,640.       32,71         5       Total functional expenses. Add lines 1 through 24e       24,495,219.       18,151,199.       2,396,86         5       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       1       1       1	а		1,498,235.	1,033,782.	194,771.	269,682
c         RETURN OF UNUSED GRANT         566,497.         390,883.         73,64           d         STAFF DEV. & RECRUIT.         251,652.         173,640.         32,71           e         All other expenses         257,225.         177,487.         33,43           5         Total functional expenses. Add lines 1 through 24e         24,495,219.         18,151,199.         2,396,86           6         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined         acombined         24,495,219.         18,151,199.         2,396,86	b				170,848.	236,559
d       STAFF DEV. & RECRUIT.       251,652.       173,640.       32,71         e       All other expenses       257,225.       177,487.       33,43         5       Total functional expenses. Add lines 1 through 24e       24,495,219.       18,151,199.       2,396,86         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       10       10       10	c				73,645.	101,969
eAll other expenses257,225.177,487.33,435Total functional expenses. Add lines 1 through 24e24,495,219.18,151,199.2,396,866Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	d				32,715.	45,297
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined</li> <li>Z4, 495, 219.</li> <li>18, 151, 199.</li> <li>2, 396, 86</li> </ul>			257.225.		33,438.	46,300
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined					2,396,868.	3,947,152
reported in column (B) joint costs from a combined			, 0 , 0 ,	,,,	_,,	-,,
outoutional campaign and funditioning contraction.		. , , .				
Check here if following SOP 98-2 (ASC 958-720)						

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Form **990** (2014)

1

10510514 786783 WFWI

WOMEN FOR WOMEN INTERNATIONAL

52-1838756 Page 11

		Dalance 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	4,676,245.	1	2,414,617.
	2	Savings and temporary cash investments	4,774,587.	2	3,581,864.
	3	Pledges and grants receivable, net	973,848.	3	2,266,586.
	4	Accounts receivable, net	1,052,776.	4	93,553.
	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	26,441.	8	21,992. 283,329.
	9	Prepaid expenses and deferred charges	299,350.	9	283,329.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,660,067.			
	b	Less: accumulated depreciation 10b 2,798,545.	4,074,379.	10c	3,861,522.
	11	Investments - publicly traded securities	2,932,726.	11	5,362,627.
	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	910,568.	15	1,307,050.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,720,920.	16	19,193,140.
	17	Accounts payable and accrued expenses	1,885,328.	17	1,462,197.
	18	Grants payable		18	
	19	Deferred revenue	120,892.	19	38,630.
	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,			
il H		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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	2 075 (12		1 0 2 4 0 2 7
		Schedule D	2,075,612. 4,081,832.	25	<u>1,934,237.</u> 3,435,064.
	26	Total liabilities. Add lines 17 through 25	4,081,832.	26	3,433,004.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.	11,327,056.		13,421,107.
lan	27	Unrestricted net assets	4,251,282.	27	2,276,219.
Fund Balances	28	Temporarily restricted net assets	60,750.	28 29	60,750.
pur	29	Permanently restricted net assets	00,750.	29	00,750.
Ľ.		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ö		and complete lines 30 through 34.		00	
Net Assets or	30	Capital stock or trust principal, or current funds		30	
: As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	 
Net	32	Retained earnings, endowment, accumulated income, or other funds	15,639,088.	32 33	15,758,076.
-	33	Total net assets or fund balances	19,720,920.	33 34	19,193,140.
	34	Total liabilities and net assets/fund balances	1,120,520.	34	Eorm <b>990</b> (2014)

Form **990** (2014)

Form 990 (2014) Part X Balance Sheet

Form	990 (2014) WOMEN FOR WOMEN INTERNATIONAL	52-18	338756	Pag	je <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,598		
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,495		
3	Revenue less expenses. Subtract line 2 from line 1	3	103		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,639		
5	Net unrealized gains (losses) on investments	5	15	5,36	57.
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	15,758	3,0	76.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	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				
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	l 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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	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		_	
	Act and OMB Circular A-133?		3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		X	

Form **990** (2014)

432012 11-07-14

SCHEDULE A	
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(Form	990	or	990-	EZ)
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# 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.

2014
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A	(Form 990 or 990-	EZ) and its instructions	is at <u>www.irs.go</u>	ov/f

ntern	ai nev	enue Service	Informati	on about Sche	edule A	(Form 990 or 990-EZ) and	its instruct	ions is at <sub>W</sub>	ww.irs.gov/fo	rm990.	Inspection
Nan	ne of	the organiza									identification number
						N INTERNATIO					2-1838756
Pa	rt I	Reason	for Public (	Charity St	atus (/	All organizations must c	omplete th	is part.) Se	ee instruction	S.	
The	orga	nization is not	a private found	ation becaus	se it is: (	For lines 1 through 11,	check only	one box.)			
1		A church, c	onvention of ch	urches, or as	sociatio	on of churches describe	d in <b>sectio</b>	on 170(b)(1	I)(A)(i).		
2		A school de	scribed in <b>sect</b> i	ion 170(b)(1)	(A)(ii). (	Attach Schedule E.)					
3		A hospital o	r a cooperative	hospital serv	ice org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical re	esearch organiz	ation operate	ed in co	njunction with a hospita	al described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and sta	ite:								
5		An organiza	tion operated fo	or the benefit	of a co	llege or university owne	d or opera	ted by a g	overnmental u	unit descrik	bed in
		section 17	<b>0(b)(1)(A)(iv).</b> (C	complete Parl	t II.)						
6			ate, or local go	vernment or g	governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ	An organiza	tion that norma	lly receives a	ı substa	ntial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		section 170	<b>)(b)(1)(A)(vi).</b> (Co	omplete Part	: II.)						
8		A communit	y trust describe	ed in <b>section</b>	170(b)	(1)(A)(vi). (Complete Pa	rt II.)				
9		An organiza	tion that norma	lly receives: (	(1) more	than 33 1/3% of its su	pport from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities rel	ated to its exem	npt functions	- subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and	unrelated busir	ness taxable	income	(less section 511 tax) f	rom busine	esses acqu	iired by the o	rganization	after June 30, 1975.
		See section	<b>n 509(a)(2).</b> (Cor	nplete Part II	II.)						
10		An organiza	tion organized a	and operated	d exclus	ively to test for public s	afety. See	section 50	)9(a)(4).		
11		An organiza	tion organized a	and operated	d exclus	ively for the benefit of, 1	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more public	ly supported or	ganizations d	describe	ed in <b>section 509(a)(1)</b> o	or section	509(a)(2).	See <b>section</b> &	509(a)(3). 🤇	Check the box in
	_	lines 11a th	rough 11d that	describes the	e type c	of supporting organization	on and com	nplete lines	s 11e, 11f, an	d 11g.	
а		Type I. A	supporting orga	anization ope	rated, s	upervised, or controlled	l by its sup	ported org	ganization(s),	typically by	r giving
			-			gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
	_	-				ections A and B.					
b		Type II. A	supporting org	anization sup	pervised	l or controlled in conne	ction with it	ts supporte	ed organizatio	on(s), by ha	ving
			-			anization vested in the	same perso	ons that co	ontrol or mana	age the sup	ported
	_	~	. ,	-		Sections A and C.					
С						g organization operated				Illy integrate	ed with,
						b). You must complete					
d						orting organization ope					
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness										
				-		nplete Part IV, Section					
е			0			written determination fr			а Туре I, Туре	II, Type III	
-	_					nally integrated suppor	ting organi	zation.			
Ť			r of supported o	-							
g	Pro	(i) Name of sup		i about the si (ii) EIN	<u> </u>	ed organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	fmonetary	(vi) Amount of
		organizatio		(1) = 1		(described on lines 1-9	listed i	in your	support	-	other support (see
		5				above or IRC section	governing of Yes	document?	Instruct	-	Instructions)
						(see instructions))	162				
							1	1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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## Schedule A (Form 990 or 990 EZ) 2014 WOMEN FOR WOMEN INTERNATIONAL

52-1838756 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III.

fails to qualify under	the tests listed below,	please complete Part III.)
------------------------	-------------------------	----------------------------

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	31345352.	28022895.	28902915.	25698579.	24736809.	138706550
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	31345352.	28022895.	28902915.	25698579.	24736809.	138706550
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)						17520800.
6	Public support. Subtract line 5 from line 4.						121185750
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	31345352.	28022895.	28902915.	25698579.	24736809.	138706550
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	111,936.	66,470.	154,298.	115,195.	214,996.	662,895.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	64,499.	199,033.	12,328.	38,086.	6,965.	320,911.
11	Total support. Add lines 7 through 10						139690356
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 1	,637,419.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and sto						<b>&gt;</b>
See	ction C. Computation of Pub	lic Support Pe	rcentage				
	Public support percentage for 2014					14	86.75 %
	Public support percentage from 2013						88.41 %
<b>16</b> a	33 1/3% support test - 2014. If the	•		•			
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the	•					
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances'						
b	10% -facts-and-circumstances tes	st - 2013. If the org	anization did not o	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 publi	cly supported org	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ►
					Sche	edule A (Form 990	) or 990-EZ) 2014

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## 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.)

	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	2014	(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 per-							
	formed, 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 bus-							
	iness under section 513							
4								
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	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	2014	(f) Tota
	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
h	Unrelated business taxable income							
D	(less section 511 taxes) from businesses							
	and wind offer June 20 1075							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on			ļ				
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)		<u> </u>	<u> </u>	<u> </u>			
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, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(	(3) organiz	ation,
	check this box and stop here	-			-			
_	tion C. Computation of Public	ic Support Pe	rcentage					
				column (f))		15		
	Public support percentage for 2014 (I	ine 8, column (f) d	livided by line 13,	( //				
15 16	Public support percentage for 2014 (I Public support percentage from 2013	Schedule A, Part	III, line 15			16		
15 16	Public support percentage for 2014 (I	Schedule A, Part	III, line 15			16		
15 16 Sec	Public support percentage for 2014 (I Public support percentage from 2013	Schedule A, Part	III, line 15 e Percentage			16		
15 16 Sec 17	Public support percentage for 2014 (I Public support percentage from 2013 tion D. Computation of Invest	Schedule A, Part stment Incom 14 (line 10c, colur	III, line 15 e Percentage mn (f) divided by li	ne 13, column (f))				
15 <u>16</u> Sec 17 18	Public support percentage for 2014 (I Public support percentage from 2013 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	Schedule A, Part stment Incom 14 (line 10c, colur 2013 Schedule A,	III, line 15 <b>e Percentage</b> mn (f) divided by li Part III, line 17	ne 13, column (f))		17 18	and line 1	7 is not
15 <u>16</u> Sec 17 18	Public support percentage for 2014 (I Public support percentage from 2013 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2014. If the	Schedule A, Part Stment Incom 14 (line 10c, colur 2013 Schedule A, organization did r	III, line 15 <b>e Percentage</b> nn (f) divided by li Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line	e 15 is more than	<b>17</b> <b>18</b> 33 1/3%,		
15 <u>16</u> Sec 17 18 19a	Public support percentage for 2014 (I Public support percentage from 2013 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box an	Schedule A, Part Stment Incom 14 (line 10c, colur 2013 Schedule A, organization did r nd stop here. The	III, line 15 <b>e Percentage</b> mn (f) divided by li Part III, line 17 not check the box e organization qua	ne 13, column (f)) on line 14, and line lifies as a publicly	e 15 is more than supported organiz	<b>17</b> <b>18</b> 33 1/3%, zation		►
15 <u>16</u> Sec 17 18 19a	Public support percentage for 2014 (I Public support percentage from 2013 etion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2013. If the	Schedule A, Part stment Incom 14 (line 10c, colur 2013 Schedule A, organization did r nd stop here. The organization did r	III, line 15 <b>Percentage</b> mn (f) divided by li Part III, line 17 not check the box organization qua not check a box or	ne 13, column (f)) on line 14, and lin lifies as a publicly n line 14 or line 19	e 15 is more than supported organiz a, and line 16 is m	<b>17</b> <b>18</b> 33 1/3%, zation ore than 3	33 1/3%, a	and
15 16 <b>Sec</b> 17 18 19a b	Public support percentage for 2014 (I Public support percentage from 2013 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box au 33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che	Schedule A, Part stment Incom 14 (line 10c, colur 2013 Schedule A, organization did r nd stop here. The organization did r ck this box and s	III, line 15 e Percentage mn (f) divided by li Part III, line 17 not check the box e organization qua not check a box of top here. The org	ne 13, column (f)) on line 14, and line lifies as a publicly n line 14 or line 19 anization qualifies	e 15 is more than supported organiz a, and line 16 is m as a publicly supp	<b>17</b> <b>18</b> 33 1/3%, zation ore than 3 ported org	33 1/3%, a ganization	and
15 16 Sec 17 18 19a b 20	Public support percentage for 2014 (I Public support percentage from 2013 etion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2013. If the	Schedule A, Part stment Incom 14 (line 10c, colur 2013 Schedule A, organization did r nd stop here. The organization did r ck this box and s	III, line 15 e Percentage mn (f) divided by li Part III, line 17 not check the box e organization qua not check a box of top here. The org	ne 13, column (f)) on line 14, and line lifies as a publicly n line 14 or line 19 anization qualifies	e 15 is more than supported organiz a, and line 16 is m as a publicly supp his box and see in	17 18 33 1/3%, zation ore than 3 ported org structions	33 1/3%, a ganization s	and

### Schedule A (Form 990 or 990-EZ) 2014 WOMEN FOR WOMEN INTERNATIONAL

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2014

17 2014.03040 WOMEN FOR WOMEN INTERNATION WFWI

# Schedule A (Form 990 or 990 EZ) 2014 WOMEN FOR WOMEN INTERNATIONAL Part IV Supporting Organizations (continued)

			Vee	No
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	:):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
43202	15 09-17-14 Schedule A (Form		-	2014
	18			

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## Schedule A (Form 990 or 990 EZ) 2014 WOMEN FOR WOMEN INTERNATIONAL

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distributions		2		
3 Other gross income (see instructions)		3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid or incurr	ed for production or			
collection of gross income or for management	nt, conservation, or			
maintenance of property held for production	of income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lines 5, 6 an	d 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exemp	t-use assets (see			
instructions for short tax year or assets held	for part of year):			
a Average monthly value of securities		1a		
<b>b</b> Average monthly cash balances		1b		
c Fair market value of other non-exempt-use as	ssets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other				
factors (explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness applicable to non-	exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt use. Enter 1-1	/2% of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use assets (subtract	t line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to line 6	8)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Sec	tion A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prior year (from S	ection B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from	line 4, unless subject to			
emergency temporary reduction (see instruc	tions)	6		
7 Check here if the current year is the or	· · · ·	v-inteora	ited Type III supporting ord	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14



## Schedule A (Form 990 or 990 EZ) 2014 WOMEN FOR WOMEN INTERNATIONAL

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
<u> </u>				
d				
-	From 2013			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
 C				
	Excess from 2013			
-	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 WOMEN I Part VI Supplemental Information. Prov Also complete this part for any additional	vide the explanatio	ons required by Pa		Part II, line	52-1838756 Pag 17a or 17b; and Part III, line 12.
SCHEDULE A, PART II, LINE			R OTHE	R INCC	ME:
OTHER INCOME					
2010 AMOUNT: \$ 64,499.					
2011 AMOUNT: \$ 199,033.					
2012 AMOUNT: \$ 12,328.					
2013 AMOUNT: \$ 38,086.					
2014 AMOUNT: \$ 6,965.					

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

* *	PUBLIC	DISCLOSURE	COPY	* 1
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## 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 www.irs.gov/form990.

OMB No. 1545-0047

## 2014

Employer identification number

52-1838756
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WOMEN	FOR	WOMEN	INTERNATIONAL

brganization 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			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

ł

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution.** An organization 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), but it **must** answer "No" on 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2014)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name	of	orga	niza	ation

52-1838756

### WOMEN FOR WOMEN INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (a) No (c) Tatal N ... 

No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>2,964,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$2,734,645.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u>		\$584,305.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

11

Employer identification number

52-1838756

## WOMEN FOR WOMEN INTERNATIONAL

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom 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. irom 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
—		\$Schedule B (Form	

art III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co	butions to organizations describe	d in section 501(c)(7), (	8), or (10) that total more than \$1,0
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the year. (Enter this in	nfo. once.) <b>\$</b>
a) No.	Use duplicate copies of Part III if additiona	l space is needed.		
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
_				
_				
-				
		(e) Transfer of gi	ft	
	Transferee's name, address, and	d ZIP + 4	Relationship o	of transferor to transferee
-				
-				
a) No. rom	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
Part I		-		-
-				
		(e) Transfer of gi	ft	
			Deletienskin s	6 human fauna da human fauna a
	Transferee's name, address, and		Relationship d	of transferor to transferee
-				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
Part I		(-) 3		
-				
		(e) Transfer of gi	ft	
	Transferee's name, address, and		Relationship o	of transferor to transferee
-		[		
a) No. from	(b) Purpose of gift	(c) Use of gift	(a)	Description of how gift is held
Part I	(b) Fulpose of girt	(c) use of gift	(0)	Description of now girt is new
-				
		(e) Transfer of gi	 ft	
	Transferee's name, address, and	d <b>ZIP + 4</b>	Relationship o	of transferor to transferee
-				
-				
I –				

60	HEDULE D Supplemental Financial Statements			OMB No. 1545-0047
	HEDULE D m 990) ■ Complete if the organization answered "Yes" to Form 990,			2014
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	)-		Open to Public
	► Attach to Form 990. I Revenue Service ► Information about Schedule D (Form 990) and its instructions is at <u>www.irs</u>			Inspection
Nam	e of the organization WOMEN FOR WOMEN INTERNATIONAL	E	mplo	yer identification number 52-1838756
Par	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Acc	oun	
	organization answered "Yes" to Form 990, Part IV, line 6.			
	(a) Donor advised funds	(b) F	unds	and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year	od funde		
5	are the organization's property, subject to the organization's exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of			
	impermissible private benefit?			🗌 Yes 🗌 No
Par	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line	e7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education)		•	
	Protection of natural habitat	ried histor	ric str	ucture
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form c	of a conse	anvativ	on essement on the last
-	day of the tax year.		Jivan	
			Н	eld at the End of the Tax Year
а	Total number of conservation easements	2	а	
b	Total acreage restricted by conservation easements	2	b	
			c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structu			
•	listed in the National Register			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the year	organiza	tion a	uring the tax
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?			🖸 Yes 🛛 🗋 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements du			•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during		► \$ _	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(			$\Box$
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes t			
	conservation easements.	ne organ	1241101	rs accounting for
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Sir	nilar	Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statem	ent and b	calanc	ce sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	ice of pul	blic se	ervice, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.			
b				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of pub relating to these items:	me servic	e, pro	wide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		▶ \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial		vide	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
	, , ,		▶ \$_	
b	Assets included in Form 990, Part X	🕨	▶ \$_	
	For Department Paduation Act Nation and the Instructions for Form 000		6-	hedule D (Form 990) 2014
432051 10-01-	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		30	neadle & (Form 330) 2014

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Sche	dule D (Form 990) 2014 WOMEN F	OR WOMEN II	NTERNATION	IAL		52-18	38756	Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Sim	nilar Asse	<b>ts</b> (contine	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	a significa	nt use of its	collection	items
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's e	xempt pu	rpose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	ilar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?		L	Yes	No No
Par	<b>t IV</b> Escrow and Custodial Arran		te if the organizatio	on answered "Yes"	to Form 9	90, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa							
та	Is the organization an agent, trustee, custod		•					
	on Form 990, Part X?					····· L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A	
	De sincipa la classa						Amount	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
t	Ending balance							
	Did the organization include an amount on F					····· ∟	Yes	No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i							
Fai						a veera haak		usere beek
4		(a) Current year 60,750.	(b) Prior year 60 , 750 .	(c) Two years back 48,250		e years Dack	(e) rour	years Dack
	Beginning of year balance	00,750.	00,750,	12,500	_	48,250.		
				12,500	•	40,230.		
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses	60 750	60 750	60.750	_	40 250		
-	End of year balance	60,750.	60,750.	,	•	48,250.		
2	Provide the estimated percentage of the cur	rent year end balanc		a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment	%						
-	The percentages in lines 2a, 2b, and 2c should be the second seco							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered fo	r the orga	nization	Г	
	by:							Yes No X
	(i) unrelated organizations							
	(ii) related organizations						3a(ii)	<u>^</u>
	If "Yes" to 3a(ii), are the related organizations						3b	
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.					
Fai			Dout IV line 11e S	an Form 000 Dort	V line 10			
	Complete if the organization answere			1			(-1) D  -	
	Description of property	(a) Cost or of	• • •		Accumul		(d) Book	value
		basis (investr	,	. ,	depreciati		205	100
	Land			5,482.	116	151		<u>,482.</u>
	Buildings			8,264.	116,			,810.
	Leasehold improvements			3,366.	188,			<u>,167.</u>
	Equipment			4,111.	343,			,023.
	Other				,150,	004.		5.040.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		🕨 📃		.,522.
						Schedule	D (Form	990) 2014

Schedule D (Form 990) 2014	WOMEN	FOR	WOMEN	INTERNATIONAL

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must aqual Farm 000, Dart V. col. (D) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11d See Form 990 Part X line 15	
	Description		(b) Book value
(1) OTHER CURRENT ASSETS	·		77,237.
(2) INTERCOMPANY RECEIVABLE			1,141,649.
(3) DEPOSITS			61,879.
(4) EMPLOYEE ADVANCES			865.
(5) ACCRUED INTEREST RECEIVAB	LE		1,554.
(6) DEFERRED SUBLEASE RENT RE	CEIVABLE		23,866.
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶ 1,307,050.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV,		25.
1.         (a) Description of liability		(b) Book value	
(1) Federal income taxes	NORNUTYEO	1 019 410	
(2) DEFERRED RENT AND LEASE I (3) OTHER CURRENT LIABILITIES		1,918,410.	
		15,827.	
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) 🕨	1,934,237.	
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>			nts that reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2014

_	edule D (Form 990) 2014 WOMEN FOR WOMEN INTERNAT				1838756 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements Wi	th Revenue per R	eturi	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	26,097,333.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	15,367.		
b	Donated services and use of facilities	2b	1,028,435.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	425,058.		
е	Add lines 2a through 2d			2e	1,468,860.
3	Subtract line 2e from line 1			3	24,628,473.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-29,633.		
с				4c	-29,633.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	24,598,840.
				_	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements W	ith Expenses per	Retu	ırn.
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" to Form 990, Part IV, line 1	ements W	· · ·		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	ements W	· · ·	Retu 1	ırn. 25,978,345.
	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements W			
1	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" to Form 990, Part IV, line 1           Total expenses and losses per audited financial statements	ements W 12a. 2a	· · ·		
1 2	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements W 12a. 2a			
1 2	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ements W 2a. 2a 2a 2b 2c	1,028,435.		
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ements W 2a. 2a 2a 2b 2c 2d	1,028,435.		25,978,345.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ements W 2a. 2a 2b 2b 2c 2d	1,028,435.	1 2e	25,978,345. 1,453,493.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ements W 2a. 2a 2b 2b 2c 2d	1,028,435.	1	25,978,345.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ements W 2a. 2a 2b 2b 2c 2d	1,028,435.	1 2e	25,978,345. 1,453,493.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ements W 2a. 2a 2b 2c 2d	1,028,435.	1 2e	25,978,345. 1,453,493.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ements W  2a.  2a  2b  2c  2d  2d	1,028,435.	1 2e	25,978,345. 1,453,493. 24,524,852.
1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	ements W  2a. 2a 2b 2c 2d 2d  2d	1,028,435. 425,058. -29,633.	1 2e	25,978,345. 1,453,493. 24,524,852. -29,633.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" to Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ements W  2a. 2a 2b 2c 2d 2d  2d	1,028,435. 425,058. -29,633.	1 2e 3	25,978,345. 1,453,493. 24,524,852.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

THE MARY ZIENTS PROFESSIONAL DEVELOPMENT FUND WAS ESTABLISHED TO BE HELD

IN PERPETUITY. ONLY THE INTEREST EARNED ON THE FUND MAY BE SPENT.

PART X, LINE 2:

WOMEN FOR WOMEN PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE

YEAR ENDED DECEMBER 31, 2014, AND DETERMINED THAT THERE WERE NO MATTERS

THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR

THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

432054 10-01-14

Schedule D (Form 990) 2014 WOMEN FOR WOMEN INTERNATIONAL	52-1838756 Page 5
Part XIII Supplemental Information (continued)	
SPECIAL EVENT EXPENSES	420,462.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	425,058.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FOREIGN CURRENCY TRANSLATION GAIN	-16,394.
DISPOSAL OF FIXED ASSET LOSS	-13,239.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-29,633.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOOD SOLD	4,596.
SPECIAL EVENT EXPENSES	420,462.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	425,058.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FOREIGN CURRENCY TRANSLATION GAIN	-16,394.
DISPOSAL OF FIXED ASSET LOSS	-13,239.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-29,633.
432055	Schedule D (Form 990) 2014

432055 10-01-14

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SCHEDULE F	Statement of Activities Outside the United States	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.	2014
Department of the Treasury	Attach to Form 990.	Open to Public
Internal Revenue Service	Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.	Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

### WOMEN FOR WOMEN INTERNATIONAL

#### General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...... X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

(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	51	PROGRAM SERVICES	IN THE AFTERMATH OF WAR.	977,855.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	GRANTMAKING		144,942.
MIDDLE EAST AND				EDUCATING WOMEN ABOUT	
NORTH AFRICA -				CHALLENGES FACED IN	
ALGERIA, BAHRAIN,				REBUILDING THEIR LIVES	
DJIBOUTI, EGYPT,	2	77	PROGRAM SERVICES	IN THE AFTERMATH OF WAR.	1,265,185.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	0	0	GRANTMAKING		478,810.
SUB-SAHARAN AFRICA -				EDUCATING WOMEN ABOUT	
ANGOLA, BENIN,				CHALLENGES FACED IN	
BOTSWANA, BURKINA,				REBUILDING THEIR LIVES	
FASO,	4	314	PROGRAM SERVICES	IN THE AFTERMATH OF WAR.	6,902,509.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA,					
FASO,	0	0	GRANTMAKING		2,798,650.
2 a Subtatal	8	442			12,567,951.
<b>3 a</b> Sub-total		442			12,307,351.
<b>b</b> Total from continuation	0	0			٥.
sheets to Part I		<u> </u>			<u> </u>
c Totals (add lines 3a and 3b)	8	442			12,567,951.
anu 30)	-				, , •

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

Schedule F (Form 990) 2014

Employer identification number

52-1838756

432071

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52-1838756

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	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN AFRICA	TO SUPPORT ADVANCE TAILORING TRAINING IN RWANDA.	16 915	CHECK	0.			
		MIDDLE EAST AND	TO SUPPORT SYRIAN	16,815.	CHECK	0.			
		NORTH AFRICA -	WOMEN REFUGEES LIVING						
		, , ,	IN THE KURDISTAN						
		DJIBOUTI, EGYPT,	REGION OF IRAQ.	10,000.	WIRE	0.			
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									
3 Enter total number of	3 Enter total number of other organizations or entities								

Schedule F (Form 990) 2014

### 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.

	recipients	cash grant	cash disbursement	non-cash assistance	non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
AFRICA	297,019	2781835.	CASH PAYMENT	0.		
MIDDLE EAST AND						
NORTH AFRICA	54,908	468,810.	CASH PAYMENT	0.		
	15,387	144,942.	CASH PAYMENT	0.		
	,	,				
				_		
						1
		AFRICA 297,019 MIDDLE EAST AND NORTH AFRICA 54,908 EUROPE (INCLUDING ICELAND AND	AFRICA 297,019 2781835. MIDDLE EAST AND NORTH AFRICA 54,908 468,810. EUROPE (INCLUDING ICELAND AND	AFRICA     297,019     2781835.CASH PAYMENT       MIDDLE EAST AND NORTH AFRICA     54,908     468,810.CASH PAYMENT       EUROPE (INCLUDING ICELAND AND	AFRICA       297,019       2781835.CASH PAYMENT       0.         MIDDLE EAST AND       54,908       468,810.CASH PAYMENT       0.         EUROPE (INCLUDING       54,908       468,810.CASH PAYMENT       0.	AFRICA       297,019       2781835.CASH PAYMENT       0.         MIDDLE EAST AND NORTH AFRICA       54,908       468,810.CASH PAYMENT       0.         EUROPE (INCLUDING ICELAND AND       .       .       .

Schedule F (Form 990) 2014

## Schedule F (Form 990) 2014 WOMEN FOR WOMEN INTERNATIONAL Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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; do not file with Form 990)	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? <i>If</i> "Yes," <i>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)</i>	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; do not file with Form 990)	X Yes	No No

Schedule F (Form 990) 2014

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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:

Part V Supplemental Information

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 HQ FINANCE, OR BY HQ 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):

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.

432075 09-24-14

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	or if the	OMB No. 1545-0047							
Name of the organization         Employer identification num           WOMEN FOR WOMEN INTERNATIONAL         52-1838756									
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
<ol> <li>Indicate whether the organization rate</li> <li>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 key employees listed in Form 990, If "Yes," list the ten highest paid incompensated at least \$5,000 by the</li> </ol>	e X Solicita f X Solicita g X Specia or oral agreement with any individua Part VII) or entity in connection with dividuals or entities (fundraisers) pure	ition of tion of I fundra I (inclue profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	X Ye			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	or retained by   to		( <b>vi)</b> Amount paid to (or retained by) organization		
MAL WARWICK ASSOCIATES - 1015 18TH STREET, NW, SUITE 805,	FUNDRAISING CONSULTANT	Yes	No X	3,429,524.		177,840	3,251,684.		
Total       3,429,524.       177,840.       3,251,684.         3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.       3,429,524.       177,840.       3,251,684.         AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS									
MO, MT, NE, NV, NH, NJ, NM	, NY, NC, ND, OH, OK, OR	, PA ,	кı,	SC, SD, TN, T.	х,С	ידי, ידי, V	A,WV,W⊥,WY		

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) 2014

432081 08-28-14

52-1838756 Page 2

 Schedule G (Form 990 or 990-EZ) 2014 WOMEN FOR WOMEN INTERNATIONAL
 52-1838756
 Pace

 Part II
 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2 NY LUNCHEON	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
			(event type)	(total hambol)	
	1 Gross receipts	1,127,505.	430,791.		1,558,296
2	2 Less: Contributions	991,910.	419,191.		1,411,101
3	<b>3</b> Gross income (line 1 minus line 2)	135,595.	11,600.		147,195
4	4 Cash prizes				
	5 Noncash prizes				
ε	6 Rent/facility costs	80,300.	20,588.		100,888
	7 Food and beverages	107,044.	20,587.		127,631
ι ε	B Entertainment	20,000.			20,000
9	9 Other direct expenses	132,792.	39,151.		171,943
1	0 Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	420,462
1	1 Net income summary. Subtract line 10 from I	ine 3, column (d)		<b>&gt;</b>	-273,267
an	<b>t III Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1990, Part IV, line 19, or re	eported more than	
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
			bingo/progressive bingo		col. (a) through col. (c
1	1 Gross revenue				
	Gross revenue     Cash prizes				
	2 Cash prizes				
	2 Cash prizes     3 Noncash prizes				
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>	Yes%	Yes%	Yes %	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>	└── Yes% └── No	└── Yes% └── No	└── Yes% └── No	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>	No		□ No	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> </ul>	<b>No</b>	No No	□ No ►	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> </ul>	<b>No</b>	No No	□ No ►	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line 7</li> <li>Enter the state(s) in which the organization conduction</li> </ul>	No     No     for column (d)     from line 1, column (d)     ucts gaming activities: _	No No	─ No	
1 2 2 3 3 3 4 5 4 5 7 6 7 7 8 8 9 8	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line 7</li> <li>Enter the state(s) in which the organization condust sthe organization licensed to conduct gaming and particular state.</li> </ul>	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	─ No	Yes N
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line 7</li> <li>Enter the state(s) in which the organization conduction</li> </ul>	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	─ No	Yes No
1 1 2 3 3 4 5 4 5 6 7 8 8 8 9 E 8 9 E 8 9 E 8 9 E 8 9 E 8 9 E 8 9 E 8 9 E 8 1 1 1 1 1 1 1 1 1 1 1 1 1	<ul> <li>2 Cash prizes</li></ul>	No N	States?	No	
1 2 2 3 4 5 4 5 6 7 8 6 7 8 0 E a 1 5 1 4 6 7 8 0 E a 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line 7</li> <li>Enter the state(s) in which the organization condust sthe organization licensed to conduct gaming and particular state.</li> </ul>	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No	
1 2 2 3 4 5 6 7 8 8 7 8 8 9 8 9 8 9 8 9 8 9 9 8 9 9 8 9 9 8 9 9 9 8 9	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>3 Net gaming income summary. Subtract line 7</li> <li>5 Enter the state(s) in which the organization conduct gaming a f "No," explain:</li> <li>Were any of the organization's gaming licenses restrict and the organization is the organization organization is gaming licenses restrict and the organization organization organization.</li> </ul>	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No	

Schedule G (Form 990 or 990-EZ) 2014 WOMEN FOR WOMEN INTERNATIONAL 52	-1838756 Page 3
11 Does the organization conduct 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?	Ves No
<ul><li>13 Indicate the percentage of gaming activity conducted in:</li><li>a The organization's facility</li></ul>	<b>13</b> a %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a 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 retained by the third party $\blacktriangleright$ \$	
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 LI No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$	9
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I	II, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:
(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):	
DURING THE YEAR ENDED DECEMBER 31, 2014 MAL WARWICK ASSOCIATES TOTAL OF \$2,102,545. OF THIS AMOUNT, \$177,840 WAS RELATED TO P	
432083 08-28-14 Schedule G (F	orm 990 or 990-EZ) 2014
38 510514 786783 WFWI 2014.03040 WOMEN FOR WOMEN INTERNAT	

FUNDRAISING AND CONSULTING. MAL WARWICK ALSO PROVIDED PRODUCTION AND

PRINTING SERVICES, INCLUDING MAILING COSTS.

Schedule G (Form 990 or 990-EZ)

432084 05-01-14

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47	
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	1/		
•	,	Compensated Employees		20	14		
Deres		<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo	rm990.	Inspe	ction		
Nan	ne of the organizatio		Employer i			mber	
		WOMEN FOR WOMEN INTERNATIONAL	52-1	L83875	6		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate 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 o	harter travel X Housing allowance or residence for perso	onal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee	S .				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	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 organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Х		
3		ny, of the following the filing organization used to establish the compensation of the organiz					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		compensation consultant					
	X Form 990 of c	ther organizations	committee				
4		any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re				v		
a		e payment or change-of-control payment?			Х	X	
b		ceive payment from, a supplemental nonqualified retirement plan?				A X	
С		ceive payment from, an equity-based compensation arrangement?		4c			
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only another Ford	(12) E01(a)(4) and E01(a)(00) autominations much complete lines 5.0					
E		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	<b>n</b>				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	лт				
~	contingent on the			Fo		x	
a b		ation?			1	X	
U		ation? r 5b, describe in Part III.		30			
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
0	contingent on the		// 1				
а				6a		x	
		ation?				X	
5		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	s				
'		es 5 and 6? If "Yes," describe in Part III		7	х		
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
5		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
9		d the organization also follow the rebuttable presumption procedure described in					
5		a the organization also follow the rebuttable presumption procedure described in a 53.4958-6(c)?		9			
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990	) 2014	
		,			,		

### 52-1838756

Page **2** 

#### 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) TONY GAMBINO	(i)	162,806.	0.	0.	0.	0.	162,806.	0.
	(ii)	0.	0.	0.	0.	0.	-	0.
(2) AFSHAN KHAN	(i)	101,361.	38,173.	45,833.	0.	120.	185,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) COLLEEN ZAKREWSKY	(i)	187,000.	9,000.	0.	9,800.	5,874.	211,674.	0.
	(ii)	0.	0.	0.	0.	0.	•••	0.
(4) BRITISH ROBINSON	(i)	176,249.	12,500.	0.	0.	4,394.	193,143.	0.
	(ii)	0.	0.	0.	0.	0.		0.
(5) MARA DELL	(i)	185,775.	0.	0.	0.	0.	185,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JULIANNA LINDSEY	(i)	180,000.	0.	0.	9,000.	810.	189,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN TALIERI	(i)	164,600.	0.	0.	0.	11,281.	175,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMBEREEN KHAN	(i)	141,538.	0.	0.	6,250.	8,930.	156,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2014

#### Part III Supplemental Information

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

#### PART I, LINE 1A:

#### AFSHAN KHAN, CEO, RECEIVED A HOUSING ALLOWANCE OF \$3,747, AND TRAVELED IN

#### FIRST-CLASS FOR BUSINESS TRIPS.

PART I, LINE 4A:

AFSHAN KHAN, CEO, RECEIVED SEVERANCE PAY OF \$45,833.

PART I, LINE 7:

WOMEN FOR WOMEN AWARDS BONUSES IN A DISCRETIONARY FASHION WHERE EXEMPLARY

PERFORMANCE IN SERVICE OF THE MISSION MERITS RECOGNITION.

Schedule J (Form 990) 2014

SCHED	ULE	Μ
(Form 9	90)	

# **Noncash Contributions**

OMB No. 1545-0047

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ZU

Department of the Treasury Internal Revenue Service

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

**Open To Public** Inspection

4

Internal Revenue Service	Information about Schedule M (Form 990) and its instructions is at www.irs.gov/	form990.
Name of the organization	1	Employ

Employer identification number
52-1838756

#### WOMEN FOR WOMEN INTERNATIONAL

Pa	TI I ypes of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			•
		applicable		Form 990, Part VIII, line 1g	noncash continbu	tion an	ounts	5
1	Art - Works of art							
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							
9	Securities - Publicly traded	Х	27	145,678.	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 organiz							
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,					37
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.			<b>,</b> , , , , ,				v
31	Does the organization have a gift acceptance p				utions?	31		X
32a	Does the organization hire or use third parties of		-					v
-	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in c	column (c) f	or a type of prope	ty for which column (a) is ch	ecked,			
	describe in Part II.							

Schedule M (Form 990) (2014)

432141 08-12-14



					formation required by Part I,
Schedule	M (Form 990) (2014)	WOMEN	FOR	WOMEN	INTERNATIONAL

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

400440-00-40-44		Sobodulo M /Farm 000) (0014
432142 08-12-14		Schedule M (Form 990) (2014

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

EZ 2014 Open to Public Inspection Employer identification number

52-1838756

OMB No 1545-0047

WOMEN FOR WOMEN INTERNATIONAL

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

SUPPORT. BY UTILIZING SKILLS, KNOWLEDGE, AND RESOURCES, WOMEN ARE THEN

ABLE TO CREATE SUSTAINABLE CHANGE FOR HERSELF, HER FAMILY, AND

COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EXECUTIVE COMMUNICATIONS, INITIATING ENGAGEMENT CAMPAIGNS ON SOCIAL MEDIA, PUBLISHING MONTHLY DIGITAL NEWSLETTERS, AND CONVENING SPECIAL EVENTS AND MEETINGS. IN ADDITION, THE PROGRAM PRODUCES MATERIALS AND PUBLISHES REPORTS THAT PROVIDE UPDATES AND IN-DEPTH ANALYSIS ON THE OPPORTUNITIES AND STRATEGIES FOR INCREASING POSITIVE OUTCOMES FOR THE PUBLICATIONS INCLUDE: ANNUAL REPORTS, COUNTRY BRIEFS, AND WOMEN. ISSUE PAPERS, IN ADDITION TO DIGITAL UPDATES ON THE WEBSITE. THROUGH ONLINE, OFFLINE, AND ENGAGEMENT ACTIVITIES, THE PROGRAM STRIVES TO INFORM AND EDUCATE THE PUBLIC AND CURRENT SUPPORTERS ABOUT THE IMPORTANT DEVELOPMENT GAINS AND PROGRESS THAT CAN BE ATTAINED BY INVESTING IN WOMEN. ENGAGING PROGRAM PARTICIPANTS AND GRADUATES TO SHARE THEIR STORIES, THE PROGRAM BRINGS INSPIRING EVIDENCE AND POWERFUL MESSAGES FROM WOMEN EMPOWERED TO IMPROVE THEIR LIVES, THEIR FAMILIES, AND THEIR COMMUNITIES. COLLECTIVELY, THE PROGRAM'S EFFORTS SEEK TO UNDERSCORE THE IMPORTANT ROLE OF HOLISTIC TRAINING PROGRAMS, INCREASE SUPPORT FOR INTERNATIONAL DEVELOPMENT APPROACHES THAT SERVE WOMEN, AND INCREASE AWARENESS ABOUT THE NEED TO ADOPT POLICIES THAT EMPOWER WOMEN IN THE REBUILDING OF COUNTRIES AND REGIONS IMPACTED BY WAR AND CONFLICT.

Schedule O (Form 990 or 990-EZ) (2014)	Page
Name of the organization WOMEN FOR WOMEN INTERNATIONAL	Employer identification number 52-1838756
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:	
WOMEN FOR WOMEN'S FINANCE STAFF REVIEWS THE FINANCIAL AS	PECTS OF THE
FEDERAL FORM 990 TO MAKE SURE RESULTS ARE PROPERLY STATE	D AND RECONCILE TO
THE AUDITED FINANCIAL STATEMENTS. THE GLOBAL LEADERSHIP	TEAM REVIEWS BOTH
THE FINANCIAL AND NON-FINANCIAL CONTENT FOR ACCURACY AND	COMPLETENESS. ONC
THE FEDERAL FORM 990 IS REVIEWED AND APPROVED BY MANAGEM	ENT IT IS REVIEWED

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 FOR THEIR REVIEW, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

WOMEN FOR WOMEN ADDRESSES, AND ENFORCES, CONFLICTS OF INTEREST BASED ON THE WOMEN FOR WOMEN CODE OF CONDUCT POLICY. ON AN ANNUAL BASIS, WOMEN FOR WOMEN CONDUCTS A SURVEY OF THE MEMBERS OF THE BOARD OF DIRECTORS TO DETERMINE WHETHER ANY CONFLICTS EXIST. IF A POTENTIAL 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. ADDITIONALLY, TO INCREASE AWARENESS AND COMPLIANCE, WOMEN FOR WOMEN IS IMPLEMENTING THE REQUIREMENT FOR ALL 432212 08-27-14 Schedule O (Form 990 or 990-EZ) (2014) 46 2014.03040 WOMEN FOR WOMEN INTERNATION WEWI 10510514 786783 WFWI 1

Name of the organization

#### WOMEN FOR WOMEN INTERNATIONAL

EMPLOYEES AND BOARD MEMBERS TO RECEIVE ANNUAL CODE OF BUSINESS CONDUCT

REFRESHER TRAINING.

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

WOMEN FOR WOMEN'S HUMAN RESOURCES WORKS WITH MANAGEMENT TO REVIEW THE POSITION REQUIREMENTS. WOMEN FOR WOMEN THEN DETERMINES COMPARABLE MARKET RATES USING: VIS-A-VIS BENCHMARKED SALARY & BENEFITS DATA FOR SIMILAR NGO AND NON-PROFIT ORGANIZATIONS, REVIEW OF PUBLISHED COMPENSATION STUDIES, AND REVIEW OF SALARY HISTORIES FOR CANDIDATES WHO MEET THE STATED REQUIREMENTS. THE VP OF HUMAN RESOURCES MAKES A REASONABLE SALARY RANGE RECOMMENDATION WHICH IS REVIEWED AND DISCUSSED BY THE CEO AND/OR 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:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

1

2014.03040 WOMEN FOR WOMEN INTERNATION WFWI\_\_\_

SCHE	EDULE 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.

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

Name of the organization

#### WOMEN FOR WOMEN INTERNATIONAL

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

#### 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
WOMEN FOR WOMEN, UK							
32-36 LOMAN STREET							
LONDON, UNITED KINGDOM SE1 OEH	EDUCATION	UNITED KINGDOM			WFWI	X	

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

Schedule R (Form 990) 2014



OMB No. 1545-0047

2014 **Open to Public** Inspection

Employer identification number

52-1838756

## Schedule R (Form 990) 2014 WOMEN FOR WOMEN INTERNATIONAL

52-1838756 Page 2

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)	(	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 sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ttions?	amount in box	manag partn	<sup>l or</sup> Percentag <sup>ing</sup> ownershi
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	]										
	]										
	1										
	1										
	1										

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.

<b>(b)</b> Primary activity	(state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
	country)		01 (1031)		233013			No
]								
		Primary activity Legal domicile (state or foreign country)	Primary activity (state or foreign Legal domicile (state or foreign	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Type of entity (C corp, S corp, or trust)         Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)         Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)         Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)         Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)         Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)         Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)       Image: State or foreign country)         Image: State or for foreign country)       Image: State or for foreign country)       Image: State or for foreign country)       Image: State or for foreign country)         Image: State or for for for for for for for for for	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income         Image: Share of total state or foreign country)       Image: Share of total income       Image: Share of total income         Image: Share of total state or foreign country)       Image: Share of total income       Image: Share of total income         Image: Share of total state or foreign country)       Image: Share of total income       Image: Share of total income         Image: Share of total state or foreign country)       Image: Share of total income       Image: Share of total income         Image: Share of total state or foreign country)       Image: Share of total income       Image: Share of total income         Image: Share of total state or foreign country)       Image: Share of total income       Image: Share of total income         Image: Share of total state or foreign country)       Image: Share of total income       Image: Share of total income         Image: Share of total state or foreign country)       Image: Share of total income       Image: Share of total income       Image: Share of total income         Image: Share of total state or foreign country       Image: Share of total income       Image: Share of total income       Image: Share of total income         Image: Share of total state or foreign country       Image: Share of total income       Image: Share of total income       Image	Primary activity       Legal domicile (state or foreigountry)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income       Share of end-of-year assets	Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income       Share of end-of-year assets       Percentage ownership         Image: Share of total income       Image: Share of end-of-year assets       Image: Share of end-of-year assets       Percentage         Image: Share of total income       Image: Share of end-of-year assets       Image: Share of end-of-year assets       Percentage         Image: Share of or trust)       Image: Share of end-of-year assets       Image: Share of end-of-year assets       Percentage         Image: Share of or trust)       Image: Share of end-of-year assets       Image: Share of end-of-year assets       Percentage         Image: Share of or trust)       Image: Share of end-of-year assets       Image: Share of end-of-year assets       Percentage         Image: Share of or trust)       Image: Share of end-of-year assets       Image: Share of end-of-year assets       Percentage         Image: Share of or trust)       Image: Share of end-of-year assets       Image: Share of end-of-year as	country     country     res       Image: Country     Image: Country     Image: Country     Image: Country       Image: Country     Image: Country

# Schedule R (Form 990) 2014

# Schedule R (Form 990) 2014 WOMEN FOR WOMEN INTERNATIONAL

Part V	Transactions With Related Organizations Complete	if the organization answered	"Yes" on Form 990.	Part IV. line 34, 35b, or 36.
	francactione finanticated of gammaterie complete	in the erganization and relea		

ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		+
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j		_
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Τ
o Sharing of paid employees with related organization(s)			Ŧ
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) WFWI UK	С	2,734,645.	
(2)			
_(3)			
_(6)	50		
420102 00 14 14	20		Schodulo P (Form 990) 2014

# Schedule R (Form 990) 2014 WOMEN FOR WOMEN INTERNATIONAL

#### 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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	) all s sec. )(3) .? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tior	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes NC	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2014

Provide additional information for responses to questions on Schedule R (see instructions).

432165 08-14-14		Schedule R (Form 990) 2014
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10510514 786783 WFWI	52 2014.03040 WOMEN FOR WOMEN	INTERNATION WFWI1



May 14, 2015

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

RE:

Women For Women International 2000 M Street, NW #200 Washington, DC 20036

EIN: 52-1838756 Tax year ending: December 31, 2014

To whom it may concern,

Please find the attached Form 5713 for the above taxpayer's 2014 tax year. We were unfortunately unable to electronically file the form with the Form 990 as an attachment. Accordingly please add the form to their filed return.

Please let me know if you have any questions.

Regards,

French H. Smith

Frank Smith

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For Paperwork Reduction Act Notice, see separate instructions. (HTA)

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Form 5713 (Rev. 12-2010)



				ign corporation (including a FSC that	Yes	No
h	does not use the administrat	tive pricing rules) that had op	erations rep	ortable under section 999(a)?		<u> </u>
U	section 957(a))?	is res, is any foreign corpo	bration a con	trolled foreign corporation (as defined in		х
с						X
						X
	Do you control (within the m	eaning of section 304(c)) any	corporation	(other than a corporation included in		
	this report) that has operation	ons reportable under section	999(a)?			X
				ational boycott at any time during its tax		
		•				<u> </u>
f				on (other than a person included in this		
				al boycott at any time during its tax year		<u> </u>
						х
a		•		portable operations under section 999(a)?	<u> </u>	x
				er section 999(a)?		X
i				a), as in effect before its repeal)?		X
j				s in effect before its repeal) from		
	gross income?	<u></u> <u>.</u> .	<u> </u>	<u> </u>		X
Par	i Operations in or	r Related to a Boycotting	Country (s	see instructions)		
8				country (or with the government, a company,	Yes	No
				Israel which is on the list maintained by the		
				Countries in the instructions.)	X	
	-	•		additional sheets using the exact format and	Спеск	
		Identifying number of		Principal business activity	IC-DI	
	Name of country	person having operations	Code	Description	only-	
	(1)	(2)	(3)	(4)	(5	
		********				
<u> </u>	IRAQ	52-1838756	813000	EXEMPT ORGANIZATION 501(C)(3)	N/	/A
	IRAQ	52-1838756	813000	EXEMPT ORGANIZATION 501(C)(3)	<u>N</u>	/A
a b	IRAQ	52-1838756	813000	EXEMPT ORGANIZATION 501(C)(3)	N	/A
b		52-1838756	813000	EXEMPT ORGANIZATION 501(C)(3)	N	/A
	IRAQ	52-1838756	813000	EXEMPT ORGANIZATION 501(C)(3)	N	/A
b	IRAQ	52-1838756	813000	EXEMPT ORGANIZATION 501(C)(3)	N	/A
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Form 5713 (Rev. 12-2010)

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Page 2

52-1838756

Form	n 5713 (Rev. 12-2010) WON	IEN FOR WOMEN INTERNAT	IONAL	52-1838756	F	age 3
						No
9	Nonlisted countries boycotting Israel—Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?					
	If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check					
	this box				►	
Name of country		Identifying number of				
	Name of country	ry person having operations		Description	only—Enter product code	
	(1)	(2)	(3)	(4)	(!	5)
а						
u						
b						
С						
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g

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10	Boycotts other than the boycott of Israel—Did you have operations in any other country which you know or have
	reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?
	If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

	Identifying number of		IC-DISCs only—Enter	
Name of country (1)	person having operations (2)	Code (3)	Description (4)	product code (5)
(1)	(-)	(0)	(+)	(3)
а				
b				
C				
d				
e				
f				
g				
h				
11 Were you requested to participate in or cooperate with an international boycott?				

11	Were you requested to participate in or cooperate with an international boycott?					
	If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in					
	a form other than a written request, attach a separate sheet explaining the nature and form of any and all such					
	requests. (See instructions.)					
12	Did you participate in or cooperate with an international boycott?		X			
	If "Yes," attach a copy (in English) of any and all howcott clauses parced to and attach a general statement of the parcer	mont				

If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Form 5713 (Rev. 12-2010)

Yes No

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Form 5713 (Rev. 12-2010)	WOMEN FOR WO			52-1838				1	Page <b>4</b>
	nd Acts of Particip	ation in	or Cooperation With	an Intern	ational	Requ	100 and 100 million		ments
Boycott	enter into or did vo	u ontor int	a any agreement (age i	notructions):		Yes	No	Yes	No
<ul> <li>13a Did you receive requests to enter into, or did you enter into, any agreement (see instructions):</li> <li>(1) As a condition of doing business directly or indirectly within a country or with the government, a</li> </ul>						i and			
company, or a national		manecuy	within a country of with	the governm	ient, a				
		n a countr	y which is the object of a	in internation	nal				
			nationals of that country				Х		X
			son engaged in trade in						
the object of an international boycott or with the government, companies, or nationals of that country?							~		
			ose ownership or managen				Х		X
			onality, race, or religion, or						
			als of a particular nationali				х		x
			ar nationality, race, or re		- (TE )		Х		X
(2) As a condition of the s				-					
			rrier owned, leased, or o						
who does not particip	ate in or cooperate w	ith an inte	ernational boycott?	<u></u>		l	Х		X
b Requests and agreement is needed, attach additional	s—If the answer to a	ny part of	13a is "Yes," complete t	the following	table. If mo	re spac	e		
	Identifying number of		and check this box .	IC-DISCs	Type of co			rticinat	ion
Name of country	person receiving the	Principal business activ		only—	Number of req	· · · · · · · · · · · · · · · · · · ·			
thanke of ocularly	request or having the agreement	Code	Description	Enter product	Total Code		e Total		Code
(1)	(2)	(3)	(4)	code (5)	(6)	(7)	(	8)	(9)
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p						Form	5713	(Rev. 1	2-2010)

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