

Return of Organization Exempt From Income Tax

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 **and ending** SEP 30, 2012

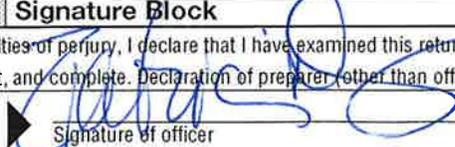
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL CENTER FOR RESEARCH ON WOMEN		D Employer identification number 52-1081455
	Doing Business As		E Telephone number 202-797-0007
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>14,561,688.</u>
	<u>1120 20TH STREET N.W.</u>	<u>500 N</u>	
City or town, state or country, and ZIP + 4 <u>WASHINGTON, DC 20036</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
F Name and address of principal officer: <u>PATRICIA DAUNAS</u> <u>SAME AS C ABOVE</u>		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ <u>WWW.ICRW.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1977</u> M State of legal domicile: <u>DC</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>INTERNATIONAL CENTER FOR RESEARCH ON WOMEN'S MISSION IS TO EMPOWER WOMEN, ADVANCE GENDER</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<u>91</u>	
	6 Total number of volunteers (estimate if necessary)	<u>21</u>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>0.</u>	
7b Net unrelated business taxable income from Form 990-T, line 34	<u>0.</u>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>7,835,202.</u>	<u>8,701,299.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>18,222.</u>	<u>26,335.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>77,128.</u>	<u>97,356.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-101,133.</u>	<u>-91,915.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>7,829,419.</u>	<u>8,733,075.</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>524,034.</u>	<u>357,148.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>7,828,483.</u>	<u>6,377,581.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>553,059.</u>		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>4,012,066.</u>	<u>4,169,331.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>12,364,583.</u>	<u>10,904,060.</u>
	19 Revenue less expenses. Subtract line 18 from line 12	<u>-4,535,164.</u>	<u>-2,170,985.</u>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>11,125,863.</u>	<u>9,098,644.</u>
	21 Total liabilities (Part X, line 26)	<u>1,633,166.</u>	<u>1,323,605.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>9,492,697.</u>	<u>7,775,039.</u>

Part II 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 Here	 Signature of officer	<u>05/29/12</u> Date
	<u>PATRICIA DAUNAS, INTERIM CHIEF ADMIN OFFICER</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>STACY CULLEN</u>	Preparer's signature	Date <u>05/28/13</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00974308</u>
	Firm's name ▶ <u>TAIT, WELLER & BAKER LLP</u>	Firm's EIN ▶ <u>23-1144520</u>			
	Firm's address ▶ <u>1818 MARKET STREET; SUITE 2400</u> <u>PHILADELPHIA, PA 19103</u>			Phone no. <u>(215) 979-8800</u>	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
ICRW'S MISSION IS TO EMPOWER WOMEN , ADVANCE GENDER EQUALITY AND FIGHT
POVERTY IN THE DEVELOPING WORLD. TO ACCOMPLISH THIS, ICRW WORKS WITH
PARTNERS TO CONDUCT EMPIRICAL RESEARCH, BUILD CAPACITY AND ADVOCATE
FOR EVIDENCE-BASED, PRACTICAL WAYS TO CHANGE POLICIES AND PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,913,381. including grants of \$ 191,838.) (Revenue \$)
RESEARCH AND PROGRAMS: RESEARCH & PROGRAMS FOCUSES ON RESEARCH,
TECHNICAL ADVISORY SERVICES AND ADVOCACY IN THE FOLLOWING PROGRAMMATIC
AREAS-GLOBAL HEALTH, ECONOMIC DEVELOPMENT, GENDER VIOLENCE AND RIGHTS,
AND GENDER, DEVELOPMENT & POPULATION. THE GLOBAL HEALTH PORTFOLIO WORKS
ON TOPICS RELATED TO HIV AND STIGMA AND FOCUSES ON REDUCING THE SPREAD
OF HIV AND MITIGATE THE EPIDEMIC'S IMPACT AMONG WOMEN AND GIRLS IN LOW
AND MIDDLE INCOME COUNTRIES AS WELL AS TO REDUCE STIGMA AND
DISCRIMINATION THAT NEGATIVELY IMPACTS THE LIVES OF WOMEN AND GIRLS.
THE ECONOMIC DEVELOPMENT PROGRAM WORKS TO PROMOTE DEVELOPMENT AND
ADVANCE WOMEN'S ECONOMIC EMPOWERMENT IN SELECTED LOW AND MIDDLE INCOME
COUNTRIES. THE GENDER VIOLENCE AND RIGHTS PROGRAM CONTRIBUTES TO THE
GLOBAL AGENDA OF PREVENTING AND ENDING VIOLENCE AGAINST WOMEN AND GIRLS

4b (Code:) (Expenses \$ 1,099,617. including grants of \$) (Revenue \$)
GENERAL ACTIVITIES REFER TO A VARIETY OF OTHER PROGRAMS AND SERVICES
THAT SUPPORT AND FURTHER THE MISSION OF ICRW. THESE ACTIVITIES INCLUDE
STRENGTHENING PROGRAMMATIC AREAS WITH NEW TECHNICAL STAFF; DEVELOPING
STRATEGIC PARTNERSHIPS WITH KEY ON-THE-GROUND PARTNERS AS WELL AS IN
THE PRIVATE AND PUBLIC SECTOR, MULTILATERAL AND OTHER INGO PLAYERS; AND
DEVELOPING CRITICAL MONITORING AND EVALUATION TECHNIQUES. ACTIVITIES
ALSO INVOLVE PUBLISHING AND DISSEMINATING OUR WORK IN HIGH-LEVEL POLICY
FORUMS AND PEER-REVIEWED JOURNALS; CREATING A STRONGER REGIONAL
PRESENCE IN AFRICA AND ASIA; AND DEVELOPING NEW PROGRAM MANAGEMENT
TOOLS.

4c (Code:) (Expenses \$ 2,111,614. including grants of \$ 146,386.) (Revenue \$)
ASIA REGIONAL OFFICE- ICRW'S OFFICE IN NEW DELHI IS A REGIONAL HUB TO
EXPAND OUR EFFORTS TO PROMOTE GENDER-EQUITABLE DEVELOPMENT AND RESPOND
TO THE PRESSING CHALLENGES FACING WOMEN, GIRLS AND THEIR COMMUNITIES IN
SOUTH ASIA. OUR ASIA REGIONAL OFFICE, AND A PROJECT OFFICE IN MUMBAI
EMPLOYS NEARLY 30 LOCAL STAFF. OUR OFFICE SERVES THE REGION INCLUDING
BANGLADESH, CAMBODIA, CHINA, NEPAL, THAILAND AND VIETNAM. WE
COLLABORATE CLOSELY WITH LOCAL, REGIONAL AND INTERNATIONAL PARTNERS TO
UNDERTAKE FIELD RESEARCH AND PROGRAM WORK. WE COMMUNICATE OUR FINDINGS
AND EXPERIENCE TO POLICYMAKERS THROUGH ADVOCACY EFFORTS THAT ARE
GROUNDED IN SOUND EVIDENCE AND DATA.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,095,563. including grants of \$ 18,924.) (Revenue \$)

4e Total program service expenses ▶ 10,220,175.

**INTERNATIONAL CENTER FOR RESEARCH ON
WOMEN**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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 "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	21	
b	Enter the number of voting members included in line 1a, above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PATRICIA DAUNAS - 202-742-1261**
1120 20TH STREET, NW, #500 N, WASHINGTON, DC 20036

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEANNE L. WARNER CHAIR	1.50	X		X				0.	0.	0.
(2) CAROLINE ATKINSON VICE CHAIR	1.00	X		X				0.	0.	0.
(3) PETER BELL BOARD MEMBER	1.50	X						0.	0.	0.
(4) JOANNA BREYER BOARD MEMBER	1.00	X						0.	0.	0.
(5) WINNIE BYANYIMA BOARD MEMBER	0.50	X						0.	0.	0.
(6) JOHN DELANEY BOARD MEMBER	0.50	X						0.	0.	0.
(7) PHILLIP J. DEUTCH BOARD MEMBER	0.50	X						0.	0.	0.
(8) CAROLE DICKERT-SCHERR BOARD MEMBER	1.00	X						0.	0.	0.
(9) ELIZABETH GRIFFITH BOARD MEMBER	1.00	X						0.	0.	0.
(10) JULIE T. KATZMAN BOARD MEMBER	1.00	X						0.	0.	0.
(11) A.K. SHIVA KUMAR BOARD MEMBER	1.00	X						0.	0.	0.
(12) OLIVIA M. LELAND BOARD MEMBER	0.50	X						0.	0.	0.
(13) MATHEW J. MALLOW BOARD MEMBER	1.50	X						0.	0.	0.
(14) MARK S. ORDAN BOARD MEMBER	0.50	X						0.	0.	0.
(15) CHARLES W. QUATT BOARD MEMBER	1.00	X						0.	0.	0.
(16) NAFIS SADIK BOARD MEMBER	0.50	X						0.	0.	0.
(17) VICKI SANT BOARD MEMBER	0.50	X						0.	0.	0.

**INTERNATIONAL CENTER FOR RESEARCH ON
WOMEN**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEE C. SMITH BOARD MEMBER	0.50	X					0.	0.	0.	
(19) GAYLE TZEMACH-LEMMON BOARD MEMBER	0.50	X					0.	0.	0.	
(20) WANJIKU KABIRA BOARD MEMBER	0.50	X					0.	0.	0.	
(21) APRIL MCCLAIN DELANEY BOARD MEMBER	0.50	X					0.	0.	0.	
(22) KIMBERLEY BROOKS DIRECTOR, OFFICE OF THE PRESIDENT AN	37.50			X			101,330.	0.	23,599.	
(23) SARAH DEGNAN KAMBOU PRESIDENT	37.50			X			225,028.	0.	18,331.	
(24) LUIS GUARDIA CFO AND VP OF OPERATIONS	37.50			X			168,232.	0.	24,560.	
(25) NIRANJALA KANESATHASAN SR.PUBLIC SPECIALIST	37.50			X			104,675.	0.	14,365.	
(26) ANJU MALHOTRA VP, RESEARCH, INNOVATION AND IMPACT	37.50				X		159,744.	0.	18,101.	
1b Sub-total							759,009.	0.	98,956.	
c Total from continuation sheets to Part VII, Section A							834,012.	0.	109,419.	
d Total (add lines 1b and 1c)							1,593,021.	0.	208,375.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 18

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	229,806.				
	d	Related organizations					
	e	Government grants (contributions)	1,497,212.				
	f	All other contributions, gifts, grants, and similar amounts not included above	6,974,281.				
	g	Noncash contributions included in lines 1a-1f: \$	130,578.				
	h	Total. Add lines 1a-1f	8,701,299.				
	Program Service Revenue	2 a	CONTRACT FEES	22,835.	22,835.		
b		HONORARIUM	3,500.	3,500.			
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	26,335.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	95,484.			95,484.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	5675000.			
		Less: cost or other basis and sales expenses	(ii) Other	5673128.			
		Gain or (loss)		1,872.			
		Net gain or (loss)		1,872.			1,872.
	8 a	Gross income from fundraising events (not including \$ 229,806. of contributions reported on line 1c). See Part IV, line 18	a	60,512.			
		Less: direct expenses	b	155,485.			
		Net income or (loss) from fundraising events		-94,973.			-94,973.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS	900099	3,058.			3,058.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,058.				
12	Total revenue. See instructions.		8,733,075.	26,335.	0.	5,441.	

INTERNATIONAL CENTER FOR RESEARCH ON

WOMEN

Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,000.	6,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	351,148.	351,148.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	734,375.	451,165.	262,621.	20,589.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,877,093.	2,381,901.	1,386,490.	108,702.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	266,132.	163,498.	95,172.	7,462.
9 Other employee benefits	1,133,894.	696,610.	405,493.	31,791.
10 Payroll taxes	366,087.	224,906.	130,917.	10,264.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	77,800.	4,176.	73,624.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	186,709.	94,845.	76,262.	15,602.
14 Information technology				
15 Royalties				
16 Occupancy	931,837.	70,917.	860,920.	
17 Travel	717,448.	702,323.	12,660.	2,465.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	144,464.	64,531.	21,564.	58,369.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	104,966.		104,966.	
23 Insurance	82,704.	45,744.	36,960.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	1,498,425.	1,255,844.	158,792.	83,789.
b MISCELLANEOUS	283,276.	3,670,628.	-3,600,195.	212,843.
c EQUIPMENT	110,987.	29,860.	81,127.	
d SUBSCRIPTIONS AND PUBLI	30,715.	6,079.	23,453.	1,183.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,904,060.	10,220,175.	130,826.	553,059.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

INTERNATIONAL CENTER FOR RESEARCH ON

WOMEN

Form 990 (2011)

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	400.	1	400.
	2	Savings and temporary cash investments	4,657,341.	2	1,706,868.
	3	Pledges and grants receivable, net	3,147,902.	3	2,724,894.
	4	Accounts receivable, net	119,504.	4	10,449.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	129,389.	9	57,514.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,172,052.		
	b	Less: accumulated depreciation	10b 687,430.	558,492.	10c 484,622.
	11	Investments - publicly traded securities	2,376,764.	11	3,835,219.
	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	136,071.	15	278,678.
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,125,863.	16	9,098,644.	
Liabilities	17	Accounts payable and accrued expenses	879,442.	17	710,873.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	141,337.	23	0.
	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 Schedule D	612,387.	25	612,732.
	26	Total liabilities. Add lines 17 through 25	1,633,166.	26	1,323,605.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,483,584.	27	3,855,289.
	28	Temporarily restricted net assets	5,009,113.	28	3,919,750.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	9,492,697.	33	7,775,039.	
34	Total liabilities and net assets/fund balances	11,125,863.	34	9,098,644.	

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,733,075.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,904,060.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,170,985.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,492,697.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	453,327.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,775,039.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **INTERNATIONAL CENTER FOR RESEARCH ON WOMEN** Employer identification number **52-1081455**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19201675.	13631156.	7108792.	7835202.	8701299.	56478124.
2 Tax revenues levied for the organization'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	19201675.	13631156.	7108792.	7835202.	8701299.	56478124.
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)						17328220.
6 Public support. Subtract line 5 from line 4.						39149904.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	19201675.	13631156.	7108792.	7835202.	8701299.	56478124.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	640,496.	186,633.	83,541.	75,439.	121,819.	1107928.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	29,303.	46,650.	573.	3,084.	3,058.	82,668.
11 Total support. Add lines 7 through 10						57668720.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	67.89 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	68.34 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization INTERNATIONAL CENTER FOR RESEARCH ON WOMEN	Employer identification number 52-1081455
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	10,773,424.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,773,424.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	688,671.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	172,168.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	759,318.	852,917.	768,229.	688,671.	3,069,135.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,603,703.
c Total lobbying expenditures	23,756.	17,943.	7,625.		49,324.
d Grassroots nontaxable amount	199,681.	213,229.	192,057.	172,168.	777,135.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,165,703.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization **INTERNATIONAL CENTER FOR RESEARCH ON
WOMEN**

Employer identification number
52-1081455

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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 during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues 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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		638,584.	342,248.	296,336.
d Equipment				
e Other		533,468.	345,182.	188,286.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				484,622.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	255,939.
(3) DEFERRED RENT	342,949.
(4) SUBLEASE DEPOSIT	13,844.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	612,732.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,733,075.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,904,060.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,170,985.
4	Net unrealized gains (losses) on investments	4	453,327.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	453,327.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,717,658.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,198,021.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	453,327.
b	Donated services and use of facilities	2b	11,619.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	464,946.
3	Subtract line 2e from line 1	3	8,733,075.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,733,075.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,915,679.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	11,619.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	11,619.
3	Subtract line 2e from line 1	3	10,904,060.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,904,060.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF

THE OPEN TAX YEARS (YEARS ENDED SEPTEMBER 30, 2009-2011) OR EXPECTED TO BE TAKEN IN ICRW'S SEPTEMBER 30, 2012 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NOT SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization
**INTERNATIONAL CENTER FOR RESEARCH ON
WOMEN**

Employer identification number
52-1081455

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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? 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.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH ASIA	2	40	PROGRAM SERVICE AND GRANTS TO RECIPIENTS IN REGION	ICRW'S ASIA REGIONAL OFFICE (ARO) WORKS WITH IN-COUNTRY PARTNERS TO GENERATE RESEARCH	425,755.
SUB-SAHARAN AFRICA	1	2	PROGRAM SERVICE AND GRANTS TO RECIPIENTS IN REGION	ICRW'S EAST AFRICA OFFICE (EARO) AIMS TO BUILD LOCAL CAPACITY TO CONDUCT RIGOROUS	686,549.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		27,117.
3 a Sub-total	3	42			1,139,421.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	42			1,139,421.

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

Schedule F (Form 990) 2011

SEE PART V FOR COLUMN (E) DESCRIPTIONS

INTERNATIONAL CENTER FOR RESEARCH ON

WOMEN

52-1081455

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	MEN'S ATTITUDE TO SON PREFERENCE AND SEX SELECTION IN VIETNAM.	27,117.	WIRE	0.		
		SOUTH ASIA	TAKING PROGRAMS H/YAARI-DOSTI AND M/SAKHI SAHALI TO SCALE: ENGAGING	92,178.	WIRE	0.		
		SOUTH ASIA	PREVENTION OF HIV/STI AMONG MARRIED WOMEN IN INDIA	78,167.	WIRE	0.		
		SOUTH ASIA	TAKING PROGRAMS H/YAARI-DOSTI AND M/SAKHI SAHALI TO SCALE: ENGAGING BOYS,	41,129.	WIRE	0.		
		SOUTH ASIA	GENDER EQUITY MOVEMENT IN SCHOOLS - ADVOCACY AND SCALING-UP IN MUMBAI	28,481.	WIRE	0.		
		SOUTH ASIA	PREVENTION OF HIV/STI AMONG MARRIED WOMEN IN INDIA	27,574.	WIRE	0.		
		SOUTH ASIA	MEN'S ATTITUDE TO SON PREFERENCE AND SEX SELECTION IN NEPAL	25,364.	WIRE	0.		
		SOUTH ASIA	PREVENTION OF HIV/STI AMONG MARRIED WOMEN IN INDIA	23,989.	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 32

3 Enter total number of other organizations or entities 32

SEE PART V FOR COLUMN (D) DESCRIPTIONS

INTERNATIONAL CENTER FOR RESEARCH ON
WOMEN

52-1081455

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	IMPACT ON MARRIAGE: PROGRAM ASSESSMENT OF CONDITIONAL CASH TRANSFERS (IMPACCT)	17,734.	WIRE	0.		
		SOUTH ASIA	STIGMA REDUCTION FOR PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV WITHIN HEALTH	16,988.	WIRE	0.		
		SOUTH ASIA	IMPLEMENTING INNOVATIONS TO REDUCE HIV AND AIDS-RELATED STIGMA	12,000.	WIRE	0.		
		SOUTH ASIA	IMPLEMENTING INNOVATIONS TO REDUCE HIV AND AIDS-RELATED STIGMA	12,000.	WIRE	0.		
		SOUTH ASIA	IMPLEMENTING INNOVATIONS TO REDUCE HIV AND AIDS-RELATED STIGMA	12,000.	WIRE	0.		
		SOUTH ASIA	IMPLEMENTING INNOVATIONS TO REDUCE HIV AND AIDS-RELATED STIGMA	11,950.	WIRE	0.		
		SOUTH ASIA	IMPLEMENTING INNOVATIONS TO REDUCE HIV AND AIDS-RELATED STIGMA	11,700.	WIRE	0.		
		SOUTH ASIA	GENDER EQUITY MOVEMENT IN SCHOOLS - ADVOCACY AND SCALING-UP IN MUMBAI	8,591.	WIRE	0.		
		SOUTH ASIA	COACHING BOYS INTO MEN: AN INTERNATIONAL SOCIAL NORMS PROGRAMME TO PREVENT	5,910.	WIRE	0.		

**INTERNATIONAL CENTER FOR RESEARCH ON
WOMEN**

52-1081455

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	WOMENS PROPERTY RIGHTS: GENDER AND LAND SURVEY'S IN SUB-SAHARAN AFRICA	96,829.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	87,270.	WIRE	0.		
		SUB-SAHARAN AFRICA	COMMUNITY PARALEGAL CAPACITY-BUILDING & SCALE-UP	70,023.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	67,933.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	56,361.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	45,615.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	37,260.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	34,689.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	28,142.	WIRE	0.		

INTERNATIONAL CENTER FOR RESEARCH ON

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Page 2

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	16,641.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	16,472.	WIRE	0.		
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED	15,742.	WIRE	0.		
		SUB-SAHARAN AFRICA	EVENT MANAGEMENT FOR STRATEGIC CONSULTATION ON DEVELOPING A	15,644.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN	14,032.	WIRE	0.		
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED	13,377.	WIRE	0.		
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED	13,150.	WIRE	0.		
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED	13,140.	WIRE	0.		
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED	12,000.	WIRE	0.		

INTERNATIONAL CENTER FOR RESEARCH ON

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52-1081455

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED	11,716.	WIRE	0.		
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED	10,413.	WIRE	0.		
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED	10,100.	WIRE	0.		

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 No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes 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 No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes 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 No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: ICRW ISSUES SUB AGREEMENTS TO LEGALLY REGISTERED ENTITIES AFTER REVIEW AND ACCEPTANCE OF VARIOUS DOCUMENTS PERTAINING TO THE SELECTION PROCESS, THE ENTITY'S FINANCIAL ACCOUNTABILITY AND STATUS, AND ADHERENCE TO ANY DONOR REQUIREMENTS. ICRW DEFINES THE REPORTING AND PAYMENT SCHEDULES FOR EACH SUB AGREEMENT BASED ON THE ASSOCIATED RISKS, BUDGET AMOUNT, AND TIMELINE, PER THE STIPULATIONS OF THE PAYMENT SCHEDULE. DISBURSEMENTS ARE MADE UPON REVIEW AND APPROVAL OF FINANCIAL REPORTS SHOWING SUFFICIENT FUNDS SPENT AND PROJECTED FUTURE SPENDING IF REQUIRED. SUB RECIPIENTS ARE MONITERED THROUGHOUT THE DURATION OF THE AWARD ACTIVITY VIA FINANCIAL REPORTS AND NARRATIVE REPORTS. PROGRAM STAFF REMAIN IN CONTACT WITH SUB GRANTEES DURING IMPLEMENTATION.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ICRW'S ASIA REGIONAL OFFICE (ARO) WORKS WITH IN-COUNTRY PARTNERS TO GENERATE RESEARCH EVIDENCE , INTEGRATE GENDER INTO INTERVENTION PROGRAMS AND MONITOR AND EVALUATE PROGRAM IMPACT ON ISSUES SUCH AS HIV/AIDS; ADOLESCENT REPRODUCTIVE HEALTH.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ICRW'S EAST AFRICA OFFICE (EARO) AIMS TO BUILD LOCAL CAPACITY TO CONDUCT RIGOROUS RESEARCH, DISSEMINATE STATE OF THE ART RESOURCE MATERIALS, AND PROMOTE EVIDENCE BASED ADVOCACY.

Part V Supplemental Information

Complete this part to 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 II, COLUMN (D):

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TAKING PROGRAMS H/YAARI-DOSTI AND M/SAKHI SAHALI

TO SCALE: ENGAGING BOYS, GIRLS AND FATHERS TO EMPOWER GIRLS AND YOUNG

WOMEN

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TAKING PROGRAMS H/YAARI-DOSTI AND M/SAKHI SAHALI

TO SCALE: ENGAGING BOYS, GIRLS AND FATHERS TO EMPOWER GIRLS AND YOUNG

WOMEN

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IMPACT ON MARRIAGE: PROGRAM ASSESSMENT OF

CONDITIONAL CASH TRANSFERS (IMPACCT) STUDY

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: STIGMA REDUCTION FOR PREVENTION OF MOTHER TO CHILD

TRANSMISSION OF HIV WITHIN HEALTH AND COMMUNITY SETTINGS IN ACCHAM

DISTRICT, NEPAL

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: COACHING BOYS INTO MEN: AN INTERNATIONAL SOCIAL

NORMS PROGRAMME TO PREVENT GENDER BASED VIOLENCE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH

CAPACITY IN EAST AND SOUTHERN AFRICA

Part V Supplemental Information

Complete this part to 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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN AFRICA

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(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN AFRICA

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(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH

Part V Supplemental Information

Complete this part to 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.

CAPACITY IN EAST AND SOUTHERN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH

CAPACITY IN EAST AND SOUTHERN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED WOMEN'S PROPERTY RIGHTS PROGRAMS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EVENT MANAGEMENT FOR STRATEGIC CONSULTATION ON DEVELOPING A PROGRAMMATIC ASSESSMENT TOOL FOR VIOLENCE AGAINST WOMEN INTERVENTIONS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE VAW KNOWLEDGE BASE & RESEARCH CAPACITY IN EAST AND SOUTHERN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED WOMEN'S PROPERTY RIGHTS PROGRAMS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED WOMEN'S PROPERTY RIGHTS PROGRAMS

Part V Supplemental Information

Complete this part to 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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED WOMEN'S PROPERTY RIGHTS PROGRAMS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED WOMEN'S PROPERTY RIGHTS PROGRAMS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED WOMEN'S PROPERTY RIGHTS PROGRAMS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED WOMEN'S PROPERTY RIGHTS PROGRAMS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY-BASED WOMEN'S PROPERTY RIGHTS PROGRAMS

INTERNATIONAL CENTER FOR RESEARCH ON

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	PASSPORTS TO PROGRESS	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	266,971.	23,347.		290,318.
	2 Less: Charitable contributions	206,459.	23,347.		229,806.
	3 Gross income (line 1 minus line 2)	60,512.			60,512.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,751.	7,128.		14,879.
	7 Food and beverages	75,280.	7,141.		82,421.
	8 Entertainment				
	9 Other direct expenses	55,242.	2,943.		58,185.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(155,485)
	11 Net income summary. Combine line 3, column (d), and line 10				-94,973.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization **INTERNATIONAL CENTER FOR RESEARCH ON WOMEN** Employer identification number **52-1081455**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	6,000.	0.	CASH		FERTILITY AND EMPOWERMENT NETWORK

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

INTERNATIONAL CENTER FOR RESEARCH ON

WOMEN

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ICRW ISSUES SUB AGREEMENTS TO LEGALLY REGISTERED ENTITIES AFTER REVIEW AND ACCEPTANCE OF VARIOUS DOCUMENTS PERTAINING TO THE SELECTION PROCESS. THE ENTITY'S FINANCIAL ACCOUNTABILITY AND STATUS, AND ADHERENCE TO ANY DONOR REQUIREMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **INTERNATIONAL CENTER FOR RESEARCH ON WOMEN**

Employer identification number
52-1081455

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
		X								
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2011

INTERNATIONAL CENTER FOR RESEARCH ON

WOMEN

52-1081455

Schedule J (Form 990) 2011

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH DEGNAN KAMBOU	(i)	225,028.	0.	0.	17,551.	780.	243,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LUIS GUARDIA	(i)	168,232.	0.	0.	14,904.	9,656.	192,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANJU MALHOTRA	(i)	159,744.	0.	0.	12,493.	5,608.	177,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JEAN MARIE BUNTON	(i)	169,313.	0.	0.	10,652.	4,658.	184,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MARY ELLSBERG	(i)	146,933.	0.	0.	11,727.	9,427.	168,087.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 REHKA MEHRA	(i)	142,647.	0.	0.	18,900.	780.	162,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GRETCHEN HUTULA	(i)	127,048.	0.	0.	16,500.	8,199.	151,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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.**

Name of the organization **INTERNATIONAL CENTER FOR RESEARCH ON
WOMEN**

**Employer identification number
52-1081455**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
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 ▶ (<u>SOFTWARE</u>)	X	7	130,578.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization INTERNATIONAL CENTER FOR RESEARCH ON WOMEN	Employer identification number 52-1081455
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EQUALITY AND FIGHT POVERTY IN THE DEVELOPING WORLD. TO ACCOMPLISH THIS,
ICRW WORKS WITH PARTNERS TO CONDUCT EMPIRICAL RESEARCH, BUILD CAPACITY
AND ADVOCATE FOR EVIDENCE-BASED, PRACTICAL WAYS TO CHANGE POLICIES AND
PROGRAMS.

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

AS WELL AS PROVIDING LEADERSHIP IN THE FIELD OF ENGAGING MEN AND BOYS.
THE GENDER, DEVELOPMENT AND POPULATION PORTFOLIO WORKS ON ISSUES
RELATED TO GLOBAL REPRODUCTIVE HEALTH INCLUDING ADOLESCENT REPRODUCTIVE
HEALTH FOCUSING ON FAMILY PLANNING AND THE PREVENTION OF CHILD MARRIAGE
AMONG OTHER TOPICS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 WAS
PREPARED BY EXTERNAL ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE
AUDIT COMMITTEE REVIEWED THE FINAL 990 WHICH WAS THEN PRESENTED TO THE FULL
BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: IN THE EVENT THAT A NON-DISCLOSED
CONFLICT OF INTEREST IS DETERMINED, ICRW WILL TAKE APPROPRIATE ACTION FOR
THE VIOLATION OF THIS POLICY WITH THE INTENTION OF ELIMINATING ANY AND ALL
REAL, APPARENT, OR PERCEIVED CONFLICTS OF INTEREST. EACH EMPLOYEE SIGNS
AND ACKNOWLEDGES RECEIPT OF AND COMPLIANCE WITH THE ICRW CONFLICT OF
INTEREST POLICY. WHEN THERE IS AN INFRACTION, ICRW HAS A FORMAL PROGRESSIVE
DISCIPLINE POLICY FOR ALL UNACCEPTABLE CONDUCT THAT REQUIRES WARNINGS OR
COUNSELING SESSIONS. MOST CASES ARE CONSIDERED BASED ON THEIR OWN FACTS. IN

Name of the organization INTERNATIONAL CENTER FOR RESEARCH ON WOMEN	Employer identification number 52-1081455
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THE CASE OF MISCONDUCT OR VIOLATION OF POLICY, AN EMPLOYEE MAY BE IMMEDIATELY TERMINATED.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD RECOMMENDS THE COMPENSATION LEVEL OF THE CEO, AND ITS APPROVED BY THE FULL BOARD. THE COMMITTEE REVIEWS EXTERNAL MARKET DATA FROM A VARIETY OF INDEPENDENT DATA SOURCES PROVIDED BY LEADING NATIONAL NON-PROFIT EXECUTIVE COMPENSATION EXPERTS. DECISIONS ABOUT COMPENSATION ARE MADE CONSISTENT WITH MARKET DATA AND ARE BASED BOTH IN THE DATA AND THE PERFORMANCE OF THE EXECUTIVE WHICH IS VETTED BY THE BOARD. THE CEO PARTICIPATES IN ICRW'S FORMAL ANNUAL PERFORMANCE APPRAISAL SYSTEM AND THE APPRAISAL IS DULY RECORDED. THE APPRAISAL INCLUDES A WRITTEN ANALYSIS OF ACCOMPLISHMENTS RATED AGAINST PRE-SET GOALS FOR THE YEAR, WHICH THE COMMITTEE REVIEWS WITH THE CEO. THE LAST COMPENSATION REVIEW TOOK PLACE DURING 2010. DISQUALIFIED PERSONS ARE EXCLUDED FROM THE COMPENSATION DECISION AND THE COMMITTEE PROVIDES THE RECOMMENDATION TO THE FULL BOARD. FINAL DECISIONS REACHED BY THE BOARD ARE COMMUNICATED TO HUMAN RESOURCES STAFF BY THE BOARD CHAIR. THE COMMITTEE AND ICRW MAINTAIN ALL RECORDS ON THE DETERMINATION OF THE CEO'S COMPENSATION. PAY FOR ALL ICRW EMPLOYEES, INCLUDING KEY EMPLOYEES, IS DETERMINED PRINCIPALLY BY ASSIGNING EMPLOYEES TO THEIR RESPECTIVE SALARY BANDS. SALARY BANDS ARE GROUPED BY LEVEL OF WORK AND DIVISION. THEY ARE REVIEWED BI-ANNUALLY WITH A DETAILED ANALYSIS OF INTERNAL JOB DESCRIPTIONS AND RESPONSIBILITIES AND THEN MAPPING THEM TO CORRESPONDING DATA SETS IN PUBLISHED SALARY SURVEYS FOR NON-PROFIT ORGANIZATIONS IN THE DC METRO AREA WITH SIMILAR OPERATING BUDGETS. AS PART OF THE ANNUAL BUDGET PROCESS, ICRW GATHERS CURRENT INFLATION RATES AND COST OF LIVING INDICES DETERMINED BY THE BUREAU OF LABOR STATISTICS, AND FORECASTS THE ORGANIZATION'S ECONOMIC OUTLOOK TO ESTABLISH A MERIT POOL WHICH IS APPROVED BY THE BOARD OF

Name of the organization INTERNATIONAL CENTER FOR RESEARCH ON WOMEN	Employer identification number 52-1081455
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DIRECTORS. EMPLOYEE PERFORMANCE IS REVIEWED ANUALLY AND VIA THE ANNUAL MERIT REVIEW PROCESS, A MERIT INCREASE BUDGET AND MATRIX WHICH THE CEO AND COO USE TO DETERMINE PAY FOR THESE AFOREMENTIONED EMPLOYEES. ALL DISQUALIFIED PERSONS ARE EXCLUDED FROM THE FINAL DETERMINATION OF SALARY LEVELS AND ICRW MAINTAINS RECORDS ON ALL DECISIONS REGARDING EMPLOYEE PAY LEVELS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK,AL,AR,AZ,CA,CO,CT,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ,NM,NY
OH,OK,OR,PA,RI,SC,TN,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST OR VIA THE WEB.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 453,327.

PART XII, LINE 2C

THE ORGAINATION HAS AN AUDIT COMMITTEE THAT MEETS PERIODICALLY THROUGHOUT THE YEAR TO REVIEW THE ORGANIZATION'S FINANCIAL STATEMETNS, ANNUAL AUDIT, IRS FORM 990, AND THE SELECTION OF AN INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE D, PART V

IN THE PRIOR YEAR AN OPERATING RESERVE WAS IMPROPERLY CLASSIFIED AS A BOARD DESIGNATED ENDOWMENT. THAT ERROR WAS DISCOVERED WHEN PREPARING

