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DLN: 93493133052774

Form **990**

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

Open to Public Inspection

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

A Fo		ZUIZ Cal		g 10-01-2012 , 2012, and ending 09-3	30-2013			
		pplicable	C Name of organization INTERNATIONAL CENTER FOR RESE	ARCH ON WOMEN				ification number
	dress ch me char	_	Doing Business As			52-108	1455	
	nal retur	_						
	minated		Number and street (or P O box if m 1120 20TH STREET NW NO 500 N	nail is not delivered to street address) Room/su	ııte	E Telephone	e numbe	r
	ended r		City or town, state or country, and :	ZIP + 4		(202)7	97-000	07
_		n pending	WASHINGTON, DC 20036			G Gross rec	⊖ıntc ¢ 1	1 761 179
			F Name and address of prir	ncipal officer	H(a) Is t	his a group re		<u> </u>
			PATRICIA DAUNAS 1120 20TH STREET NW NO	. 500 N		ates?	ccuiii io	┌ Yes ┌ No
			WASHINGTON, DC 20036	, 300 N	H(b) Are	all affiliates	ınclude	ed? 「Yes 「No
								ee instructions)
		npt status		insert no) 4947(a)(1) or 527	 H(c) Gro	up exemptio	n numb	oer ►
J W	ebsite	e: ► WW	W I C R W O R G					
			Corporation Trust Association	on Cother 🗠	L Year of f	ormation 1977	M Sta	ate of legal domicile DC
Pa	rt I		mary					
Governance	I E C C C C C C C C C C C C C C C C C C	INTERNA EQUALI CONDUC CHANGE	TY AND FIGHT POVERTY IN T CT EMPIRICAL RESEARCH, BU E POLICIES AND PROGRAMS	RCH ON WOMEN'S MISSION IS TO HE DEVELOPING WORLD TO ACCO IILD CAPACITY AND ADVOCATE FO	MPLISH THI R EVIDENC	S, ICRW WO E-BASED, P	RKS W	TTH PARTNERS TO CAL WAYS TO
	2 (Check th	iis box দ if the organization di	scontinued its operations or disposed	of more than	25% of its n	et asse	ets
Activities &	3 1	Number	of voting members of the govern	ing body (Part VI, line 1a)		. 1	3	17
星	4 1	Number	of independent voting members	of the governing body (Part VI, line 1b)	[4	17
4 C			, ,	calendar year 2012 (Part V, line 2a)			5	62
			·	necessary)		· ·	6	17
	1			art VIII, column (C), line 12		::	7a 7b	0
				,		or Year	1	Current Year
a)								
	8	Contri	butions and grants (Part VIII, li	ne 1 h)		8,701,29	9	8,492,090
enne	8 9	Progra	m service revenue (Part VIII, li	ne 2g)		26,33	35	22,539
Rayenue	9 10	Progra Invest	m service revenue (Part VIII, li ment income (Part VIII, columr	ne 2g)		26,33 97,35	3 5 5 6	22,539 100,275
Rayentle	9 10 11	Progra Invest Other	m service revenue (Part VIII, li ment income (Part VIII, columr revenue (Part VIII, column (A),	ne 2g)		26,33	3 5 5 6	22,539
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Use Only

Firm's address > 1818 MARKET STREET SUITE 2400

PHILADELPHIA, PA 19103

Phone no (215) 979-8800

✓ Yes ☐ No

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?	Form	1990 (2012) Page 2
CRWS MISSION IS TO EMPO WER WOMEN, ADVANCE GENDER EQUALITY AND FIGHT POVERTY IN THE DEVELOPING WORLD. TO ACCOMPLISH THIS LICEN 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-E2? 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses, and revenue, if an	Par	<u> </u>
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the prior Form 99 or 990-E2? If "Yes," describe these new services on Schedule O Joid the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 4,244,481 including grants of \$ 160,805) (Revenue \$ 22,539) 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 PORTFOLLO WORKS NO TROPICS ELELATED TO HIV AND STIGMA AND FOLUSES ON RESEARCH, TECHNICAL ADVISORY SERVICES AND ADVOCACY IN THE FOLLOWING PROGRAMMATIC AREAS-GLOBAL HEALTH, ECONOMIC DEVELOPMENT, GENDER VIOLENCE AND RIGHTS, AND DESCRIBINATION THAT IN RECATIVELY IMPACTS THE LIVES OF WOMEN AND GIRLS THE LOONOMIC DEVELOPMENT GENDER OF COLUSES ON RESEARCH, TECHNICAL SAMPLES AND DESCRIBINATION THAT IN RECATIVELY IMPACTS THE LIVES OF WOMEN AND GIRLS THE FORMORIC DEVELOPMENT DEVELOPMENT DEVELOPMENT AND ADVANCE WOMEN SECONOMIC DEVELOPMENT PROGRAM NORKS TO PROMORE DEVELOPMENT AND ADVANCE WOMEN SECONOMIC DEVELOPMENT PROGRAM NORKS TO PROMORE DEVELOPMENT AND ADVANCE WOMEN SECONOMIC DEVELOPMENT PROGRAM NORKS TO PROMORE SECONOMIC DEVELOPMENT AND POPULATION PORTFOLIO WORKS ON ISSUES RELATED TO GLOBAL REPRODUCTIVE HEALTH FORUSING ON FAMILY PURANTISES AND THE PROGRAM AND SERVICES THAT SUPPORT AND FURLY INCLUDING ADOLESCENT REPRODUCTIVE HEALTH FORUSING ON FAMILY PURANTISES AND THE PROGRAM AND SERVICES THAT SUPPORT AND FURLY FORUMS AND PECK-PRODUCTIVE HEALTH FORUS AND FURLY FOR PROGRAM AND PECK-PRODUCTIVE HEALTH FORUS AND PECK-PRODUCTIVE HE	ACC	OMPLISH THIS, ICRW WORKS WITH PARTNERS TO CONDUCT EMPIRICAL RESEARCH, BUILD CAPACITY AND ADVOCATE FOR
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(Expenses \$ 2,481,616 including grants of \$ 14,711) (Revenue \$)		
4e Total program service expenses ► 9,378,659	4d	
	4e	Total program service expenses ► 9,378,659

art IV	Checklist of	Required	Schedules

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
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? If "Yes," complete Schedule C, Part II	4	Yes	
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? If "Yes," complete Schedule C, Part III	5		No
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? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		No
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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Par	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 26		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶KE , IN			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	.,	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 1a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 1b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Yes Each committee with authority to act on behalf of the governing body? . 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Νo

36	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie cou	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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		
		TOD		

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, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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. Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 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 1120 20TH STREET NW 500 N WASHINGTON, DC (202)742-1261

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 $\,\cdot\,\,$. $\,\cdot\,\,$.

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

- 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, or 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) A verage hours per week (list any hours	more pers and	than on is	one bot	not box h an or/tr	offic	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee		ormer lighest compensated mployee		MISC)	(W- 2/1099- MISC)	from the organization and related organizations			
(1) JEANNE L WARNER	50	х						0	0	0	
BOARD MEMBER											
(2) HON NANCY GERTNER	50	х						0	0	0	
BOARD MEMBER (3) PETER DBELL	1.00										
BOARD MEMBER	1 00	х						0	0	0	
(4) SCOTT JACKSON	50										
BOARD MEMBER		Х						0	0	0	
(5) JOANNA BREYER	50										
BOARD MEMBER		х						0	0	0	
(6) JACQUELINE MAYFIELD	1 00										
, ,		×						0	0	0	
BOARD MEMBER (7) LOIS ROMANO	50										
	30	х						0	0	0	
BOARD MEMBER (8) CAROLE DICKERT-SCHERR	1 00										
	100	х						0	0	0	
BOARD MEMBER (9) ELIZABETH GRIFFITH	1.50										
` '	1 50	х		х				0	0	0	
CHAIR											
(10) JULIE T KATZMAN	1 00	×						0	0	0	
BOARD MEMBER					_						
(11) AK SHIVA KUMAR	1 00	×						0	0	0	
BOARD MEMBER										_	
(12) VICTORIA P SANT	50	×						0	0	0	
BOARD MEMBER								ŭ	ŭ		
(13) GAYLE TZEMACH-LEMMON	1 00	×						0	0	0	
BOARD MEMBER										0	
(14) WANJIKU MUKABI KABIRA	50	х						0	0	0	
BOARD MEMBER		L^_		<u> </u>	L						
(15) APRIL MCCLAIN DELANEY	1 50								0		
BOARD MEMBER		X						0	U	0	
(16) MATTHEW MALLOW	1 50	ı,								-	
BOARD MEMBER		X						0	0	0	
(17) NAFIS SADIK	1 50										
BOARD MEMBER		X						0	0	0	
The state of the s			_							Form 990 (2012)	

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estir amount compe fron	F) nated of other nsation n the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and r	ization elated zations
(18) SARAH DEGNAN KAMBOU	37 50			X				234,619	(0	17,363
PRESIDENT (19) PATRICIA DAUNAS	37 50	-									
CHIEF ADMINISTRATIVE OFFICER	37 30			×				149,259		0	19,576
(20) NIRANJALA KANESATHASAN	37 50										
SR HEALTH & DEVLPMNT SPCLST				×				109,397	i	0	13,752
(21) SUZANNE PETRONI	37 50					x		162 440		0	9 700
SR DIR GENDER, POPULATION DEVELOPMENT						<u> </u> ^		163,449			8,796
(22) GRETCHEN HUTULA	37 50					×		147,285	(0	18,873
SR DIR BUSINESS DEV	27.50	1					_	· I			
(23) KATHERINE FRITZ	37 50					x		123,523	1	0	9,141
DIR GLOBAL HEALTH (24) LAURA TRAVIS	37 50				1		-				
SR DIR FINANCE						X		132,851	1	0	18,640
(25) PRIYA NANDA	37 50					\		110.002			12.002
GROUP DIR REPRODUCTIVE HEALTH						Х		119,992		0	13,082
	_				1		\vdash				
				-			├				
						<u> </u>					
1b Sub-Total			•	•		<u>.</u>					
c Total from continuation sheets to Pa	•		•	•				1,180,375	0		110 222
d Total (add lines 1b and 1c)					h =	- >		, ,	<u> </u>		119,223
Total number of individuals (including \$100,000 of reportable compensation)	•			eu a	DOV	e) wno	rec	erved more than			
										Yes	No
3 Did the organization list any former of	officer, director or	truste	e, ke	y en	nplo	yee, o	r hig	ghest compensated	l employee		
on line 1a? If "Yes," complete Schedule	e J for such individ	dual .	•	-	•				з	;	No
4 For any individual listed on line 1a, is organization and related organization individual									m the	V	
5 Did any person listed on line 1a recei		nencal	tion f	rom	- 2 D.V	- unrel	- ator	d organization or in		Yes	+
services rendered to the organization		•			,			_	5	;	No
	_									•	
Section B. Independent Contract Complete this table for your five high		ındene	nder	nt co	ntra	actors	tha	t received more tha	an \$100 000 of		
compensation from the organization											r
Name and	(A) d business address								(B) n of services		C) ensation
								1		1	

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 \blacktriangleright 0

	Check if Schedule O contains a respon	2, 94551011	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
1a	Federated campaigns 1a					
kmounts	Membership dues 1b					
Other Similar Amounts	Fundraising events 1c	19,898				
and Other Similar A	Related organizations 1d					
<u>.</u> <u>=</u> e	Government grants (contributions) 1e	2,021,114				
io f	All other contributions, gifts, grants, and 1f similar amounts not included above	6,451,078				
the a	Noncash contributions included in lines	24,596	1			
and C	1a-1f \$		8,492,090			
e p	Total. Add lines 1a-1f		6,492,090			
<u>₽</u> 2a	CONTRACT FEES	Business Code	19.020	19,020		
2a b c d d e f	HONORARIUM	900099	18,039 4,500	18,039 4,500		
	- Inchestistical Property of the Control of the Con	300033	4,500	4,300		
d						
e						
5 5	All other program service revenue					
- g	L Total. Add lines 2a-2f	▶	22,539			
3	Investment income (including dividend	s, interest,	· ·			00.25
	and other similar amounts) Income from investment of tax-exempt bond p		90,226			90,22
4 5	Royalties	► I				
	(ı) Real	(II) Personal				
6a	Gross rents					
Ь	Less rental expenses					
С	Rental income or (loss)					
d	Net rental income or (loss)					
	(i) Securities	(II) Other				
7a	Gross amount from sales of 3,156,324 assets other than inventory					
ь	Less cost or other basis and 3,146,275					
	sales expenses Gain or (loss) 10,049					
d d	Net gain or (loss)		10,049			10,04
8a	events (not including \$ 19,898 of contributions reported on line 1c) See Part IV, line 18					
Ь	Less direct expenses b	10.103				
ر د	Net income or (loss) from fundraising e	19,193 vents -	-19,193			-19,19
9a	Gross income from gaming activities See Part IV, line 19					
Ь	Less direct expenses b					
°	Net income or (loss) from gaming activ	rities				
10a	Gross sales of inventory, less returns and allowances .	·				
	Less cost of goods sold b					
	Net income or (loss) from sales of inve	ntory 🛌				
	Miscellaneous Revenue	Business Code				
11a						
Ь						
С						
d	All other revenue					
e	Total. Add lines 11a-11d	· · · • [
12	Total revenue. See Instructions		8,595,711	22,539	0	8

Part IX Statement of Functional Expenses

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	-	•	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, b, 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				
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	225,819	225,819		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	556,833	318,184	230,264	8,385
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	3,553,856	2,030,734	1,469,604	53,518
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	243,362	139,061	100,636	3,665
9	Other employee benefits	1,059,321	605,313	438,054	15,954
10	Payroll taxes	302,691	172,963	125,170	4,558
11	Fees for services (non-employees)				
а	Management				_
b	Legal				
c	Accounting	48,972	4,837	44,135	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	142,989	72,914	64,279	5,796
14	Information technology				
15	Royalties				
16	Occupancy	915,653	22,645	890,008	3,000
17	Travel	743,988	719,966	22,427	1,595
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	119,032	84,719	17,353	16,960
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	109,595		109,595	
23	Insurance	45,162	1,233	43,929	
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)				
а	CONTRACT SERVICES	1,329,910	1,149,300	175,990	4,620
b	EQUIPMENT	78,314	28,254	50,060	
c	SUBSCRIPTIONS AND PUBLI	31,472	815	26,757	3,900
d	FEE RECOVERY	18,039	18,039		·
e	All other expenses	116,621	3,783,863	-3,783,280	116,038
25	Total functional expenses. Add lines 1 through 24e	9,641,629	9,378,659	- 	237,989
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)		, ,		.,

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this	Part X	(A)		
	1	Cook was interest basins		Beginning of year 400	1	End of year 400
		Cash—non-interest-bearing		1,706,868		1,035,416
	2	Savings and temporary cash investments		2,724,894	\vdash	2,214,726
	3	Pledges and grants receivable, net		10,449		5,213
	4	Accounts receivable, net			4	5,213
4ssets	5	Loans and other receivables from current and former officers, di employees, and highest compensated employees Complete Paschedule L	rt II of	y	5	
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and c and sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	's	6		
Š	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		57,514	-	60,708
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 			33,133
	ь	Less accumulated depreciation	10b 797,0	025 484,622	10c	413,294
	11	Investments—publicly traded securities	3,835,219	-	4,068,763	
	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		278,678		101,599
	16	Total assets. Add lines 1 through 15 (must equal line 34)		9,098,644	\vdash	7,900,119
	17	Accounts payable and accrued expenses		710,873		613,082
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Sche	dule D		21	
ities	22	Loans and other payables to current and former officers, directo	rs, trustees,		21	
Liabili		key employees, highest compensated employees, and disqualific persons. Complete Part II of Schedule L	eu		22	
<u>=</u>	23	Secured mortgages and notes payable to unrelated third parties			23	
_	24	Unsecured notes and loans payable to unrelated third parties			23	
	25	Other liabilities (including federal income tax, payables to relati			_	
	23	and other liabilities not included on lines 17-24) Complete Par	t X of Schedule	612,732	25	698,367
	26	Total liabilities. Add lines 17 through 25		1,323,605	26	1,311,449
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □				
У Ф		lines 27 through 29, and lines 33 and 34.	-			
Ē n	27	Unrestricted net assets		3,855,289	27	3,374,551
ខ្លួ	28	Temporarily restricted net assets		3,919,750	28	3,214,119
2	29	Permanently restricted net assets			29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► ┌ and			
o v	30	Capital stock or trust principal, or current funds			30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Š	32	Retained earnings, endowment, accumulated income, or other fu			32	
ž	33	Total net assets or fund balances		7,775,039	33	6,588,670
Z	34	Total liabilities and net assets/fund balances		9,098,644	34	7,900,119

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
	Check if Schedule O Contains a response to any question in this rate XI	· ·		<u> </u>	,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,5	595,711
2	Total expenses (must equal Part IX, column (A), line 25)	2			541,629
3	Revenue less expenses Subtract line 2 from line 1	3			 045,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			, 775,039
5	Net unrealized gains (losses) on investments	5			231,246
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 3	371,697
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			 588,670
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

As Filed Data -

DLN: 93493133052774

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Total

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.

Inspection

Par				blic Charity Sta						structions	•
The o	rganı:	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x)		
1	Г	A chur	ch, convent	ion of churches, or a	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).		
2	Г	A scho	ol described	d in section 170(b)(1	l)(A)(ii). (At	tach Schedı	ıle E)				
3	\sqcap	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).		
4	\sqcap	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital desc	ribed in sec	tion 170(b)(1)(A)(iii). E	nter the
	_			ity, and state							
5	Г	An orga	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit desc	rıbed ın
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)						
6	Г	A feder	al, state, or	· local government o	government	al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).		
7		_		at normally receives			support from	a governme	ntal unit or fr	om the gene	eral public
_	_			on 170(b)(1)(A)(vi).				`			
8	<u> </u>		-	described in section			-	-			i
9	ı	_		at normally receives	• •		* *		· ·	· ·	-
		•		rities related to its e	•	-		• •	` '		
		•		oss investment inco				•		tax) from bu	sinesses
	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). Chece the box that describes the type of supporting organization and complete lines 11e through 11h							09(a)(3). Check			
				b Type II c						n-functiona	Ilv integrated
e	Г		· ·	ox, I certify that the			=				-
	•	•	_	on managers and ot	_					•	•
			1509(a)(2)								
f			=	received a written d	etermination	from the IR	S that it is a ⁻	Type I, Type	e II, or Type	III supportı	ng organization,
			this box	2006, has the organ	ization accer	ted any diff	or contributi	on from any	of the		J
g			ng persons?		izacion accep	rea any gne	or contribution	on nom any	or the		
				rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)		Yes No
		and (III) below, the	governing body of th	e supported	organızatıor	1?			11g	(i)
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	ibove?			11g((iii)
h		Provide	e the followi	ng information about	the supporte	ed organizati	on(s)				
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	:he	(v) Did you	notify	(vi) Is t	:he	(vii) A mount of
supported organization organization in the organizat				organizati		monetary					
				col (i) orga		support					
				lines 1 - 9 above	your gove	_	suppor	t?	ın the U	S ?	
				or IRC section (see	docume	III. r					
				instructions))		B.1 -	W = -	B.I	.		1
					Yes	No	Yes	No	Yes	No	

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.)

	Part III. If the organiza	ation rails to qu	allry under the	tests listed belo	w, piease comp	nete Part III.)	
	ection A. Public Support	_	1	Г	Т		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,631,156	5 7,108,792	7,835,202	8,701,299	8,492,090	45,768,539
	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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	13,631,156	7,108,792	7,835,202	8,701,299	8,492,090	45,768,539
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,304,416
6	Public support. Subtract line 5 from line 4						37,464,123
	ection B. Total Support	T	T		T		
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	13,631,156	7,108,792	7,835,202	8,701,299	8,492,090	45,768,539
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	186,633	83,541	75,439	121,819	112,765	580,197
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)	46,650	573	3,084	3,058		53,365
11	Total support (Add lines 7 through 10)						46,402,101
12	Gross receipts from related activiti		•	AL	.A.L	[12]	
13 	First five years. If the Form 990 is this box and stop here	<u> </u>	<u> </u>		•	· · · · — -	zation, check
14	Public support percentage for 2012			11, column (f))		14	80 740 %
15	Public support percentage for 2011			, , , , , , ,		15	67 890 %
16a	33 1/3% support test—2012. If the	•		on line 13, and lir	ne 14 is 33 1/3% (
	and stop here. The organization qua 33 1/3% support test—2011. If the	alıfıes as a publıc organızatıon dıd	ly supported orga not check a box o	nization n line 13 or 16a, a			▶ ✓ eck this
17a	box and stop here. The organization 10%-facts-and-circumstances test -is 10% or more, and if the organization meeorganization	— 2012. If the orgation meets the "fa	anızatıon dıd not c acts-and-cırcums	heck a box on line tances" test, che	ck this box and s t	op here. Explain	
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets the	e "facts-and-cırcı	ımstances" test, (check this box an	d stop here.	
18	supported organization Private foundation. If the organizationstructions				-	·	' ►□ ►□

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493133052774

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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 the organization **Employer identification number** INTERNATIONAL CENTER FOR RESEARCH ON WOMEN 52-1081455 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

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

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 E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	0	
c	Total lobbying expenditures (add lines 1a and 1i	0		
d	O ther exempt purpose expenditures	9,641,629		
e	Total exempt purpose expenditures (add lines 1	9,641,629		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	632,081	
	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 lin	e 1f)	158,020	
h	Subtract line 1g from line 1a If zero or less, ent	er - O -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either li	ne 1h or line 1ı, dıd the organızatıon file Form 4720	reporting	□ Yes □ 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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) Lobbying nontaxable amount 852,917 768,229 688,671 632,081 2,941,898 Lobbying ceiling amount 4,412,847 (150% of line 2a, column(e)) 17,943 Total lobbying expenditures 7,625 25,568 Grassroots nontaxable amount 213,229 192,057 172,168 158,020 735,474 Grassroots ceiling amount 1,103,211 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second of the	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
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					
а	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?					
е	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	O ther activities?					
j	Total Add lines 1c through 1:					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		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?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N 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).					
	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 (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493133052774

OMB No 1545-0047

Open to Public

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.

Inspection

	me of the organization ERNATIONAL CENTER FOR RESEARCH ON WOMEN	Employer identification number				
TIA Į	EKNALIONAL CLINTER FOR RESEARCH ON WOMEN	52-	1081455			
Pa	rt I Organizations Maintaining Donor Adv				. Comple	te if the
	organization answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds		(b) Funds and o	thorogon	ınto
ı	Total number at end of year	(a) Donor advised funds		(D) Fullus allu c	other accor	1111.5
<u> </u>	Aggregate contributions to (during year)					
- 3	Aggregate grants from (during year)					
ı	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor	L ors in writing that the assets held in dono	ır advı	ısed		
	funds are the organization's property, subject to the or	ganızatıon's exclusive legal control?			☐ Yes	┌ No
;	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?				┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Forn	n 990, Part IV	', line 7.	
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation		histor	ically important	land area	
	Protection of natural habitat	Preservation of a c				
	Preservation of open space	·				
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in th	ne forn	n of a conservat	ion	
	easement on the last day of the tax year	Г		11-14 -4 45-	F., J 6 A.b	V
а	Total number of conservation easements	<u> </u>	2a	Held at the	end of the	Tear
ь	Total acreage restricted by conservation easements	<u> </u>	2b			
c	Number of conservation easements on a certified histo	pric structure included in (a)	2c			
d	Number of conservation easements included in (c) acc					
	historic structure listed in the National Register	L	2d			
5	Number of conservation easements modified, transfer	ea, releasea, extinguisnea, or terminated	o by tr	ne organization (auring	
	the tax year ►					
ŀ	Number of states where property subject to conservat		_			
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	he periodic monitoring, inspection, hand:	ling of	violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents c	during the year		
	· • • • • • • • • • • • • • • • • • • •					
7	Amount of expenses incurred in monitoring, inspecting \$\blue\$	i, and enforcing conservation easements	durin	g the year		
3	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	ion 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
•	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial				
ar	t III Organizations Maintaining Collection		r Ot	her Similar <i>i</i>	Assets.	
	Complete if the organization answered "Y	• • •				
la	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education, o	rrese	arch in furthera		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education, o				lıc
	(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, histor following amounts required to be reported under SFAS		r finan	cial gain, provid	de the	_
а	Payanuas included in Form 000, Part VIII, line 1			L +		

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	<u>cal Tı</u>	<u>easu</u>	<u>es, or O</u>	<u>the</u>	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	neck	any of	the follo	wing that a	are a	significant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpose ır	1	
5	During the year, did the organization solicit	or receive donations	ofar	t, his	torıcal	treasu	es or othe	rsım			
	assets to be sold to raise funds rather than t								<u> </u>	Yes	│ No
Par	Part IV, line 9, or reported an an	nount on Form 99	0, Pa	art X	, line	21.				9 0, ——	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forc	ontribu	itions o	r other ass	ets i		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		_				
							-		Am	ount	
С	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 Fo	orm 990, Part X, line	e 21?	•					Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	n has	been pr	ovided in P	art >	KIII		Γ
Pai	rt V Endowment Funds. Complete										
	Parameter of a combalance	(a)Current year	(b) Prior	year	b (c) Tw	o years back	(d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance							-			
b	Contributions							-			
С	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 curi	ent year end baland	e (lır	ne 1g	, colum	ın (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are hel	d and a	dministered	d for	the		
	organization by (i) unrelated organizations		_	_	_		_	_	3a(i	Yes	No
	(ii) related organizations							•	3a(i		
b	If "Yes" to 3a(II), are the related organization						· . · . · .	٠.	<u> </u>		
4	Describe in Part XIII the intended uses of th										<u> </u>
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	_							
	Description of property				ı) Cost o sıs (ınve		(b) Cost or o basis (oth		(c) Accumulated depreciation	(d) B	ook value
1a	Land										
b I	Buildings										
c l	Leasehold improvements						673	3,337	387,86	7	285,470
d I	Equipment										
	Other							,982	· · · · · · · · · · · · · · · · · · ·	8	127,824
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part)	X, colu	ımn (B), line	10(c).)			🕨		413,294

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related. Se		13.	
(a) Description of investment type	(b) Book value		od of valuation
			f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X,	line 15.		,
(a) Descr	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	<u> </u>		
Part X Other Liabilities. See Form 990, Part		<u> </u>	l
	(b) Book value		
	(2) Book value		
Federal income taxes			
REFUNDABLE ADVANCES	362,344		
DEFERRED RENT	321,965		
SUBLEASE DEPOSIT	16,494		
SUSPENSE ACCOUNT- ARO INDIA	-2,436		
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	,		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the te	avt of the footnote to the orga	nization's financial stato	monte that reports the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	8,841,316
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII) 2d]	
e	Add lines 2a through 2d	2e	245,605
3	Subtract line 2e from line 1	3	8,595,711
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
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	8,595,711
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	eturn
1	Total expenses and losses per audited financial statements	1	9,655,988
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities)	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	14,359
			0.644.630
3	Subtract line 2e from line 1	3	9,641,629
	Subtract line 2e from line 1	3	9,641,629
3		3	9,641,629
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	9,641,629
3 4 a	A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	3 4c	9,641,629

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (YEARS ENDED SEPTEMBER 30, 2010-2012) OR EXPECTED TO BE TAKEN IN ICRW'S SEPTEMBER 30, 2013 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NOT SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS

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As Filed Data -

DLN: 93493133052774

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

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.

Open to Public **Inspection**

Internal Revenue Service 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 answere	ed
	"Yes" to Form 990, Part IV, line 14b.	

1	For grantmakers. 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	\sqcap	No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3	Activites per Region (The follow	ung Part I, line 3	3 table can be d	uplicated if additional sp	ace 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)		(f) Total expenditures for and investments in region
	SOUTH ASIA	1	32	PROGRAM SERVICE AND GRANTS TO RECIPIENTS 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	64,009
	SUB-SAHARAN AFRICA	1	3	PROGRAM SERVICE AND GRANTS TO RECIPIENTS 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	340,907
3a	Sub-total	2	35			404,916
b	Total from continuation sheets to Part I	0	0			0
1	Totals (add lines 3a and 3b)		35			

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. 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognize	ed as
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter	

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

1	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)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay 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)	Γ	Yes	⊽	Νo
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)	Г	Yes	<u> </u>	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
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)	Г	Yes	<u> </u>	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).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

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 (see instructions).

as applicable. Also cor	nplete this part to provide any add	ditional information (see instructions).
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		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
		Schodulo F (Form 990) 2012

Additional Data

Software ID: Software Version:

EIN: 52-1081455

Name: INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH ASIA	GENDER EQUITY MOVEMENT IN SCHOOLS - ADVOCACY AND SCALING-UP IN MUMBAI	19,173	WIRE			
		SOUTH ASIA	IMPACT ON MARRIAGE PROGRAM ASSESSMENT OF CONDITIONAL CASH TRANSFERS (IMPACT) STUDY	28,185	WIRE			
		SOUTH ASIA	GENDER EQUITY MOVEMENT IN SCHOOLS - ADVOCACY AND SCALING-UP IN MUMBAI	15,789	WIRE			
		SUB-SAHARAN AFRICA	WOMENS PROPERTY RIGHTS GENDER AND LAND SURVEY'S IN SUB- SAHARAN AFRICA	6,134	WIRE			

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY- BASED WOMEN'S PROPERTY RIGHTS PROGRAMS IN KENYA	15,998	WIRE			
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY- BASED WOMEN'S PROPERTY RIGHTS PROGRAMS IN KENYA	15,997	WIRE			
		SUB-SAHARAN AFRICA	ADVOCACY CAPACITY BUILDING FOR COMMUNITY- BASED WOMEN'S PROPERTY RIGHTS PROGRAMS	11,912	WIRE			
		SUB-SAHARAN AFRICA	ADVOCACY CAPACITY BUILDING FOR COMMUNITY- BASED WOMEN'S PROPERTY RIGHTS PROGRAMS	7,928	WIRE			

Form 990 Sched (a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	ited States (e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ADVOCACY CAPACITY BUILDING FOR COMMUNITY- BASED WOMEN'S PROPERTY RIGHTS PROGRAMS	8,072	WIRE			
		SUB-SAHARAN AFRICA	ADVOCACY CAPACITY BUILDING FOR COMMUNITY- BASED WOMEN'S PROPERTY RIGHTS PROGRAMS	11,872	WIRE			
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION (M&E) CAPACITY BUILDING FOR COMMUNITY- BASED WOMENS PROPERTY RIGHTS PROGRAMS IN KENYA	16,000	WIRE			
		SUB-SAHARAN AFRICA	ADVOCACY CAPACITY BUILDING FOR COMMUNITY- BASED WOMEN'S PROPERTY RIGHTS	25,295	WIRE			

PROGRAMS

, Form 990 Schedu	le F Part II	- Grants or Entiti	es Outside The Un	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SUB-SAHARAN AFRICA	ADVOCACY CAPACITY BUILDING FOR COMMUNITY- BASED WOMEN'S PROPERTY RIGHTS PROGRAMS	28,554	WIRE			
		SUB-SAHARAN AFRICA	INNOVATIONS IN GENDER EQUALITY (IGE) TO PROMOTE HOUSEHOLD FOOD SECURITY PROGRAM		WIRE			

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INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

DLN: 93493133052774

OMB No 1545-0047

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number

52-1081455

Pa	rt I Fundraising Act	ivities. Complete	ıf the o	ganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.
a b c d 2a	Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations i written or oral agree Form 990, Part VII) t paid individuals or	ement with or entity entities (f	e f g n any indi in connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officer	-government grants ernment grants g events -s, directors, trustees undraising services?	T Yes T No ndraiser is
Tota 3	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo contrib Yes	Did ser have ody or crol of outlons? No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization

Sche	edule	G (Form 990 or 990-EZ) 2012				Page 2				
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut	on answered "Yes" to ions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List				
			(a) Event #1 PASSPORTS TO	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))				
			PROGRESS (event type)	(event type)	(total number)	33. (4)/				
Revenue	1	Gross receipts	19,89	8		19,898				
ē.	2	Less Contributions	19,89	8		19,898				
<u>~</u>	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
<u>မှာ</u> (N	5	Noncash prizes								
Expenses	6	Rent/facility costs	2,300	0		2,300				
ă	7	Food and beverages .	7,79	0		7,790				
Direct	8	Entertainment								
ā	9	Other direct expenses .	9,10	3		9,103				
	10	10 Direct expense summary Add lines 4 through 9 in column (d)								
	11	Net income summary Combine li	ine 3, column (d), and line	e 10	•	-19,193				
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than				
Revenue		,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
<u>₩</u>	1	Gross revenue								
enses	2	Cash prizes								
xpen	3	Non-cash prizes								
Direct Exp	4	Rent/facility costs								
즈	5	Other direct expenses								
	6	Volunteer labor	Г Yes Г Nо	┌ Yes	Г Yes Г No					
	7	Direct expense summary Add line	es 2 through 5 in column ((d)						
	8	Net gaming income summary Com								
9										
a		ter the state(s) in which the organiza the organization licensed to operate				. Fyes Fno				
b		Is the organization licensed to operate gaming activities in each of these states? Yes No								
10a	We	re any of the organization's gaming								
b	If"	Yes," explain								

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gamıng [,]		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ied by the third party 🟲 \$		
С	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
. 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	* \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Yes Γ_{No}
b		required under state law distributed t	o other exempt organizations or sp	ent
		activities during the tax year > \$		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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DLN: 93493133052774

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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

52-1081455

-6	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		165	NO
Lu	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
_		1b	Yes	
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?	2	Yes	
3	Indicate which if any of the following the films assembles would be cotablish the company of the			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	_		
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)SARAH DEGNAN KAMBOU PRESIDENT	(i) (ii)	234,619 0	0	0	16,583 0	780 0	251,982 0	0	
(2)PATRICIA DAUNAS CHIEF ADMINISTRATIVE OFFICER	(i) (ii)	149,259 0	0	0	11,001	8,575 0	168,835	0	
(3)SUZANNE PETRONI SR DIR GENDER, POPULATION DEVELOPM	(i) (ii)	163,449 0	0	0	4 ,017 0	4 ,779 0	172,245 0	0 0	
(4)GRETCHEN HUTULA SR DIR BUSINESS DEV	(i) (ii)	147,285 0	0 0	0	10,298 0	8,575 0	166,158 0	0	
(5)LAURA TRAVIS SR DIR FINANCE	(j)	132,851 0	0 0	0 0	11,064 0	7,576 0	151,491 0	0 0	

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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DLN: 93493133052774

OMB No 1545-0047

SCHEDULE 0 (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number

Name of the organization INTERNATIONAL CENTER FOR RESEARCH	ON WOMEN		Employer identification number
			52-1081455
ldentifier	Return Reference	Exp	lanation
	FORM 990, PART VI, SECTION B, LINE 11		
	FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEE SIGNS AND ACKNOWL ES RECEIPT OF AND COMPLIANCE ' POLICY WHEN THERE IS AN I NFRACTION, ICRW HAS A FORMAL FOR ALL UNACCEPTABLE CONDUC	PRO DIN OF THIS POLICY WITH THE ND A ED CONFLICTS OF INTEREST EACH EDG WITH THE ICRW CONFLICT OF INTEREST PROGRESSIVE DISCIPLINE POLICY CT TH NSELING SESSIONS MOST CASES ARE IN JCT OR VIOLATION OF POLICY, AN
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD RECOMMENDS THE COUTS APPROVED BY THE FULL BOARD THE COMMITTEE REVIEWS EXTER OF INDEPENDENT DATA SOURCES OVIDED BY LEADING NATIONAL IN EXPERTS DECISIONS ABOUT COMENSATION ARE MADE CONSISTENT BOTH ON THE DATA AND THE PER RMANCE OF THE EXECUTIVE WHICE PARTICIPATES IN ICRW'S FORMAL ANNUAL PERFORMANCE APPRADULY RECORDED THE APPRAISAL CLUDES A WRITTEN ANALYSIS OF PRE-SET GOALS FOR THE YEAR, WITH COMMITTEE REVIEWS WITH REVIEW TOOK PLACE DURING 2011 DISQUALIFIED PERSONS ARE EXCIDED TO HUMAN RESOURCES STOMMITTEE AND ICRW MAINTAIN A CORDS ON THE DETERMINATION OF FOR ALL ICRW EMPLOYEES, INCLUED FOR ANALYS AND RESPONSIBILITIES AND THEN MAPPING THEM TO CORRESPONDING SURVERYS FOR NON-PROFIT ORGOUND THE ANNUAL BUDGE PROCESS, ICRW GATHERS CURRED LIVING INDICES DETERMINED BY THE BUREAU OF LABOR STATISTICS, AND ECONOMIC OUTLOOK TO ESTABLISH A MERIT POOL WHICH IS APPROVED TO THE PERFORMANCE IS REVENTED TO THE PERFORMANCE IS APPROVED TO THE PERFORMANCE IS THE PERFORMAN	NAL MARKET DATA FROM A VARIETY PR DN-PROFIT EXECUTIVE COMPENSATION P I WITH MARKET DATA AND ARE BASED FO H IS VETTED BY THE BOARD THE CEO ISAL SYSTEM AND THE APPRAISAL IS IN I ACCOMPLISHMENTS RATED AGAINST WHI H THE CEO THE LAST COMPENSATION O ILUDED FROM THE COMPENSATION OVI THE FULL BOARD FINAL DECISIONS MMUN TAFF BY THE BOARD CHAIR THE ALL RE IF THE CEO'S COMPENSATION PAY JOIN D PRINCIPALLY BY ASSIGNING E SALA GROUPED BY LEVEL OF WORK AND ANN ISS OF INTERNAL JOB DESCRIPTIONS ING DATA SETS IN PUBLISHED SALARY ISANI WITH SIMILAR OPERATING BUDGETS TO INFLATION RATES AND COST OF HE IND FORECASTS THE ORGAINZATION'S IS OF INTERNAL STAND COST OF HE IND FORECASTS THE ORGAINZATION'S IS OF INTERNAL STAND COST OF HE IND FORECASTS THE ORGAINZATION'S IS OF INTERNAL STAND OF DIRECTORS INTERNAL STAND OF DIRECTORS INTERNAL DETERMINATION OF TAINS R
	FORM 990, PART VI, SECTION C, LINE 19	POLICY AND FINANCIAL STATEME	DOCUMENTS, CONFLICT OF INTEREST N C UPON REQUEST OR VIA THE WEB
BALANCE SHEET	FORM 990, PART X	ICRW HAS LIAISON OFFICES IN IND (ICRW - EARO KENYA), TH AT CARRY ON PROGRAMMATIC A OVERALL MISSION OF ICRW FOR	IA - (ICRW - ARO INDIA) AND KENYA - CTIVITIES THAT SUPPORTS THE PURPOSE E 990, AMOUNTS RELATED TO ARO
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	INTERNATIONAL OFFICE -371,697	