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Form	99 0
	nt of the Treasury Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revanue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

B		alendar ysar, or t					ending						<u> </u>
	Check if applicable:	C Name of organizatio				ION: WON	Gen Homes	£		D Em	ployar idantii	icadon num	Ď97
Ц	Address change		<u>C</u>	OMMUNI	FY				<u></u>				
\Box	Name change	Doing Business As					<u></u>				5-1805		
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		City, town or post off	NCO, 83858, 211,0	ZTP çode					•				
<u>'</u>	Amended return	Brooklyn			NY	11211				G Goss	receipts 8	1,942	2,26
	Application pending	F Name and address o		21					H(a) İsthisaç	त्ताक तमी होत	ty stillator?		X
		Jan Peto	erson							-			
									H(b) Are ell el			Yes	
			 		·				וד דאנ)," antach a	281. (686 main	uctoris)	
	Tabi-exempt status:	X 501(a)(3)	501(G)	()	(insert na,)	4947(q)	(1) or 527						
		ww.huairo							H(c) Group ex				
	Form of organization.		Trust	Association	Other			L Yea	r of formation <u>1</u>	<u>995 </u>	NI State (ut legal domic	ter l
		mmary				<u> </u>					<u> </u>		
		scribe the organiza	ation's miss	ion or mos	st significant	activities:					•••••		
2	. see	Schedule O	<i>•</i> • • • • • • • • • • •							,			
륃			,										
Governance	· · ·	· ··· · ·	· · · · · · · · · · · · · · · · · · ·				. ,,						
8		sbox 📙 if the o					losed of more t	han 25%	of its net ass	ets_			
-18		f voting members (3	15		
Activities		f independent votin								4	14		
2	5 Total num	ber of individuals e	imployed in	calendar y	year 2012 (F	'art V, line 2	a)			5	24		
ខ្ន	6 Total num	ber of volunteers (estimate if	necessary))					6	0		
<u> </u>	7a Total unre	lated business revo	enue from f	Part VIII, o	olumn (C), li	ne 12				78			
		ited business taxab							• • • • • • • • •	75			
							- 1	5	Prior Yes			arrent Year	
	8 Contributio	ens and grants (Pa ervice revenue (Pa t Income (Part VIII,	rt VIII, line	1h)					2,007	,321	1	<u>,939,</u>	73
	9 Program s	ervice revenue (Pa	art VIII, line	2g)		. 1		L.					
	10 Investment	t Income (Part VIII,	, column (A), fines 3, 4	4, and 7d) (JY-0'			1	,028		2,	53
-		nua (Part VIII, colu											
1	12 Total rever	rue – add lines 8 ti	hrough 11 (must equa	al Part VIII, c	olumn (A), li	ne 12)		2,008	,349	1	,942,	266
	13 Grants and	i similar amounts p	pai¢ (Part D	C, column	(A), lines 1-	3)					1		(
	14 Benefits pa	aid to or for membe	ens (Part IX	, column (/	A), Ilme: 4)								(
		ther compensation,				mn (A). liner	rī5⇒40)				· · · ·	496,	53
	16a Profession	al fundraising face	(Part IX. cr	akuma (A).	fine 11et	میں جب ہوتا ہے۔ ۱۹۱۸ (مقتب) جب م	ARR CON	,					(
1	b Total fundr	alsing expenses (F	Part IX. colu	mn (D) fir	n 25 -		10.410			ie t	S.C. 1977		
5		enses (Part IX, colu				as North Contraction Contraction			1,901	328	elefte dente le Xa A	984,	86
	18 Total evoe	nses. Add lines 13	_17 /must 4	would Darf		A) (me. 26)	· · · · · · · ·		1,901			,481,	
		ss expanses. Sub	- ir (indace Imat line 45	ryuai ran I fimm linn		APR 17	£111@/·	•••• }	107	,021		460,	
5		igo axponiceo, Quu			<u>16</u>	~~~~			ginning of Curre			nd of Year	001
d Balances	20 Total asset	s (Part X, line 16)				Fas				,663		,074,	493
8		ies (Part X, line 26	3) 	• •	1 IRS I	JGDE				, 194		50,	
		or fund balances.			1 • L * * • • • • • • • • •		·//	· -		,469	1	,024,	237
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		jury, I declare that I	Politica desertantes		m inch allow -	innom nom de c		atom c ato				a 2.45 - 1 - 7 -	
true.	. correct, and corr	plete. Declaration of	preparer (off	ner than off:	in, souding a cert is based	on all information	sonequies and so son of which pred	avennerræ, barrer hals s	ano to tre bes my knowledce.	COLINY R	Enviadãa su	na dener, il i 1	12
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iy û	ne IRS discuss t	this return with the	preparer si	hown abov	re? (see inst	ructions)							
	ne IRS discuss t		preparer si	hown abov	re? (see inst	ructions)							

OTT 990 (2012) HUAIROU COMM	ISSION: WOMEN HOMES & 06-1805406	Page
Statement of Program	m Service Accomplishments contains a response to any question in this Part III	2
1 Bnefly describe the organization's mis		<u> </u>
See Schedule 0		
····· · · · · ·		
· ···· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
2 Did the organization undertake any sig	gnificant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Πγ	es 🕱 N
If "Yes," describe these new services (—
 Dra the organization cease conducting services?), or make significant changes in how it conducts, any program	
If "Yes," describe these changes on S		es 🛣 N
Describe the organization's program se	ervice accomplishments for each of its three largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c	c)(4) organizations are required to report the amount of grants and allocations to others,	
the total expenses, and revenue, if any	y, for each program service reported.	
a (Code:) (Expenses \$	1,292,138 including grants of \$) (Revenue \$	
In 2011, The Huairou	1 Commission supported 32 non- governmental	
organizations and se	If- help initiatives in five regions of Central a	meric
& Caribbean, East As	ia & Pacific, South America, South Asia, and	
Sub-Saharan Africa.	The objectives of the support were to build the	• • •
capacity of grassroo	ts women's groups, provide transfer of skills and	•• •
knowledge, foster ad	vocacy and alliances building locally, nationally	,
regionally and globa	lly. The methodologies were through pilot	
demonstration program	ms, training workshops, peer exchanges, grassroot	8
academies, research	and tools creation.	
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- Central America &	Caribbean: pilot demonstration projects, peer	· · · · ·
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b (Code) (Expenses \$	chment Caribbean: pilot demonstration projects, peer including grants of \$) (Revenue \$	
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Fo	m 990 (2012) HUAIROU COMMISSION: WOMEN HOMES & 06-1805406	
	Checklist of Regulaed Schedules	·····
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
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? (f "Yes," complete Schedule C, Part I	3
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7
v	complete Schedule D, Part III	8
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	
10	debt negotlation services? If "Yes," complete Schedule D, Part IV Dtd the organization, directly or through a related organization, hold assets in temporarily restricted	9
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10
11	If the organization's answer to any of the following questions is "Yes," than complete Schedule D, Parts VI,	
_	VII, VIII, IX, or X as applicable.	
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	<u>11b</u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	<u> </u>
	reported in Part X, Ilne 167 If "Yes," complete Schedule D, Part IX	110
Ð	Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>
,	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 Schedute D, Part X	316
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
	Schedule D, Parts XI and XII ,	12a
Ъ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120
14a		13 14a
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.44
	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
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	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of accredate grants or assistance	15

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to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II

If "Yes," complete Schedule G, Part III

Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$16,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)

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Form 990 (2012)		COMMISSION:		<u>&</u>	06-1805406
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21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	In the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	- 41		┢┛
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			┢╴
	organization's current and former officers, directors, trustaes, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	•	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		l i	
	through 24d and complete Schedule K. If "No," go to line 25	24a		x
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	The second se	240		
	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?	240		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pror	<u>25a</u>		<u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forma 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I		[x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	<u>25b</u>		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
	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		1	-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	27	SSPERM	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
8	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			戦闘
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		X
-	Schedule L, Part IV		- 1	
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b	{	X
•	was an officer, diractor, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			-
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-+	<u> </u>
	conservation contributions? If "Yes," complete Schedule M		1	T
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
••	Part I			-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	-	X
	complete Schedule N, Part II			-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	╾╌╀╴	X
••	or IV and Part V line 1			-
35e	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	_	X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
-	controlled entry within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		ł	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	356	 _	
	related organization? If "Yes," complete Schedule R, Part V, line 2		ļ	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	$D_{-} \rightarrow \lambda h$			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	-+	<u>X</u>
	19? Note, All Form 990 filers are required to complete Schedule O	.		
		_38	<u>X (</u>	3012)

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	990 (2012) HUAIROU COMMISSION: WOMEN HOMES & 06-180	5406			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				Π
				Dissioner	Yes No
18	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable	18	23		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>1b</u>	0		
C	Did the organization comply with backup withholding rules for reportable payments to vandors and				
	reportable gaming (gambling) winnings to prize winners?	· · ·		1C	Ratific Consectation
28			24		
b	Statements, filed for the calendar year ending with or within the year covered by this return	<u>2a</u>	24		
b			• ••• -	2b	
90	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	18)			X III
8a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		• •	<u>3b</u>	 _
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	 r authori			_
-14	over, a financial account in a foreign country (such as a bank account, securities account, or other f		ly		
	account)?			48	x
Þ	If "Yes," enter the name of the foreign country;		· · /· ·		
_	See instructions for filing regularments for Form TD F 90-22.1, Report of Foreign Bank and Finances		nts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		=	58	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ection?	· · · · · · · · · · · · · · · · · · ·	5b	X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T7		•• • • • •	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did it	he.			
	organization solicit any contributions that were not tax deductible as chantable contributions?			6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	glits were not tax deductible?			6b	
7	Organizations that may receive deductible contributions under section 170(c).				
а	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			70	_ _
C	Did the organization sell, exchange, or otherwise dispose of langible personal property for which it w	88			
	required to file Form 8282?	(
a	If 'Yes," indicate the number of Forms 8282 filed during the year	74			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		r	7e 7f	
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont of the organization received a contribution of qualified intellectual property, did the organization file Fo		 D.an. mauland?	7g	
9 h	If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization		•	79 7h	
8	Sponsoring organizations maintaining donor advised tunds and section 509(a)(3) supporting		a tom 1020-07		
•	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,	••			
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		. , , ,	9b	
10	Section 501(c)(7) organizations. Enter		• • • • • • •		
a	Initiation fees and capital contributions included on Part VIII, line 12	_10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	105			
11	Section 501(c)(12) organizations. Enter,				
a	Gross Income from members or shareholders	<u>11a</u>			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources				
	egainst amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in heu of Form	1 1		12a	State of the state
5	If "Yes," enter the amount of tax-exempt interest received or accruad during the year	126	·······		
13	Section 501(c)(29) qualified nonprofit health insurance issues,				
â	Is the organization licensed to issue qualified health plans in more than one state?			13a	
L	Note. See the instructions for additional information the organization must report on Schedule O.				
Б	Enter the amount of reserves the organization is required to maintain by the states in which	1			
-	the organization is licensed to issue qualified health plans	13b			
с 14а	Enter the amount of reserves on hand	13c	······		
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedute		•• •• •	148	X
	- Took They will be a contract to report mease payments (). No, provide an explanation in Schedule	<u> </u>	······	<u> 14b </u>	90 (2012)

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Form 990 (2012)

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Form 990 (2012) HUAIROU COMMISSION: WOMEN HOMES & Governance, Management, and Disclosure For each "Yes" 06-1805406

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X .. .

Se	ction A. Governing Body and Management					
4-				1 105703-	Yes	No
18	Enter the number of voting members of the governing body at the and of the tax year	<u>1a</u>	15			
	If there are material differences in voting rights among members of the governing body, or					1997 (P.(-1
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
_		1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		••• •			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	1	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	, '		4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	•	• •	5		X
6	Did the organization have members or stockholders?		• • ••	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•				
	one or more members of the governing body?			7a		x
b	• ///•• • • /// • •/•	•				
	stockholders, or persons other than the governing body?			70		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e followana			
a	The governing body?	. 41 0	ie ielening	8a	X	ni di Califacti Ni Califacti
ь	Each committee with authority to act on behalf of the governing body?	• ••	* *****	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		•• •••			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	al R				
	and a second a reduction internation about benetics not reduced by the intern		evenue ou	<u>ue.</u>)	V	
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	• • • •	•			<u> </u>
	affihates, and branches to ensure their operations are consistent with the organization's exempt purposes?			-		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	i. Haa far		10b 11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		··· ··			
12a	Did the organization have a written conflict of interest pokcy? If "No," go to line 13					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		tilictis ?	12b	-	
-	describe in Schedule O how this was done					
13	Did the organization have a written whistleblower policy?	• • • •	·· ·	12c	<u>x</u>	
14	Did the organization have a written document retantion and destruction policy?			13		X
15	Did the process for determining compensation of the following persons include a review and approval by		••••	14	853654	A
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
9	The organization's CEO, Executive Director, or top management official			GALLER !!		
b	Other officers or key employees of the organization	• •		15a	<u>x</u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	• •	· · · •	15b	DELET	X
16a			i		(d), () - 1	
7.442	Did the organization invest in, contribute assets to, or participate in a joint venture or similar anangement with a taxable entity during the year?					調整
h	If "Yes," did the organization follow a written policy or procedure regulting the organization to evaluate its		· · · · · · ·	16a		X
U	participation in joint venture errangements under applicable federal tax law, and take steps to eafeguard the					
800	organization's exempt status with respect to such arrangements?	<u> </u>		16b		
		·				
17	List the states with which a copy of this Form 990 is required to be filed NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply					
40	Own website Another's website X Upon request Other (explain in Schedule O)					
1 9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of intere-	st polic	у,			
~~	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 The Organization/Accountant 249 Manhattan Avenue					
	<u>ooklyn</u> NY 11211	·	718.	-388	<u>-89</u>	<u>15</u>
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Form 990 (2012) HUAIROU	COMMISSI	[ON	:	WQ	Mich	N E	101	1 <u>28 & 06-180</u>	05406	Page 7
Compensation independent	of Officers	, Di	rect	tore	i, Tr	ust	205	, Key Employees, H	ighest Compensated	Employees, and
		19 A	nes	nor	ien i	lo ai	nv (question in this Part V	1) F	Г
Section A. Officers, Director	s, Trustees, Ko	ey Ei	mpto	yee	в, ал	id Hi	ghe	et Compensated Employe	<u></u>	<u>-</u>
1a Complete this table for all parace organization's tax year.	ons required to I	be lis	ted	Rep	ort a	ompe	nsa	lion for the calendar year e	nding with or within the	
 List all of the organization's compensation. Enter -0- in columna List all of the organization's compensation 	(D), (E), and (i	F)ifi	no ça	ompe	ensat	ion w	/as i	paid.		of
List the organization's five cu who received reportable compensat	ment highest o	ompe	nsat	ed e	mole	NAAS	Coff	ter than an officer director	taittee or key employee)
organization and any related organ Lat all of the organization's fit	izations.									
ALON'OOD ON LAbourable combeusati	ion rom the org	AUST	ation	and	any	relat	ed (progenizations.		
 List all of the organization's for organization, more than \$10,000 of List persons in the following order, compensated employees; and formation 	reportable com individual truste	pens es o	anon	e fron	n the		97172	neme betelet whe had amon	nizatione	
Check this box if neither the org			lated	d org	janiz	ations	5 CO	mpensated any current offic	cer, director, or trustee.	
(A) Name and Title	(B) Average hours per		do not	Po	(C) Isition K more	tinan o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list eny	6	σx, un	less p	81807	is both or/trust	an	from	nelated	other
	hours for related	1			ङ्	_		organization (W-2/1099-MISC)	(W-2/1099-MIBC)	
	organizationa below dotted	or director	Institutional	¥	employee	Highest or	194			and related
	hne)		thusles		8	e Bagestadura				
(1) Sandy Schilen	L		٦ ٤		\downarrow	置				
() Bundy Bontien	35.00									
Vice Chair	0.00	<u> x</u>						51,000	0	0
(2) Rosario Utreras	0.00			1						
···· · · · · · · · · ·	0.00	x						0	0	0
(3) Sengul Akcar	0.00			Γ			_			
• • • • • • • • • • • • • • • • • • • •	0.00	x		l				o	o	0
(4)Esther Mwaura-Mu	iru	1								<u>v</u>
· · ·· <i>··</i> · · · ·	0.00	x						o	ο	` o
(5) Solome Mukisa							\neg		0	0
••• •• •• •	0.00 . 0.00	-								_
(6) Elizaveta Bozhov			_				-	0	0	0
	0.00	_								
()Lily Hutjes	0.00	X	_			\rightarrow	+	0	0	0
· · · · · · · · · · · · · · · ·	0.00									
(8) Ennry Galama	0.00	X		_		-+-	-	O	0	0
	0.00									
(9) Liliana Rainero	0.00	X				_	\downarrow	0	O	0
	0.00									
		x						0	0	0
(10) Marisol Saborido	0.00					1				
	**	x						0	0	0
(11) Caroline Andrews	0.00	T	Τ	T	T				_ _	
· · · · · · · · · · · · · · · · · · ·	0.00	x						0	o	^
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	n 980 (2012) HUAIROU Section A. Officer	s, Directors, Tri	ustee	es, K	(ey l	Impl	loyee	6, a	ES & 06-180 Ind Highest Compensate	Employees (continued)	Page
	(A) Neme and title	(B) Average hours per week (list any	(d) b0	lo not ur, uni	(Poe check 635 ps	C) Riton more rison i	than on is both a on/tusted	19 201	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	or director	Institutional teuatae	Officer	Kay amployee	Highest compensated employee	Former	ofganzzabon (W-2/1099-MISC)	(W-2/1099-AUSC)	from the organization and related organizationa
(12)	Marisa Canuto		-			-					· · · · · · · · · · · · · · · · · · ·
	· · /	0.00	x						0	O	
(13)	Carolyn Whitzman	•									· · · · · · · · · · · · · · · · · · ·
• •	• • • • • • • • • • • •	0.00	x					ĺ	0	o	
(14)]	Maite Rodriguez	0.00									•
(15) 1	Jan Peterson	0.00	X					-	0	0	
Sec (16)	retariat Chair	35.00			x				26,250	o	
10)											
17)						-	+	-			
, ,	· ·· · ···										
18)	· · · · · · · · · · · · · · · · · · ·				\neg		+	┥			
•	· ····· · · ·										
19)								1			
•••••											
1b C	Sub-total Total from continuation shee			mΔ	•			-	77,250		
<u>d</u>	Total (add lines 1b and 1c)					••••			77,250		
2	Total number of individuals (inc reportable compensation from it	luding but not lin The organization	nuted (to ti)	юse	liste	d abo	V 0)	who received more than \$	100,000 m	
4 5	Did the organization list any for employee on line 1a? If "Yes," For any IndMdual listed on line organization and related organiz- indvidual Did any person listed on line 1a for services rendered to the org	complete Schedu 1a, is the sum o zations greater to a receive or accr	ule J of rep han \$ ue o	for a porta \$150	such ble c ,000° ensai	indik comp 7 If " ilon i	/duai ensati Yes,"	ion cor	and other compensation fr mplete Schedule J for such unrelated organization or i	om the	Yes No 3 X 4 X 5 X
	on B. Independent Contractor Complete this table for your five		neate	d in	dona	ndar		trac	tor that man the		
-	compensation from the organiza	tion. Report con	npen	satio	n for	the	<u>calen</u>	dar	year ending with or within	the organization's tax yea	
	Name and b	(A) Lisiness address					+-		Descriptor	3) of services	Compensation
		.									
										·	
2 7				<u> </u>		, ·					
.	Total number of independent co received more than \$100,000 of	nuractors (Includi	ng bi		nt im	ited	to tho	se	listed above) who	o	

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			AIROU COM ment of Reve		N: WOM	en homes &	06-180540	6	Page 9
11		Check	c if Schedule (Confeine	a response	e to any question i	n this Part VIII.		
						(A) All (A) All Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(0) Revenue excluded from tax under sections
Ĩ	2 1	a Federated ca	sngiagnu	18	W-21-1-1-1-1-2-2-311101		BURGER STREET		512, 513, or 514
is, Grants	Ĩ	b Membership		1b					
ற		c Fundraising e	events	1c	·				
HO:		d Related orga		1d					
ef.		e Government grante	•	<u>1e</u>					
웈		If All other contribution and shotlar amount	ns, gifts, grants, s not included above		000 70				
Ę	5		ins included in lines 1a-		,939,73				
Contributions, Gift		h Total. Add In		1f. \$	••••	1.939.73			
- en			<u> </u>		Buen, Code	DESCRIPTION OF THE OWNER			
Service Revenue	2	e					, (1999), 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997,	1. N	and the second
9 2 2		Ь, ,,,							
	'	с _.	··· · · ·						
Š				• • • •					
Program								- 	
2		g Total. Add line	ram service rever ee 2a-2f	iue	(
	8		come (including o	lividends, inte	rest.		Brathman granze of belle in the state of the		
		and other sim			•	2,531	L		2,531
	4	Income from i	nvestment of tax-	exempt bond	proceeds				
	5	Royalties .		, <u></u>	· · · · · · · · · · · · · · · · · · ·	B AALAN			
			(i) Real	(1)	Personal				
	68 b								
		· ·							
	d		me or (loss)	- <u> </u>					
	78	Gross amount from sates of essets	(1) Securities) Other				
		other than inventory			-				
	b	Less cost or other							
	1_	Dasis & sales exps.							
		Gain or (loss) (Net gain or (los							
	8a		n fundraising even	ne [
Ĩ		(not including \$		-					
Į,		of contributions re	sponted on line 1c).						
2		See Part IV, line		a					
Other Reve		Less: direct ex		b					
-			(loss) from fundr			The section of the se			
	28	See Part IV, line	m gaming activities. 19						
	ь	Less: direct exp	• • • • • • •	a					
			(loss) from gamir						
		Gross sales of							
		returns and allo		8					
		Less: cost of g		ь	···· · ··				
	C		(loss) from sales	of inventory	Burn Dat				
	11a	w1908	laneous Revenue		Busn. Code				
	b			• • • • •	<u> </u>			┟────────┤	
	c	•••••	<i>,</i> ,	•	<u> </u>				
	d	All other revenu	ie	•••••					
		Total. Add lines							
	12	Total revenue.	See instructions	·		1,942,266	0	0	2,531

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	m 990 (2012) HUAIROU COMMISS		MES & 06~18	305406	Page 10
	artike Statement of Functional E				
Sec	tion 501(c)(3) and 501(c)(4) organizations must	complete all columns. All a	other organizations must c	omplete column (A).	
	Check If Schedule O contains a res	ponse to any question in tr	<u> </u>	······	
	to not include amounts reported on lines 6b,	Total expenses	(B) Program sarvica	(C) Menegement and	(D) Fundralaing
<u> </u>	b. 8b. 9b. and 10b of Part VIII. Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, (ine 21				
2					
~=	the U.S. See Part IV, fine 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	<u> </u>	<u> </u>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	496,533	407 016	64 600	
Á	Pension plan accruats and contributions (include		407,016	64,690	24,827
v	section 401(k) and 403(b) employer contributions)				
9	Other omniovee bonefite	·	······································	·	·····
10	Payroli taxes				·····
11	Fees for services (non-employees):				
8	Management				
b	Legal				
C	Accounting	49,668	9,934	37,251	2,483
d	Lobbying		and a state of the local state of the state		
e	Professional fundraising services. See Part IV, Ime 17				
1	Investment management fees				······
g	Chier (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				
14	Information technology	6,316	5,650	666	
15	Royalties				
16	Occupancy	9,860	7,395	1,972	493
17	Travel	242,988	194,391	36,448	12,149
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventione, and meetings				
20 21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization				
23					····
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expanses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Field Organizing	559,667	559,667		
b	Advocacy & Alliance Build	55,998	49,998	6,000	
c	Peer Learning	46,800	46,800		
d	Telephone & Internet	9,137	6,852	1,827	458
8	All other expenses	4,435	4,435		
<u>25</u> 26	Total functional expanses. Add lines 1 through 24e	1,481,402	1,292,138	148,854	40,410
20	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)				
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Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X	······································	·	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest bearing	29,883	1	293,650
	2	Savings and temporary cash investments	488,325	. 2	749,315
	3	Pledges and grants receivable, net	99,941	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under section		i și	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	ł	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
5		organizations (see instructions). Complete Part II of Schedule L		6	
Aseets	7	Notes and loans receivable, net		7	
4	8	inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,514	9	8,272
	10a	Land, buildings, and equipment: cost or			
	Ι.	other basis. Complete Part VI of Schedule D 10at			
		Less accumulated depreciation		10c	
	11	Investments-publicly traded securities		11	
	12	Investmentsother securities. See Part IV, line 11		12	
	13 14	Investments-program-related See Part IV, Iline 11	}	13	
	15	Other assets See Part IV, line 11		14	22.256
	16	Total assets. Add lines 1 through 15 (must equal line 34)	619,663	15	23,256
_	17	Accounts payable and accrued expenses	42,842	16	1,074,493 50,160
1	18	Grants payable	32,032	<u>17</u> 18	
	19	Deferred ravenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedula D		21	
\$2	22	Loans and other payables to current and former officers, directors,			
labilities		trustees, key employees, highest compensated employees, and			
풀		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	······
	_	Total fiabilities. Add lines 17 through 25		26	50,160
<i>•</i>		Organizations that follow SFAS 117 (ASC 958), check here X and			
2		complete lines 27 through 29, and lines 33 and 34.			
- Ba		Unrestricted net assets		27	157,900
-		Temporarity restricted net assets	150,000		866,433
<u>ا</u> ۲		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and	ANNI AND	29 160810	
8		complete lines 30 through 34.			
Net Assets or Fund Balances		Capital stock or trust principal, or current funds			
SS		Pald-In or capital surplus, or land, building, or equipment fund		30 31	
£		Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances		33	1,024,333
		Total liabilities and net assets/fund balances		34	1,074,493

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For	m 990 (2012) HUAIROU COMMISSION: WOMEN HOMES & 06-1805406		Page 12
織	Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,942,266
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,481,402
3	Revenue less expenses. Subtract line 2 from line 1	3	460,864
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	563,469
5	Net unrealized gains (losses) on Investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
Aug in	33, column (B))	10	1,024,333
照日	Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII	• • • • • • •	🗌
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule Q.		
28	Were the organization's financial statements complied or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
þ	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both.		
_	Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountent?	.,	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a faderal award, was the organization required to undergo an audit or audits as set forth in		DISTRICT OF DESCRIPTION
	the Single Audit Act and OMB Circular A-133?		3a X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	··· ·	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36

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	Pu	blic Charity Stat	us and	Publ	ic Supr	ort		0M8	<u>vo 1545-004</u>
Form 990 or 990-EZ)		lete if the organization is a s 4947(a)(1) nonex	ection 501(c))(3) orgar	nization or a			2	2012
Dep⊇riment of the Treesury Internal Revenue Service		Attach to Form 990 or Form		_	L wate instruct	lons.			
itime of the organization	HUAIROU CO	MMISSION: WOMEN		&					Ser Service
-	COMMUNITY			•				utication numb 15406	HET"
Part Reas	on for Public Chari	ty Status (All organizatio	ris must c	omplete	this part.)				
he organization is not	a private foundation beca	use it is. (For lines 1 through 1	1, check only	y one box	i)				
1 A church, co	nvention of churches, or a	association of churches describ	ed in sectio s	n 1 70(b) (*	1)(A}(i).				
		(1)(A)(ii). (Attach Schedule E)							
		ervice organization described in							
city, and stat		nted in conjunction with a hospi		In secuo	n 170(D)(1)(A	(III). Er	iter the	nospital's nai	me,
6 An organizat	N P 44	it of a college or university own	ed or operati	ed by a g	overnmental u	mit desc	nibed in	•	
		r governmental unit described i	n eartion 13	70/5\/s\/A	10-1				
		a substantial part of its support				he nana	cal outplu	.	
	section 170(b)(1)(A)(vi).	(Complete Part II.)						•	
		n 170(b)(1)(A)(vI). (Complete F	Part II.)						
9 🔄 An organizati	on that normally receives	(1) more than 33 1/3% of its s	support from	contributio	one, members	hip fees	, and gr	08\$	
receipts from	activities related to its ex	empt functions—subject to certain	ain exception	is, and (2)	no more that	n 33 1/3	% of its		
support from	gross investment income	and unrelated business taxable	e income (les	s section	511 tax) from	buşine	8 86 3		
		30, 1975. See section 509(a)							
		d exclusively to test for public a d exclusively for the benefit of,							
purposes of (me of more publiciv supp	orted organizations described in	io periori m sector 500	le iuncoon VaV(1) or «	s of, of 10 Cal contion 500(a)	79 OUT 17 (2) See	10 aartio		
509(a)(3) CH									
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	eck the dox that describe	s the type of supporting organiz	ation and co	molete kn	es 11e throug	(
a Type		s the type of supporting organiz c	ation and co	mplete kn	es 11e throug	h 11h.			rated
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Sc	hedule A (Form 990 or 990-EZ) 2012 HU	AIROU COM	MISSION: 1	WOMEN HOM	ES & 06	-1805406	Page 2
識	Support Schedule for (Organizations	Described in S	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	4)
	(Complete only if you che	ecked the box o	n line 5, 7, or 8	of Part I or if t	the organization	a failed to qualifi	y under
<u>.</u>	Part III If the organizatio	n fails to qualify	under the test	s listed below,	please complet	e Part III.)	-
	ection A. Public Support	1					
	lendar yaar (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")		1,712,102	1,400,952	2,007,321	1,939,735	7,060,110
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	1					
						·	
3	The value of services or facilities						
	fumished by a governmental unit to the organization without charge						
4	Total, Add lines 1 through 3		1 712 102	1 400 050			
5	The portion of total contributions by			1,400,952	2,007,321	1,939,735	7,060,110
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					和保守的情况的通知的	7,060,110
	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		1,712,102	1,400,952	2,007,321	1,939,735	7,060,110
8	Gross Income from interest, dividends,			-///	A, 00 7 , 021	1,737,133	
	payments received on securities loans,					(
	rents, royalties and income from similar sources		3,081	927	1,028	2,531	7,567
9	······································						(7,50)
ø	Net income from unrelated business activities, whether or not the business		ŀ				
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets			1		1	
	(Explain in Part IV.)			1,589			1,589
11	Total support. Add lines 7 through 10						7,069,266
12	Gross receipts from related activities, etc.	(see Instructions)				12	
13	First five years. If the Form 990 is for the		, second, third, four	th, or fifth tax yea	r as a section 501((c)(3)	
Sec	organization, check this box and stop here tion C. Computation of Public St.				<u>. </u>	·	
14					· · · · · ·		
15	Public support percentage for 2012 (line 6, Public support percentage from 2011 Sche	column (1) alviaea	by line 11, column	(m)	<i>.</i>	14	99.87 %
16a	33 1/3% support test-2012. If the organi					15	99.81%
	box and stop here. The organization qualit	Ease as a nublicly of	Kule box on line 1.	ə, anu une 14 ms 3; om	3 1/3% or more, or	ieck Inis	
b	33 1/3% support test-2011. If the organiz	zation did not check	k a box on line 13 /	ve 16A and kee 16		· ····	Þ 🗷
	check this box and stop here. The organiz	ation qualifies as a		omenization		е,	
17a		2. If the organizatio	n did ont check a h	ovon line 13. 18a	or 16b and line 1	, Idia	,, 🏴 🛄
	10% or more, and if the organization meets	s the "facts-and-cin	umstances" test c	hack this hox and	ston here Evola	n in	
	Part IV how the organization meets the "fa	cts-and-circumstan	ces" test. The orga	nization qualifies :	s a publiciv suppl	vted	
	omanization						
b		I. If the organization	n did not check a b	охол line 13, 16а	 . 16b or 17a and	line	· · · ·· 🖬 🖬
	15 is 10% or more, and if the organization	meets the Tacts-ar	id-circumstances" t	est, check this how	and ston here		
	Explain in Part IV how the organization me	ets the "facts-and-	drcumstances" test	The organization	qualifies as a pub	lictv	
	supported organization						▶ 🗖
18	Private foundation. If the organization did	not check a box or	іпе 13, 16а, 16b,	17a, or 17b, chec	k this box and see	• •••• ••• •	· · · F Ц
	Instructions	·· ·· ·	• • • • • • •				▶□

Schedule A (Form 990 or 990-EZ) 2012

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	adule A (Form 990 or 980-EZ) 2012 HUZ Support Schedule for C (Complete only if you che	Organizations	Described in S	ection 509(a)	(2)	-1805406	Page 3
	If the organization fails to	qualify under t	he tests listed t	elow, please	complete Part I	i.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership falses received. (Do not include any "unusual grants.")						
2	Grose receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on thes 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						
Ċ	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support dar year (or fiscal year beginning in)	(-) 0000	(5) 2000		(4) 2011	(*) 2012	
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from stmilar sources						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b ,, ,, ,,						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						<u></u>
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	e		rth, or fifth tax yes	ar as a section 501	(c)(3)	🕨 🗌
	tion C. Computation of Public Se			, ·,			
15	Public support percentage for 2012 (line 8					15	<u> </u>
1 <u>6</u> Foot	Public support percentage from 2011 Sche			<u></u>	A AMARAMAN AND AND AND AND AND AND AND AND AND A		%
	ion D. Computation of Investme			column (fi)		17	%
17 18	Investment income percentage for 2012 (II Investment income percentage from 2011	Schedule A Part 1	uivideo by 1108 13, 11 line 17	coumin (I))	•••• • • • • •		%%
10 19a	33 1/3% support tests - 2012. If the orga	nization did not che	ck the box on line	14. and line 15 is	more than 33 1/39	<u>. 10 .</u> 6 and line	70
19	17 is not more than 33 1/3%, check this bo						▶□
b	33 1/3% support tests-2011. If the organ						

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

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Schedule A (Form 990 or 990-EZ) 2012 HUAIROU COMMISSION: WOMEN HOMES 6 06-1805406 Pate Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	age 4
Part II, Line 10 - Other Income Detail	
other miscellaneous \$ 1,589	
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Schedule A (Form 990 or 990-EZ) 2012

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SCHEDULE D (Form 990)		Financial Statements	OME No. 1545-0047
Department of the Theesury Internal Revenue Service		ation answered "Yes," to Form 990, a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.). See separate instructions.	
Name of the organization			Employer identification member
HUAIROU COM COMMUNITY			06-1805406
Part Organ organiz	izations Maintaining Donor Advised Fun- zation answered "Yes" to Form 990, Part IV	ds or Other Similar Funds or A , line 6.	Accounts. Complete if the
d T-t-t-such t		(a) Donor admaed funds	(b) Funds and other accounts
 Total number at er Appreciate contribution 	nd or year Infons to (during year)		
3 Aggregate grants f			
4 Aggregate value an			
	In Inform all donors and donor advisors in writing that	the second held in dataset	
	nization's property, subject to the organization's exclu		TYes No
	in Inform all grantees, donors, and donor advisors in w		
	purposes and not for the benefit of the donor or donor		•
	opiblo privota hana612		
HAVE A BITAWAY BY AN	rvation Easements. Complete if the organ	ization answered "Yes" to Form 9	
	ervation easements held by the organization (check r		
	f land for public use (e.g., recreation or education)	Preservation of an historically imp	ortant land area
Protection of n		Preservation of a cartified historic	
Preservation of	í open space		
2 Complete lines 2a	through 2d if the organization held a qualified conserv	vation contribution in the form of a consei	rvation
easement on the la	ast day of the tax year.		
			Heid at the End of the Tax Year
a Total number of co	onservation easements		2a
b Total acreage rest	icted by conservation easements		2b
c Number of conserv	ration easements on a certified historic structure include		2c
d Number of conserv	ation easements included in (c) acquired after 8/17/06	3, and not on a	
historic structure lis	ted in the National Register		2d
3 Number of conserv tax year	ration easements modified, transferred, released, extin	iguished, or terminated by the organization	on during the
	where property subject to conservation easement is lo	• •	
5 Does the organizat	ion have a written policy regarding the periodic monitor	oring, inspection, handling of	
	preement of the conservation easements it holds?		🗌 Yes 🔲 No
6 Staff and volunteer	hours devoted to monitoring, inspecting, and enforcin	ng conservation easements during the ye	8 r
7 Amount of expense \$	es incurred in monitoring, inspecting, and enforcing co	nservation easements during the year	
8 Does each conserv	ation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)	
 (i) and section 170 9 in Part XIII. describ 			[] Yes [_] No
balance sheet, and	e how the organization reports conservation easemen include, if applicable, the text of the footnote to the o unting for conservation easements.	•	•
Part III Organi	zations Maintaining Collections of Art, H	listorical Treasures, or Other S	imilar Assets.
	te if the organization answered "Yes" to For elected, as permitted under SFAS 116 (ASC 958), not		alance sheet
	cal treasures, or other similar assets held for public ex		
	ide, in Part XIII, the text of the footnote to its financial		
	atected, as permitted under SFAS 116 (ASC 958), to r		ce sheet
	cal treasures, or other similar assets held for public ex	•	
	de the following amounts relating to these items:		
	ded in Form 990, Part VIII, line 1		\$
(II) Assets included	In Form 990, Part X	· · · · · ·	\$
2 If the organization r	eceived or held works of art, historical treasures, or of		ide the
following amounts n	equired to be reported under SFAS 116 (ASC 958) re	lating to these items:	
a Revenues Included	in Form 990, Part VIII, line 1		\$
b Assets included in f		·· ·	. <u>\$</u>
or Paperwork Reductio	n Act Notice, see the instructions for Form 990.		Scheduls D (Form 990) 2012

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	HUAIROU				06-1805	406	Page 2
<u>機構</u> 3	Organizations Maintaini	ng Collections of	Art, Historical	Treasures,	or Other Sir	nilar Assets	(continued)
3	collection items (check all that apply)	soon, and other records	, Check, any of the f	ollowing that a	re a significant i	use of its	
2		a 🗋 i	Loan or exchange p	emangora			
Ł		e 📋 (Other				
C							
4	Provide a description of the organization's XIII.	collections and explain	how they further the	9 organization's	s exempt purpos	e in Part	
5	During the year, did the organization solid	t or receive donations o	of art, historical treas	ures, or other	similar		
	assets to be sold to raise funds rather that	n to be maintained as p	art of the organizati	on's collection?			
	Escrow and Custodial A line 9, or reported an amo			anization and	swered "Yes"	to Form 99	0, <mark>Part</mark> IV,
18	Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions	or other asset	s not		······································
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the foll	owing table.				
							Amount
C	Beginning balance					10	
d	Additions during the year				•	1d	
	Distributions during the year					1e	
f	Ending balance	- , .,			• •	if	•
2ø	Did the organization include an amount on		217		, ,		Yes No
	If "Yes," explain the arrangement in Part X			provided in Par	t XIII	4 -	- н н
	Endowment Funds. Com	plete if the organization	ation answered '	'Yes" to For	m 990. Part I	V. line 10.	
		(a) Cument year	(b) Prior year	(c) Two year		hree yeers back	(e) Four years back
1a	Beginning of year balance						1
Þ	Contributions			···			
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships			1			<u> </u>
	Other expenditures for facilities and			1			
•	Dradioma				1		
•	Administrative expenses	· · · · · · · · · · · · · · · · · · ·		+		· · · · · · ·	<u> </u>
ģ	End of year balance						· · · · · · · · · · · · · · · · · · ·
_	Provide the estimated percentage of the cu	ment year and halance ((ine 1.a. column (a))	beld ae:	~- <u>-</u>		
8	Board designated or quasi-endowment	noni yaan ond balan¢e ∖ %	(we tâ' comann (a))	TICKI 63.			
	Permanent endowment %	· · · ·					
	Temporarily restricted endowment	*					
•	The percentages in lines 2a, 2b, and 2c shi						
39	Are there endowment funds not in the poss		on that are hold and	. odministernal (Far the		
	organization by	coston or the organizatio					
	(i) unrelated organizations						Yes No
	(1) related organizations	• • • • • • •			٠		3a(l)
h	If "Yes" to 3a(ii), are the related organization	. Katad na maukad an	 Oshovbula DO	••••••	• •		38(11)
4					····		36
State and	Describe in Part XIII the intended uses of the Land. Buildings, and Equ			- 40	·····		
	Description of property	(a) Cost or other bas (investment)	es (b) Costor (oth		(c) Accumutation	ed	(d) Book value
	Land	(anashibe f)			depreciation		
	Land						
	Buildings						
	Leasehold improvements	. [
	Equipment						
	Other						
IOTAL	Add lines 1a through 1e (Column (d) must	equal Form 990, Part X	, column (B), line 10)(c).)			

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012 HUAIROU COMMISSION: WO		06-1805406	Page 3
(a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)		Cost or end-of-year man	ket velue
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	<u></u>		·····-
(B)	····		
· (9/ · · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			
(F)			
(G)			
(н) , ,			
()			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Percevilli Investments-Program Related. See Form 990,	Part X, line 13.		
(a) Description of investment type	(b) Book velue	(a) Mathod of veluat Cost of end-of-year mark	
(2)			···
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	· · · ·		
<u>(9)</u> (10)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) fine 13.)			
The Providence of the Assets. See Form 990, Part X, line 15.	·····		
(a) Description			(b) Book vakie
(1)			<u></u>
(2)	·····		
(3)			
(5)			
(6)	···		· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			·····
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>		·
Park Other Llabilities. See Form 990, Part X, line 25.	·····		
1. (9) Description of Eablidy	(b) Book value		
(1) Federal Income taxes			
(2) (3)			
(4)	• • · · · •		
(4) (5)			
(8)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(9)			

(10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's hability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII DAA

Schedule D (Form 990) 2012

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	dule D (Form 990) 2012 HUAIROU COMMISSION: WOMEN HOM		06-180540		Page 4
	Reconciliation of Revenue per Audited Financial Stateme	nts with He	venue per Her		042 266
1	Total revenue, gains, and other support per audited financial statements	****** ******			942,266
2 8	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments	2a			
Ъ	Donated services and use of facilities	2b			
c	Recovertes of prior year grants	20			
đ	Other (Describe in Part XIII)	2d			
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·		_2e	
3	Subtract line 2e from line 1			3 1,	942,266
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4b	•		4c 5 1.	942,266
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem	ente With F	rnenege ner F		746,200
<u>北京市</u>	Total expenses and losses per audited financial statements		vbenges bet ti	1 1.	481,402
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	••••			
- a	Donated services and use of facilities	2a			
b	Prior year adjustments	210			
c	Other losses	20			
¢	Other (Describe in Part XIII.)	2d			
	Add lines 2s through 2d			<u>2e</u>	491 402
	Subtract line 2e from line 1	т		<u> </u>	481,402
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
4 5	Investment expenses not included on Form 990, Part VIII, line 7b	46			
č	Add lines 4a and 4b	L		40	
5	Total expanses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · ·		5 1,	481,402
Part \ inform	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con nation.	nplete this part to	o provide any addit	tional ,	
, .					
•••					
••	····· ····· · · · · · · · · · · · · ·		·····		
••	· · · · · · · · · · · · · · · · · · ·		•• ••• •••	· · · · · ·	
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					Form 990) 2012

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Schedule D (Form 990) 2012

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SCHEDULE F (Form 990)	50	atement of A	f the organiz	ation answered " Ine 14b, 15, or 16.			2012
Department of the Treasu Internal Revenue Service	ary (Attach	to Form 990		Instructions.		
Name of the organization	THIS TOO	U COMMISSIO	I: WOME	N HOMES &		Employer identifie	estion number
the second state of the second se	COMMU					06-1805	
	m 990, Part IV, line	n on Activities O u e 14b.	itside the	United States.	Complete if the	organization ans	wered "Yes" to
1 For grantma	kers. Does the organ	ization maintain records					
grants or ass	ictanco?	for the grants or assista	nce, and ma	selection chiena us	ed to award the		🕱 Yes 🗌 No
•		t V the organization's pr	modures for	monitoring the use	of its grants and o	ther	
	itside the United Stat			monitoring are use			
3 Activities per	Region. (The following	g Part I, line 3 table car	n be duplicate	d if additional space	a is needed.)		
(a) Region	(b) Number of	(c) Number of employees, egents,		vities conducted in (by type) (e.g.		ity lested in (d) is num service,	(f) Total appanditures for
	offices in the region	and independent	fundraleing	, program services,	describé	specific type of	and investments
		in, region	gran	weetments, ts to recipients	SEVICE	(s) in region	un region
Central Am	erica & Carr	ibean	locate	id in the region)	_	· <u>···</u> ····	
(1)			Program	Services	See Part	III 4a	78,23
East Asia	Pacific					4	
(2) South Amer		2	Program	Services	<u>See Part</u>	III 4a	61,72
(3)	LCd	3	Program	Services	See Part	III 4a	60,22
South Asia	L						
(4)		4	Program	Services	See Part	III 4a	95,92
Sub-Sahara (5)	d Africa	17	Program	Services	See Part	III 4a	281,81
Europe							
(6)		2	Program	Services	See Part	III 4a	18,15
(7)							
(8)		-					
(9)							
<u> </u>							
10)							
11)							
12)					·		
13)							
-			r				
14)			-				
15)							
6)							
17)							
a Sub-total		31					596,08
D Total from continuation	2						
sheels to Part I c Totals (add							
_ ilnes 3 <u>a</u> and 3b)	1	31					596,081

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

Schedule F (Form 990) 2012

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	СИС 1008/2013 3.29 РМ edule F (Form 990) 2012 HUAIROU COMMISSION: WOMEN ROMES & 06-1805406		片は Page 4
-	Foreign Forms	· · · · · · · · · · · · · · · · · · ·	Tayle T
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926)	🔲 Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	🔲 Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	🗌 Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8886)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		X No

Schedule F (Form 990) 2012

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HUAIROUC 10/08/20	2013 3-29 PM	929
and the state of t		age 5
	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).	
Part I	Line 2 - Procedures for Monitoring the Use of Grant Funds	
Staff	consultants regional visits	
Report	ing requirements with supporting documentation	
	······································	-
	I, Line 3 - Activities per Region	
Region		
Centra	l America & Carribean \$ 78,231 \$ 0	
East A	sia & Paci <u>fic</u> \$ 61,723 \$ 0	
South	America \$ 60,226 \$	••••
South	Asia \$ 95,929 \$ 0	
Sub-Sal	haran Africa\$281,813_\$0	
Europe	\$\$\$\$\$\$\$\$\$\$	
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Schedule F (Form 990) 2012

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HUAIROUC 10/08/2013 3.29 PM			A30
SCHEDULE O (Form 990 or 990-EZ) Department of the Tressury Internal Revenue Servas	Supplemental Information to Form 990 or Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ.	uestions on	OMB No 1545-0047 2012
Name of the organization	UAIROU COMMISSION: WOMEN HOMES & COMMUNITY	Employer Identific 06-1805	
	rganization's Mission or Most Significan	nt Activities	
The Commissi	on is a nonprofit coalition established	with an obje	ctive to
forge strate	gic partnerships, to advance the capacit	ty of grassro	ots women
worldwide, t	o strengthen and to create sustainable	communities t	hrough peer
exchanges, i	nternational academies and global advoca	асу.	
•••			· ·· · · <i>·</i> ····
Form 990, Pa	rt III, Line 4a - First Accomplishment		
exchanges	, advocacy		
- East Asia	& Pacific: pilot demonstration project:	s, peer excha	nges,
advocacy,	tools creation		
- South Ame	rica: pilot demonstration projects, pee	r exchanges,	advocacy
- South Asi	a: pilot demonstration programs, advoca	cy, Training	workshops,
tools_cre	ation	· · ····· ·	
- Sub-Sahar	an Africa: pilot demonstration programs,	, peer exchar	iges,,
advocacy,	research, and Grassroots Academy	·	
	rt VI, Line 11b - Organization's Process		
	lewed by Secretariat Chair, Strategic D		
•••••			
	rt VI, Line 12c - Enforcement of Confli	_	
	annually signs a statement acknowledging		
	If member fails to disclose actual or p		
	sciplinary and corrective action will be		*#
Coordinating	Council or persons named by Council.		

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

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04/02/2015 2:21PM (GMT-05:00)

Schedule O (Form 990 or 990-EZ) (2012)

UAIROUC 10/09/2013 3.29 PM	A31
Schedule O (Form 990 or 990-EZ) (2012)	Page 2
HUAIROU COMMISSION : WOMEN HOMES &	Ecutoyer Identification number 06-1805406
Form 990, Part VI, Line 15a - Compensation Process f	or Top Official
Compensation reviewed periodically to ensure parity	relative to job duties,
performance and competent survey information.	
Form 990, Part VI, Line 19 - Governing Documents Dis	closure Explanation
Upon request only	^
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Schedule O (Form 990 or 990-EZ) (2012)

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YE: 12/31/2012	<u></u>			tements			·····
Taxable Interest on Investments							
Desc	ription						
	A	mount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
avings acct.	interest \$				NY		
Total	\$	2,531		25	NI		
			`				

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HUAIROUC HUAIROU COMMISSION: WOMEN HOMES & 06-1805406 FYE: 12/31/2012

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Form 990. Part IX. Line 24e - Ali Other Expenses

Description	E	Total openses	Program Service		Management General	
Tool & Material Creation	\$	4,435	\$	4,435	\$	
Total	\$	4,435	\$	4,435	\$	ينمين (المنف

HUAIROUC HUAIROU COMMISSION: WOMEN HOMES & Federal Statements 06-1805406 FYE: 12/31/2012

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Schedule A. Part II. Line 1(e)

Description	Amour
Other	\$ 19
Individual	11
SWEDISH INTL. DEVLP. COOP. AGENCY	
Cash Contribution	741
Norwegian Ministry / Foreign Affairs	
Cash Contribution	320
United Nations Dev't Prgrm	
Cash Contribution	206
United Nations Habitat	
Cash Contribution	126
Norwegian Agency for Development	
Cash Contribution	513
Total	\$\$\$\$\$\$

Schedule A. Part II. Line 8(e)

Description	Amour
Savings acct. interest	\$2
Total	\$2