

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public ► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. inspection 2014, and ending For the 2014 calendar year, or tax year beginning D Employer identification number Check if applicable Urgent Action Fund for Women's Human 03-0419743 Address change Rights Telephone number Name change 660 13th Street #200 Initial return 415-523-0360 Oakland, CA 94612 Final return/terminated G Gross receipts \$ Amended return 1,602,676 Kate Kroeger H(a) Is this a group return for subordinates Application pending F Name and address of principal officer Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) Same As C Above Tax-exempt status X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 527 501(c) (Website: ► http://urgentactionfund.org H(c) Group exemption number Form of organization X Corporation Trust L Year of formation 1997 M State of legal domicile CO Part I Briefly describe the organization's mission or most significant activities. UAF is a global women's fund that protects, strengthens and sustains women's human rights activists at critical moments. We intervene quickly when activists are poised to make great gains or face serious threats to their lives and work. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 10 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** 1,600,163 Contributions and grants (Part VIII, line 1h). 1,357,681 Other revenue (Part VIII, column (A), lines 3, 4, and 7d.

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e.

Total revenue — add lines 8 through 11 (must equal Parties) Program service revenue (Part VIII, line 2g) 1,795858. -1,87752 5,272 1,603. 362,871 1,602,676. Grants and similar amounts paid (Part IX, column (A), line (3) 455,308 792,436 Benefits paid to or for members (Part IX, column (A), line (1) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 561,744 569,304. 16a Professional fundraising fees (Part IX, column (A), line 11e) **1,099**. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,800. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 340,763 410,628. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,357,815. 1,773,467. Revenue less expenses Subtract line 18 from line 12 -170,791. 5,056 **End of Year Beginning of Current Year** 1,492,363 20 Total assets (Part X, line 16) 1,679,177 21 Total liabilities (Part X, line 26) 80,755 64,732. 22 Net assets or fund balances. Subtract line 21 from line 20 ,598,422 427,631 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name Check 28 self-employed Paid Adele Kaneda P01664922 Preparer Firm's name Crosby & Kaneda, Use Only Firm's address 1970 Broadway STE Firm's EIN N/A Oakland, CA 94612 Phone no (510)835-2727

May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

	1990 (2014) Urgent Action Fund for Women's Human	03-0419	743	Pa	age 2
Par	till Statement of Program Service Accomplishments				[
	Check if Schedule O contains a response or note to any line in this Part III				Х
1	Briefly describe the organization's mission:				
	See Schedule O		-		
					_ _ -
2	Did the organization undertake any significant program services during the year which were not listed on the price	or _	.	_	
	Form 990 or 990-EZ?	L	Yes	X	No
_	If 'Yes,' describe these new services on Schedule O.		.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se If 'Yes,' describe these changes on Schedule O	rvices?	Yes	X	No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ices, as meas is to others, th	ured by e total e	expens expens	ses. es,
4 a	(Code:) (Expenses \$ 1,494,649. including grants of \$ 792,436.) (F	Revenue \$		85	8.)
	Urgent Action Fund supported women's human rights defenders that		to cr	eate	_
	cultures of justice, equality, and peace by providing rapid-respondent				
	enabled strategic interventions, and participated in collaborative				
	research. The organization was led by activists, inspired by fem				
	strengthened through solidarity.				
41	b (Code) (Expenses \$ including grants of \$) (F	Revenue \$)
•	, (code) (Expenses +) (including grants of +) (—′
			- <i></i> -		
				. _	
					
4	c (Code) (Expenses \$ including grants of \$) (F	Revenue \$_)
		-			
	d Other program services (Describe in Schedule O.)				
•	(Expenses \$ including grants of \$) (Revenue \$)	
	e Total program service expenses ► 1,494,649.				
	1,434,047.				1001

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
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		x_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
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 I	6		_ <u>x</u> _
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	`		: : :
í	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	x	`
ı	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	11 b	<u></u>	Х
•	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	11 c		Х
(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	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	11 f	Х	ļ
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII .	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	<u> </u>
		F	- 000	(2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
t	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	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		х
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		х
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	х	
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):	-		•
ě	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	<u> </u>	X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> 'Yes,' complete Schedule M	30	<u> </u>	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	<u> </u>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf '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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	990	(2014)

	111 330 (2014) Orgent Action Fund for Women's Human	03-041	9/43		age 5
Ρâ	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
_	Check in Concounts a response of note to any fine in this rate v			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	12	163	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	12	1.	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1.0	X	
2	a 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	2 a	10		
	b If at least one is reported on line 2a, did the organization file all required federal employment		2 b	$\bar{\mathbf{x}}$	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in				
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	er authority over, a inancial account)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country. ▶				100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			ş:).	
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	er transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	•	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).		7		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	eartly for goods and	7 a		X
	${f b}$ If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7.	-	Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	امح	7 c	72 A	A
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	henefit contract?	7e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file I		<u> </u>		
	as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	-	7 g		
	Form 1098-C?	organization file a	7 h		
8	aparter and a garage management and a control actions in a management	by the sponsoring			
	organization have excess business holdings at any time during the year?		8		85.78 5.47
9	Sponsoring organizations maintaining donor advised funds.				1
	a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
10	 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per Section 501(c)(7) organizations. Enter 	SON?	9 b	7544	A Section
10	a Initiation fees and capital contributions included on Part VIII, line 12	10 a			*
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	a Gross income from members or shareholders	11 a		44	
	b Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11 Ь			27
12	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	2.5	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		可	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				[`]
	a Is the organization licensed to issue qualified health plans in more than one state?	I- 0	13a)	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedu	ie O			
	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	13b			
14	c Enter the amount of reserves on hand	13c			$\overline{\mathbf{x}}$
14	La Did the organization receive any payments for indoor tanning services during the tax year?		14a	i	1 ^

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q

Form 990 (2014) Urgent Action Fund for Women's Human Page 6 03-0419743 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8 a X X **b** Each committee with authority to act on behalf of the governing body? 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a Did the organization have local chapters, branches, or affiliates? 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O -12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O Х 12 c \overline{X} 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a b Other officers or key employees of the organization 15 b 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? 16 a 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > CA CO NY WA 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. Another's website X Own website Upon request Other (explain in Schedule O) 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 See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Oakland CA 94612 415-523-0360

Rhonda Poindexter 660 13th Street, Ste. 200

Form 990 (2014)	Urgent	Action	Fund	for	Women's	Human	03-0419743	F
PARTITION A		-4.046			 	- 17 E		-

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization nor any relati	eu organiza	alion	COII	(C)		u any	y cu	irrent onicer, directi	a, or trustee.	
(A) Name and Title	(B) Average hours per week	15	both	(do n box, an c ector	ot che unles officer /truste	eck moss pers	3	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	per week (list any hours for related organiza- tions below dotted line)	dividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(A B tess miss)	(10.2.1035 111.003)	organization and related organizations
(1) Rachel-Alouki Labbe	1									
Board Chair	0	X	<u></u>	X				0.	0.	0.
(2) Roshmi Goswami	1_					i -				
Vice Chair	0	X	_	X			L	0.	0.	0.
_(3) Paulette Meyer	1									
Treas/Sect'y	0	X		X	<u> </u>		L	0.	0.	0.
_(4) Kamala Chandrakirana	11			1						
Board Member	0	X		L.			<u> </u>	0.	0.	0.
_(5)_Marta_Drury	11	1					l	İ		
Board Member	0	X	_	<u> </u>				0.	0.	0.
(6) Mariam Gagoshashvili	1	↓			l	l	ļ		_	_
Board Member	0	Х	<u> </u>	<u> </u>	_	├	! —	0.	0.	0.
	1-1-	∤	ł		1	l	1			
Board Member	0	X	_	<u> </u>	<u> </u>		-	0.	0.	0.
_(8) Nadine Moawad	1_1_	}	1	1		i	1			•
Board Member	0	X	-	├-	⊢	₩	 	0.	0.	0.
(9) Patricia Viseur Sellers	-1								ا م	0
Board Member	40	X			├	┈	├—	0.	0.	0.
(10) Kate Kroeger Executive Dir.	-40-	x		X	ŀ			130 000	ا م	0 220
(11)	 	┝	├	<u> </u>	┢	├	╂─	130,890.	0.	9,330.
<u> </u>		ł								
(12)				_			T			
(13)				-	-		T			
(14)			 	-			-			<u> </u>
PAA	TEEAO	Ь_		<u> </u>	L_	<u> </u>	L_	<u> </u>	L	Form 990 (2014)

Form 990 (2014) Urgent Action Fund 1	for Women'	s H	uma	an_					03-0419743	Page 8	
Partivil Section A. Officers, Directors	, Trustees,	Key	Em	plo	ye	es, a	anc	Highest Com	pensated Empl	oyees (continued)	
	(B)	1		(C	-		- 1	İ			
(A) Name and title	Average hours per week	box	, unle	Posi heck ss pe id a d	rson irecto	s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from	Estimated amount of other	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(15)											
(16)						'					
(17)											
(18)		†	Н								
(19)		+					Н				
(20)		+				-					
(21)		+					-				
(22)		_									
(23)							-				
(24)		-									
(25)		+									
1 b Sub-total				Ц_		L		130,890.	0.	9,330.	
c Total from continuation sheets to Part VII,	Section A						>	0.	0.	0.	
d Total (add lines 1b and 1c)							<u> </u>	130,890.	0.	9,330.	
2 Total number of individuals (including but not from the organization ► 1	limited to those	listed	abo	ve) v	vho	recei	ved	more than \$100,00	00 of reportable comp	ensation	
3 Did the organization list any former officer on line 1a? If 'Yes,' complete Schedule J t	, director, or tri for such individ	ustee ual	, ke	y em	plo	/ee,	or h	nighest compensa	ted employee	Yes No	
4 For any individual listed on line 1a, is the state organization and related organizations such individual	sum of reportal greater than \$	ole co 150,0	mpe 100?	ensa If '}	tion es'	and com	l oth	er compensation le Schedule J for	from	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization?	accrue compe If 'Yes,' compl	nsatio ete S	on fr ched	om dule	any <i>J fo</i>	unre r su	elate ch p	ed organization or erson	ındıvıdual	5 X	
Section B. Independent Contractors	mponested	dono	vdc-		ntee	otor		at recovered man-	han \$100,000 of		
1 Complete this table for your five highest compensation from the organization. Report compensation.	ompensation for	the c	alen	idar :	year	end	ing v	with or within the or	ganızatıon's tax year		
(A)								_ (B)	(C)	

1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year											
	(A) Name and business address (B) Description of services	ces (C) Compensation										
_												
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0											

·	_	Check if Schedule O c	contains a resp	onse or note to any	/ line in this Part VI	И .		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b d e	Federated campaigns Membership dues Fundraising events. Related organizations Government grants (contributions)	⊢	1,909.				
ntributic 1 Other		All other contributions, gifts, gr similar amounts not included a Noncash contributions included		1,113,941.				
<u>8</u>	h	Total. Add lines 1a-1f		•	1,600,163.			
lue				Business Code				
Program Service Revenue	2a b	Fees			858.	858.		
ž	l 4							
ي ح	e							
graf	f	All other program service	e revenue .					
S.	g	Total. Add lines 2a-2f			858.			
	3	Investment income (incl	uding dividends	s, interest and				
		other similar amounts)			52.			52.
	4	Income from investment	t of tax-exempt	bond proceeds.			-	
	5	Royalties F	(i) Real	(ii) Personal				
	6 a	Gross rents	(7.104)	(1) (1)				
		Less. rental expenses						
		Rental income or (loss)						1
	d	Net rental income or (lo	ss)	>			~ ·	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		: Gain or (loss)			- 			
anne	1	Gross income from fund (not including . \$						
Other Reven		of contributions reported	d on line 1c)					
<u> </u>	.	See Part IV, line 18		a				İ
₹		Less: direct expenses Net income or (loss) fro	m fundraising a	D				
0	1	Gross income from gam See Part IV, line 19	_	a				
		Less. direct expenses		b				
		: Net income or (loss) fro		vities •				
		Gross sales of inventory and allowances Less: cost of goods solo		a				
	ı	: Net income or (loss) fro		entory •				
	┌╌	Miscellaneous Revenu		Business Code				+
	11 a	Miscellaneous			1,603.			1,603.
	t							
	•							
		All other revenue						
		Total. Add lines 11a-11		•	1,603.	 		ļ
	112	Total revenue. See inst	ructions		1,602,676.	858.	0	1,655.

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

Check if Schedule O contains a response or note to any line in this Part IX.

	Check if Schedule O contains a response or note to any line in this Part IX											
Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,170.	25,170.									
2	Grants and other assistance to domestic individuals. See Part IV, line 22			Vice in the second								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	767,266.	767,266.									
4 5	Benefits paid to or for members Compensation of current officers, directors,	140,001	00.155	01.000	01.000							
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	140, 221.	98,155. 0.	21,033.	21,033.							
7	Other salaries and wages	338,182.	276,474.	7,458.	54,250.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,483.	3,311.	1,086.	2,086.							
9	Other employee benefits	45,636.	27,897.	5,722.	12,017.							
10	Payroll taxes .	38,782.	27,025.	2,431.	9,326.							
11	Fees for services (non-employees).			~, -, -, -, -, -,								
	Management											
ì	Legal		-									
(: Accounting	36,080.		36,080.								
(Lobbying	037000.		30,000.								
•	Professional fundraising services. See Part IV, line 17	1,099.			1,099.							
	Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column		00 533	24 042								
12	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	108,526.	80,533.	24,843.	3,150.							
13	Office expenses	12,551.	5,911.	4,947.	1,693.							
14	Information technology											
15	Royalties											
16	Occupancy	51,675.	_32,666.	8,671.	10,338.							
17	Travel	60,129.	54,140.	1,592.	4,397.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19 20	Conferences, conventions, and meetings Interest .	127,893.	92,855.	35,038.								
21	Payments to affiliates .											
22	Depreciation, depletion, and amortization	2,042.		2,042.								
23	Insurance	5,184.	928.	4,053.	203.							
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)											
	Miscellaneous	3,748.	358.	798.	2,592.							
1	Dues, licenses, service fees		1,960.	224.	616.							
	d											
(e All other expenses											
25	Total functional expenses. Add lines 1 through 24e	1,773,467.	1,494,649.	156,018.	122,800.							
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 Infollowing SOP 98-2 (ASC 958-720).	,										

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1,011,763. 690,166 2 Savings and temporary cash investments 215,758 342,789. Pledges and grants receivable, net 759,128 3 97,188. 4 Accounts receivable, net 369. 13,421 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 6,036. 9 17,037. 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 25,896 **b** Less: accumulated depreciation. 10 b 10 c 18,152 4,483. 7,744. Investments - publicly traded securities. 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 3,237 15 2,421 Total assets. Add lines 1 through 15 (must equal line 34) 1,679,177 16 492,363. <u>17,</u> Accounts payable and accrued expenses 33,257 17 47,712. Grants payable 20,330 18 17,020 Deferred revenue 27,168 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties 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 liabilities. Add lines 17 through 25 26 80,755. 64,732 Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 493,964 885,385. Temporarily restricted net assets 28 104,458 542,246 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Assets Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds 32 ž Total net assets or fund balances 33 598,422 1,427,631 34 Total liabilities and net assets/fund balances 1,679,177 1,492,363 BAA Form 990 (2014)

		3-0419743	Pa	ge ·12						
Pai	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,602,6	76.						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,773,4	167.						
3	Revenue less expenses Subtract line 2 from line 1	3	-170,7	791.						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4									
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		0.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,427,6	531.						
Pa	Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII .									
			Yes	No						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O									
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	iewed on a								
ı	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 se basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	parate								
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2c X							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			公						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sinç Audit Act and OMB Circular A-133?	jle	3a	х						
	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	audit	3 b	<u> </u>						
BAA	· · · · · · · · · · · · · · · · · · ·		Form 990	(2014)						

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury 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.

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

OMB No 1545-0047

ગીતિને વ્યવસ્ત્

Name	f th	organization	Urgent	Acti	on	Fund for V	Nomen's	Human	_		Employer identifica	Employer identification number		
			Rights							03-0419743				
Par		Reason	for Publi	c Cha	ity	Status (All o	rganızatıor	ns must c	omple	te this	part.) See instruct	ions.		
	rga					because it is: (•		-	-			
1	L					r association of c			ion 170(l) (1)(A) (i	i).			
2	L	1				(b)(1)(A)(ii). (At		•						
3	\vdash	4				al service organ					• • •			
4	L	,		rganızat	on c	operated in conj	unction with	a hospital d	described	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's		
_	_		, and state		-,-	58555555	· _ ,- -				=			
5	170(b)(1)(A)(iv). (Complete Part II.)													
6 7												lia dagambad		
_	X	in section	170(b)(1)(A	.)(vi). (0	omp	olete Part II)	• • • • • • • • • • • • • • • • • • • •			entai uni	t or from the general pub	nic described		
8	F	٦.				ection 170(b)(1)(
9	L	from activiti investment June 30, 1	ies related to t income ar 975 See s i	o its éxe id unrela ection 5	npt ated 09(a	functions – subje business taxabl)(2). (Complete	ct to certain e le income (le Part III.)	exceptions, a ss section !	and (2) n 511 tax)	o more t from bu	membership fees, and of han 33-1/3% of its supportion is supported by the support of the support	ort from gross		
10	L	An organiz	zation orgar	nized an	d op	erated exclusive	ely to test for	public safe	ety. See	section	509(a)(4).			
11	L	or more pu	ublicly supp	orted or	gani	izations describe	ed in section	509(a)(1) o	r sectio	n 509(a)	ctions of, or to carry ou (2). See section 509(a) nes 11e, 11f, and 11g.	ut the purposes of one (3). Check the box in		
а		Type I. A su	upporting or	ganizatio er to rec	n op ulari	erated, supervise	d. or controlle	ed by its sup	ported o	rganızatı	on(s), typically by giving he supporting organization	the supported on You mus t		
b		- manageme	supporting int of the sup plete Part I'	portina (orga	nization vested in	controlled in the same per	connection rsons that co	with its ontrol or	support manage	ed organization(s), by the supported organizati	having control or ion(s) You		
С		Type III fun	ctionally inte	egrated.	A su		tion operated i	n connection	n with, an	d function	onally integrated with, its	supported		
d		Type III nor functionall	n-functional	ly integra	a ted .	. A supporting ord	anization ope must satisf	erated in cor v a distribu	nection	with its s	supported organization(s) t and an attentiveness	that is not requirement (see		
е		Check this	box if the	organiza	tion	•	en determina	ation from t	the IRS	that is a	Type I, Type II, Type	III functionally		
f	E	nter the num				, -		nga mzation	•					
g	Pı	ovide the fo	ollowing info	ormation	abo	out the supporte	d organizatio	n(s).				<u> </u>		
		(i) Nan or	ne of supported rganization			(ii) EIN	(iii) Type of (described of above or if (see instr	n lines 1-9 RC section	(iv) Is organizat in your g docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
									Yes	No				
														
(A)														
(B) _	(P)													
<u>(-)</u> _														
(C)														
<u>(D)</u>														
(E)														

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

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Urgent Action Fund for Women's Human 03-0419743

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

(Complete only if	you checked the box on line 5,	7, or 8 of Part I or if the or	rganization failed to qualify	under Part III. If the
	s to qualify under the tests li			

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,505,581.	1,333,747.	2,142,344.	1,357,681.	1,600,514	7,939,867.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,505,581.	1,333,747.	2,142,344.	1,357,681.	1,600,514	7,939,867.
6	Public support. Subtract line 5 from line 4						7,195,368.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,505,581.	1,333,747.	2,142,344.	1,357,681.	1,600,51	4. 7,939,867.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97.	80.	119.	126.	52	2. 474.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) See Part VI	191.	804.	4,596.	5,272.	1,60	
11	Total support. Add lines 7 through 10						7,952,807.
12	Gross receipts from related activ	vities, etc (see ins	structions)			<u>_1</u>	2,653.
13	First five years. If the Form 990 is organization, check this box and	stop here		nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	•
	tion C. Computation of Pu						
15	Public support percentage for 20 Public support percentage from	• •	•	ne II, column (1),).		90.48 % 5 85.31 %
	33-1/3% support test – 2014. If and stop here. The organization	the organization	did not check the		and the line 14 is		
ŧ	33-1/3% support test – 2013. If and stop here. The organization	the organization of	did not check a bo	ox on line 13 or 1	6a, and line 15 is	33-1/3% or mo	
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in f	Part VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- nd-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	s box and stop he a publicly suppor	re. Explain in I ted organization	Part VI how the
BAA	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 1/a			n 990 or 990-EZ) 2014
					Sc	menute 🗛 (Forr	11 770 01 790-6212014

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)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services 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 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or						
3	facilities furnished by a governmental unit to the organization without charge		,				
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
<u>Sec</u>	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	Amounts from line 6		L		L		
t	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·					
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501	(c)(3)
	tion C. Computation of Pu			no 12 octions (6)			15 0.
	Public support percentage for 20		•	ne 13, column (†)	,	<u> </u>	15 %
	Public support percentage from						16 8
	tion D. Computation of Inv				······ (6)		17 8
	Investment income percentage to				umm (1))	<u> </u>	
	Investment income percentage to 23.1/3% curport tests 2014				and line 15		
	a 33-1/3% support tests — 2014. I is not more than 33-1/3%, check	k this box and sto	p here. The orga	nization qualifies	as a publicly supp	orted organiza	ation •
	33-1/3% support tests — 2013. I line 18 is not more than 33-1/39	6, check this box	and stop here. Tl	ne organization qi	ualifies as a public	cly supported of	organization 🟲 🔲
20	Private foundation. If the organ	ization did not che	eck a box on line	14, 19a, or 19b,	cneck this box and	see instruction	ons

Part IV Supporting Organizations

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

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

a A persor	organization accepted a gift or contribution from any of the following persons?	In State Section	Yes	No
a A persor	- Garant and a grant and an arrange and a state of the st	41	TAPESTO.	**************************************
governir	who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the g body of a supported organization?	11a		
b A family	member of a person described in (a) above?	11b		
c A 35% o	ontrolled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Section B.	Type I Supporting Organizations			
1 Did the d	irectors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
or elect Part VI If the or director	interesting the control of the organization of the or more supported digallizations have the power to regularly appoint to least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in now the supported organization's activities, ganization had more than one supported organization, describe how the powers to appoint and/or remove or trustees were allocated among the supported organizations and what conditions or restrictions, if any, to such powers during the tax year	1		
that ope <i>benefit</i>	organization operate for the benefit of any supported organization other than the supported organization(s) rated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such carried out the purposes of the supported organization(s) that operated, supervised, or controlled the organization	2		
Section C.	Type II Supporting Organizations			
			Yes	No
of each	najority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Section D.	All Type III Supporting Organizations			
			Yes	No
organiza year, (2	organization provide to each of its supported organizations, by the last day of the fifth month of the ition's tax year, (1) a written notice describing the type and amount of support provided during the prior tax is a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the ition's governing documents in effect on the date of notification, to the extent not previously provided?			
2 Were ar	y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ition(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how inization maintained a close and continuous working relationship with the supported organization(s)	2		
voice in	on of the relationship described in (2), did the organization's supported organizations have a significant the organization's investment policies and in directing the use of the organization's income or assets at during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played egard	3		
Section E.	Type III Functionally-Integrated Supporting Organizations	<u>. </u>		
1 Check ti	e box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	organization satisfied the Activities Test Complete line 2 below			
	organization is the parent of each of its supported organizations Complete line 3 below.			
c The	organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns)		
			-	Γ
	s Test. Answer (a) and (b) below.	- A 27	Yes	No
supporte organiz respons	stantially all of the organization's activities during the tax year directly further the exempt purposes of the diagrams of the organization was responsive? If 'Yes,' then in Part VI identify those supported ations and explain how these activities directly furthered their exempt purposes, how the organization was live to those supported organizations, and how the organization determined that these activities constituted tially all of its activities.	2a	- 71.	15.3
the organia	activities described in (a) constitute activities that, but for the organization's involvement, one or more of inization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for inization's position that its supported organization(s) would have engaged in these activities but for the ation's involvement	2b		* 5, #
3 Parent	of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a Did the	organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? <i>Provide details in Part VI</i>	3a		
b Did the support	organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ed organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Sche	dule A (Form 990 or 990-EZ) 2014 Urgent Action Fund for Women's	Huma	n 03-04	119743 Page 6
_	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1				ions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		_	
	Average monthly value of securities	1a		
	Average monthly cash balances .	1b		
	Fair market value of other non-exempt-use assets	1c		
	i Total (add lines 1a, 1b, and 1c)	1d		
	Piscount claimed for blockage or other factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		,
6	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	·	
	Enter 85% of line 1	2		<u> </u>
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
	Enter greater of line 2 or line 3	4		1
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

BAA

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-E	Z) 2014 Urgent Action Fund f	or Women's Hum	an 03-041	19743 Page 7
Part V Type III Non-F	Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continued)	Comment Voca
Section D — Distributio				Current Year
	rted organizations to accomplish exempt pu			
in excess of income fro		·	s, 	
	s paid to accomplish exempt purposes of su	ipported organizations		
4 Amounts paid to acquir		<u> </u>	<u> </u>	
	ounts (prior IRS approval required)			
<u></u>	cribe in Part VI). See instructions		· · ·	
7 Total annual distribution		· ·		
8 Distributions to attentive in Part VI). See instruct	supported organizations to which the organizati	on is responsive (provide	details	L
9 Distributable amount fo	r 2014 from Section C, line 6 .		·	·
10 Line 8 amount divided	by Line 9 amount			
Section E — Distributio	n Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
	r 2014 from Section C, line 6.			
2 Underdistributions, if ar cause required — see ii	ny, for years prior to 2014 (reasonable nstructions)			
3 Excess distributions ca	rryover, if any, to 2014:			
a				
b				
С				
d				
e From 2013		<u> </u>		
f Total of lines 3a through	ph e		<u></u>	
g Applied to underdistribit	utions of prior years			
h Applied to 2014 distribu	utable amount .			
i Carryover from 2009 no	ot applied (see instructions)			
j Remainder Subtract lin	nes 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 fr	rom Section D,			
a Applied to underdistribi	utions of prior years			
b Applied to 2014 distribu				
c Remainder, Subtract Iii	nes 4a and 4b from 4			
	outions for years prior to 2014, if any la from line 2 (if amount greater than			
	outions for 2014. Subtract lines 3h and 4b greater than zero, see instructions)			
7 Excess distributions c	arryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7				
а				
b				
С				
d Excess from 2013				
e Excess from 2014				

BAA

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. 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).

Part II, Line 10 - Other Income

Nature and Source		 2014	 2013	_	2012	_	2011	 2010
Micellaneous Sales		\$ 1,603.	\$ 5,272.	\$	4,596.	\$	804.	\$ 100. 91
	Total	\$ 1,603.	\$ 5,272.	\$	4,596.	\$	804.	\$ 191.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	Urgent Action Fund for Wome Rights	en's Human	
			[03-0419743
Par	Complete if the organization ans	or Advised Funds or Other Similar Fu wered 'Yes' to Form 990, Part IV, line	nds or Accounts. 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in d organization's exclusive legal control? .	onor advised funds Yes No
6		ors, and donor advisors in writing that grant fun t of the donor or donor advisor, or for any othe	
Par			
Fai		wered 'Yes' to Form 990, Part IV, line	7.
1			
	Preservation of land for public use (e.g., i		of a historically important land area
	Protection of natural habitat	· •	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in the for	m of a conservation easement on the
	last day of the tax year		
			Held at the End of the Tax Year
	Total number of conservation easements	•	2 a
	Total acreage restricted by conservation ease		2b
•	Number of conservation easements on a certi	fied historic structure included in (a)	2c
(Number of conservation easements included structure listed in the National Register	ın (c) acquired after 8/17/06, and not on a histo	oric 2 d
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitoring, inspection, hants it holds?	andling of violations,
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, and enforcing conservation easements duri	ng the year
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of so	ection 170(h)(4)(B)(i) Yes No
9	include, if applicable, the text of the footnote	s conservation easements in its revenue and expe to the organization's financial statements that	
Par	conservation easements. † III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1:	a If the organization elected, as permitted unde	er SFAS 116 (ASC 958), not to report in its reve eld for public exhibition, education, or research in	enue statement and balance sheet works of
ı	If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items.	er SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	e statement and balance sheet works of art, erance of public service, provide the
	(i) Revenue included in Form 990, Part VIII,	line 1	▶\$
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar assets for fina 116 (ASC 958) relating to these items:	ncial gain, provide the following
i	a Revenue included in Form 990, Part VIII, line	1	. ►\$
1	b Assets included in Form 990, Part X	•	► \$

Schedule D (Form 990) 2014 Urger	it Action I	Fund for Wome	n's Human orical Treasures, o	03-041 or Other Similar Ass		Page 2 ued)
3 Using the organization's acquisition						
items (check all that apply): a Public exhibition		d □ Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.		s and explain how the	y further the organization	's exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or re- nan to be mainta	ceive donations of a	rt, historical treasures, organization's collection	or other similar assets	Yes	No
Panty Escrow and Custodia line 9, or reported an	Arrangement amount on F	nts. Complete if orm 990, Part X,	the organization at line 21.	nswered 'Yes' to For	rm 990, Part	i IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian,	or other intermediar	y for contributions or of	ther assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and	complete the follow	ring table:			
					Amount	
c Beginning balance				1c		
d Additions during the year		•		1 d		
e Distributions during the year				1 e		
f Ending balance		000 5 1 7 1 01		<u> [1f]</u>		
2 a Did the organization include an a					Yes	⊣ ^{No}
b If 'Yes,' explain the arrangement	in Part Alli Ch	eck nere if the expla	ination has been provid	led in Part XIII .	L	
Part V Endowment Funds. C	omplete if th	e organization a	nswered 'Yes' to F	orm 990 Part IV Jun	ne 10	
is the test in Lindownie it i unds.	(a) Current yea				(e) Four year	rs back
1 a Beginning of year balance	(a) carronny s	(3) 110, 30	(c) Two yours Bu	CK (u) Three years such	(6) 1041)641	O DOOR
b Contributions				 	 	
c Net investment earnings, gains, and losses						
d Grants or scholarships			- 		+	
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
Provide the estimated percentag	e of the current	year end balance (li	ne 1g, column (a)) held	d as:		
a Board designated or quasi-endowm	ent ►	%			۰	
b Permanent endowment	%					
c Temporarily restricted endowmen		 %				
The percentages in lines 2a, 2b,	and 2c should e	equal 100%.				
3 a Are there endowment funds not in the	the possession of	the organization that	are held and administere	ed for the	[y	1
organization by (i) unrelated organizations					Yes	No
(ii) related organizations					3a(i) 3a(ii)	\
b If 'Yes' to 3a(ii), are the related	organizations lis	ted as required on S	schedule R?		3b	┼──
4 Describe in Part XIII the intended	-			•	30	ــــــــــــــــــــــــــــــــــــــ
Part VI Land, Buildings, and		gamzation o chaotin	ione ranas.			
Complete if the organ		ered 'Yes' to For	m 990 Part IV June	e 11a See Form 99	0 Part X lir	ne 10
Description of property) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book v	
1 a Land		(investment)	basis (other)	depreciation		
b Buildings			 	 		
c Leasehold improvements			 	 		
d Equipment	-		25,896.	18,152.	7	,744.
e Other	<u> </u>		1 20,000	10,102.		<u>,</u>
Total. Add lines 1a through 1e. (Colum	nn (d) must equ	al Form 990, Part X,	column (B), line 10c)	•	7	,744.
DAA				Cabas	tulo D /Form 000	

Schedule D	(Form 990) 2014	Urgent Action Fund	for Women's H	uman	03-0419743	Page 3
Part VII	Investments -	- Other Securities.		N/A		
		e organization answered				
	<u> </u>	egory (including name of security)	(b) Book value	(C) Method of valuation:	Cost or end-of-year market	t value
	al derivatives -held equity interes					
(3) Other	-neid equity interes	912		<u> </u>		
(A)						
(B)						
<u>(c)</u>				_	······································	
(D)						
È						
(F)				<u> </u>		
(G)						
(H)						
(l)						
		990, Part X, column (B) line 12.)				Same and the same
Part VIII	Investments -	 Program Related. e organization answered 	'Ves' to Form 990	N/A	a Form 990 Part	Y line 13
	(a) Description of		(b) Book value	(c) Method of valuation: (
(1)	(L) Dodding to the		(Ly Dook Value	(c) mound or variable	or or or year and	
(2)						
(3)				-		
(4)						
(5)		_				
(6)						
(7)	<u></u>	<u> </u>				
(8)						
(9)						
(10)	(b)	990 Part X column (B) line 13.)				:
Part IX		00,10,17, 00,07,11, (2) 11,10 1017	N/A		 	
	Complete if the	e organization answered	'Yes' to Form 990	, Part IV, line 11d. See		
		(a) De:	scription		(b) Bo	ook value
(1)						
(3)						
(4)						
(5)						
(6)						
(7)			- 			
(8)						
(10)						
	lumn (b) must eau	al Form 990, Part X, column (l	3), line 15.)		•	
Part X	Other Liabiliti	es.	···			
	Complete if the or	ganization answered 'Yes' to Fo			t X, line 25	
(1) Fodo	(a) Description (a) The company (a) (a) (a) (a) (a) (a) (b) (a) (b) (a) (a) (b) (a) (b) (b) (a) (b) (b) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	otion of liability	(b) Book value	 , .	•	
(2)	rai income taxes		 	 	•	
(3)			- 	 		
(4)					•	
(5)						
(6)						
(7)						
(8)			+			
(10)				 		
(11)						
	nn (b) must equal Form	990, Part X, column (B) line 25.)	•			
						

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

See Part XIII

Schedule D (Form 990) 2014 Urgent Action Fund for Women's	Human	03-041974	3 Page 4
Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return.	
Complete if the organization answered 'Yes' to Form 9	90, Part IV, line 12	2a.	
1 Total revenue, gains, and other support per audited financial statements		. 1	1,602,676.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments .	2a		
b Donated services and use of facilities .	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d .		. 2e	
3 Subtract line 2e from line 1		. 3	1,602,676.
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.	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	. 5	1,602,676.
Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.	
Complete if the organization answered 'Yes' to Form 9	90, Part IV, line 1:	2a. '	
Total expenses and losses per audited financial statements		1	1,773,467.
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	2 b		
c Other losses .	2 c		
d Other (Describe in Part XIII)	2 d		

3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

e Add lines 2a through 2d

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part i, line 18)

2 d 1,773,467 1,773,467.

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

The Organization has evaluated its current tax positions as of December 31, 2014 and is not aware of any significant uncertain tax positions for which a reserve would be necessary.

BAA

Schedule **D** (Form 990) 2014

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

03-0419743

Urgent Action Fund for Women's Human Randla General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Part V

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central				Rapid Response	
(1) America/Caribbean			Grantmaking	Grants	20,000.
		}	}	Rapid Response	
(2) East Asia/Pacific			Grantmaking	Grants	161,816.
	·		Ì	Rapid Response	
(3) Europe			Grantmaking	Grants	68,855.
				Rapid Response	
(4) Middle East/N. Africa			Grantmaking	Grants	98,430.
Russia & newly ind.				Rapid Response	
(5) states			Grantmaking	Grants	116,715.
				Rapid Response	
(6) South America			Grantmaking	Grants	85,254.
				Rapid Response	
(7) South Asia			Grantmaking	Grants	107,822.
				Rapid Response	
(8) Sub-Saharan Africa			Grantmaking	Grants	108,374.
(9) (10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					· · · · · · · · · · · · · · · · · · ·
3a Sub-total			<u></u>		767,266.
b Total from continuation sheets to Part I			f g	-	
c Totals (add lines 3a and 3b)	0	0	1		767,266.

Page 2

Schedule F (Form 990) 2014 Urgent Action Fund for Women's Human

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

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
€			E Asia & Pac	Women rights	10,000. EFT	EFT			
8			E Asia & Pac	Women rights	15,000. EFT	EFT			
6			Acta	Women	30 000	T.			
€			rope	Women	20.000. EFT	EFT.			
<u>(</u>			Europe	Women rights	5,314.	EFT			
9			Europe	Women rights	7,279.				
6			Europe	Women rights	9,670. EFT	EFT			
8			Mid East N Afr	Women rights	10,000. EFT	EFT			
<u>.</u>			Russia	Women rights	13, 400.	EFT			
(E)			Russia	Women rights	5,500.	EFT			
£			South America	Women rights	85, 254.	EFT			
(12)				Women rights	14,020.	EFT			
(13)			Sub Saharan Afr	Women rights	94,355.	EFT			
(14)									
(15)									
(16)									
2 Ente	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which	ons listed above that ar	re recognized as cha	rities by the foreig	n country, recogniz	ed as tax-exempt by	the IRS, or for which	÷	

the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities BAA

0 Schedule F (Form 990) 2014

Page 3

Schedule F (Form 990) 2014 Urgent Action Fund for Women's Human

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

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2014 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA E <u>@</u> 4 <u>©</u> 8 9 (14) (1) (18) 8 9 8 6) (12) (13) (15) (16)

Sche	dule F (Form 990) 2014 Urgent Action Fund for Women's Human 03	-0419743	Page 4
Par	创义 Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certai Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	n Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certai Foreign Corporations (see Instructions for Form 5471)	n 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)	d Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No
BAA	TEEA3505L 06/16/13	Schedule F (F	orm 990) 2014

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Prior to receiving grant funds, potential grantees must submit an application and go through a formal approval process. Subsequent to payments, program staff follow up with recipients to obtain reports on how funds were spent.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

OMB No 1545-0047 2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Urgent Action Fund for Women's Human Rights

Employer identification number

03-0419743

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I

1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected?
<u>'</u>		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		•			

	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under	. .	
	section 4958	- \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	►s	-

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	I from	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In c	default?	(h) Ap by bo comm	proved ard or littee?	(i) Wi agreer	ritten ment?
	1		То	From			Yes	No	Yes	No	Yes	No
(1)						1						
(2)			T									
(3)			1									
(4)												
(5)												
(6)												
(7)									_			
(8)	1											
(9)			Ī									
(10)			T									
Total					- \$							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Galuh Wandita	Grantee-Bd related	5,000.	Grant to org	Prog support
(2)				
(3)				
(4) (5)				
(5)				
(6) (7)			1	
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
(10)				

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L	(Form 99	90 or 990-EZ) 201	4 Urgent	Action	Fund	for	Women's	Huma

03-0419743

Page 2

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?		
]			Yes	No	
(1)							
(2)							
(2)							
(4)							
(5) (6)							
(7)							
(8)							
(9)							
(10)							

Part V Supplemental Information

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

Supplemental Information

Galuh Wandita, the sister of Board member Kamala Chandrakirana, is the Executive Director of a grantee organization.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization Urgent Action Fund for Women's Human Rights

Employer identification number

03-0419743

OMB No 1545-0047

Form 990, Part III, Line 1 - Organization Mission

Urgent Action Fund, as part of women's rights movements worldwide, supports women's rights defenders striving to create cultures of justice, equality and peace. We provide Rapid Response Grants that enable strategic interventions, and participate in collaborative advocacy and research. We are led by activists, rooted in feminism, and strengthened through solidarity. - See more at:

http://urgentactionfund.org/who-we-are/mission-history/#sthash.ijnRfRgY.dpuf

Form 990, Part VI, Line 11b - Form 990 Review Process

990 is emailed to all board members and Board Treasurer reviews and then presents 990 at board meeting.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members sign the conflict of interest policy every year and if relevant fill out a disclosure form.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request. Financial statements available on organization's website.