

Return of Organization Exempt From Income Tax

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

- ▶ 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.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

, 2014, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
WOMEN'S GLOBAL EDUCATION PROJECT
P.O. BOX 617613
CHICAGO, IL 60661-7613

D Employer identification number

32-0082340

E Telephone number

708-415-7410

G Gross receipts \$ 549,089.

F Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for subordinates?

☐ Yes ☒ NoH(b) Are all subordinates included?
If 'No,' attach a list. (see instructions)☐ Yes ☒ NoI Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.WOMENSGLOBAL.ORG

H(c) Group exemption number ▶

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2003

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR WOMEN AND GIRLS IN AFRICA

Activities & Governance

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 3

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 34. 7b 0.

Revenue

8 Contributions and grants (Part VIII, line 1h) Prior Year 243,889. Current Year 487,432.

9 Program service revenue (Part VIII, line 2g) 3. 6.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 45,255. 61,651.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 289,147. 549,089.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,687. 680.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 201,577. 419,691.

14 Benefits paid to or for members (Part IX, column (A), line 4) 268,460. 548,409.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 79,176. 79,856.

16a Professional fundraising fees (Part IX, column (A), line 11e) 38,263.

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 38,263.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 201,577. 419,691.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 268,460. 548,409.

19 Revenue less expenses. Subtract line 18 from line 12 20,687. 680.

Net Assets or Fund Balances

20 Total assets (Part X, line 16) Beginning of Current Year 93,032. End of Year 177,731.

21 Total liabilities (Part X, line 26) 13,856. 97,875.

22 Net assets or fund balances. Subtract line 21 from line 20 79,176. 79,856.

Part II Signature Block

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

Sign Here

Signature of officer

Date

AMY MAGLIO

EXECUTIVE DIREC

Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

RALPH PICKER

8/05/15

P00621572

Firm's name ▶ PICKER & ASSOCIATES LLC

Firm's address ▶ 1130 W LAKE COOK RD., STE. 130

BUFFALO GROVE, IL 60089

Firm's EIN ▶ 45-5560310

Phone no. 847-541-4000

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 05/28/14

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☐

- 1 Briefly describe the organization's mission:

TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR WOMEN AND GIRLS IN AFRICA

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 337,483. including grants of \$ 181,218.) (Revenue \$)
SENEGAL - PROVIDED SCHOLARSHIPS, AFTER SCHOOL TUTORING, MENTORING AND HEALTH
EDUCATION FOR GIRLS; PROVIDED AFTER SCHOOL TUTORING FOR GIRLS.

4b (Code:) (Expenses \$ 132,377. including grants of \$ 81,319.) (Revenue \$)
KENYA - PROVIDED SCHOLARSHIPS TO GIRLS IN ELEMENTARY AND SECONDARY SCHOOLS; PROVIDED
FUNDING TO ASSIST GIRLS REMAINING IN SCHOOL UNTIL GRADUATION.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 469,860.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		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.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		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.		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.		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.		X
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.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	X	
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.		X
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.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
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.		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIANA KERR BOARD MEMBER	0 0							0.	0.	0.
(2) APRIL KANNE DONNELLAN BOARD MEMBER	0 0							0.	0.	0.
(3) SONYA ANDERSON BOARD MEMBER	0 0							0.	0.	0.
(4) SUSAN CROTHERS GEE BOARD MEMBER	0 0							0.	0.	0.
(5) JENNIFER KENOIAN BOARD MEMBER	0 0							0.	0.	0.
(6) SARAH MIYATA BOARD MEMBER	0 0							0.	0.	0.
(7) AMY MAGLIO EXECUTIVE DIREC	40 0	X						60,000.	0.	0.
(8) JOAN K. SHERMAN PRESIDENT	0 0			X				0.	0.	0.
(9) JULIE STAGLIANO SECRETARY	0 0			X				0.	0.	0.
(10) CHRISTOPHER HERRMAN TREASURER	0 0			X				0.	0.	0.
(11)										
(12)										
(13)										
(14)										

	organiza- tions below dotted line)	or	nal trustee	employee	compensated			
(15)								
(16)								
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								

1 b Sub-total	60,000.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	60,000.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
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		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(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	1 a Federated campaigns.....	1 a					
	b Membership dues.....	1 b					
	c Fundraising events.....	1 c					
	d Related organizations.....	1 d					
	e Government grants (contributions).....	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f 487,432.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f.....		487,432.				
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue....						
	g Total. Add lines 2a-2f.....						
Other Revenue	3 Investment income (including dividends, interest and other similar amounts).....		6.	6.			
	4 Income from investment of tax-exempt bond proceeds..						
	5 Royalties.....						
	6 a Gross rents.....						
	b Less: rental expenses.....						
	c Rental income or (loss)....						
	d Net rental income or (loss).....						
	7 a Gross amount from sales of assets other than inventory.....						
	b Less: cost or other basis and sales expenses.....						
	c Gain or (loss).....						
	d Net gain or (loss).....						
	8 a Gross income from fundraising events (not including \$..... of contributions reported on line 1c). See Part IV, line 18.....		a 61,651.				
	b Less: direct expenses.....		b				
	c Net income or (loss) from fundraising events.....			61,651.			
	9 a Gross income from gaming activities. See Part IV, line 19.....		a				
	b Less: direct expenses.....		b				
	c Net income or (loss) from gaming activities.....						
	10 a Gross sales of inventory, less returns and allowances.....		a				
	b Less: cost of goods sold.....		b				
	c Net income or (loss) from sales of inventory.....						
	Miscellaneous Revenue		Business Code				
	11 a						
b							
c							
d All other revenue.....							
e Total. Add lines 11a-11d.....							
12 Total revenue. See instructions.....			549,089.	6.	0.	0.	

Assets	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other 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		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9	1,562.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	2,084.		
	b	Less: accumulated depreciation	10b	1,042.	10c	1,042.
	11	Investments — publicly traded securities		11		
	12	Investments — other securities. See Part IV, line 11		12		
	13	Investments — program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15	136.	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		93,032.	16	177,731.
Liabilities	17	Accounts payable and accrued expenses		5,866.	17	9,543.
	18	Grants payable		18		
	19	Deferred revenue		7,990.	19	88,332.
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	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		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		13,856.	26	97,875.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
27		Unrestricted net assets		79,176.	27	79,856.
28		Temporarily restricted net assets		28		
29		Permanently restricted net assets		29		
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
30		Capital stock or trust principal, or current funds		30		
31		Paid-in or capital surplus, or land, building, or equipment fund		31		
32		Retained earnings, endowment, accumulated income, or other funds		32		
33		Total net assets or fund balances		79,176.	33	79,856.
34	Total liabilities and net assets/fund balances		93,032.	34	177,731.	

BAA

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1	Total revenue (must equal Part VIII, column (A), line 12)	1	549,089.
2	Total expenses (must equal Part IX, column (A), line 25)	2	548,409.
3	Revenue less expenses. Subtract line 2 from line 1	3	680.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,176.
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	79,856.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form 990 (2014)