

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**INTERNATIONAL WOMEN'S HEALTH COALITION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

333 SEVENTH AVENUE, 6TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10001**F** Name and address of principal officer: **FRANCOISE GIRARD****SAME AS C ABOVE****D** Employer identification number**23-7378153****E** Telephone number**212-979-8500****G** Gross receipts \$ **4,421,009.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.IWHC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1984** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	23		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22		
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	26		
	6	Total number of volunteers (estimate if necessary)	0		
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b		Net unrelated business taxable income from Form 990-T, line 34	0.		
		Prior Year	Current Year		
8		Contributions and grants (Part VIII, line 1h)	4,724,081.	4,065,846.	
9		Program service revenue (Part VIII, line 2g)	0.	0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,948.	4,626.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,598.	41,761.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,791,627.	4,112,233.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,109,705.	1,558,508.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,085,944.	2,472,755.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	25,000.	78,925.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	715,411.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,260,475.	1,108,995.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,481,124.	5,219,183.	
	19	Revenue less expenses. Subtract line 18 from line 12	310,503.	-1,106,950.	
	Net Assets or Fund Balances		Beginning of Current Year	End of Year	
20		Total assets (Part X, line 16)	7,206,422.	6,201,867.	
21		Total liabilities (Part X, line 26)	348,125.	487,016.	
	22	Net assets or fund balances. Subtract line 21 from line 20	6,858,297.	5,714,851.	

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			
	FRANCOISE GIRARD, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ELLEN M. LABITA, CPA, PAR	<i>Ellen M. Labita, CPA</i>	3/5/15	<input type="checkbox"/>	P00140777
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN ▶ 39-0859910			
	Firm's address ▶ 125 BAYLIS ROAD MELVILLE, NY 11747-3823	Phone no. (631) 752-7400			

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

Part III Statement of Program Service Accomplishments

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

☒ X

- 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 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 \$ 1,874,275. including grants of \$ 1,060,116.) (Revenue \$)

STRENGTHENING INTERNATIONAL PARTNERSHIPS - IWHC SUPPORTS AND STRENGTHENS LEADERS AND WOMEN- LED ORGANIZATIONS ("PARTNERS") IN THE GLOBAL SOUTH ADVOCATING FOR THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN AND YOUNG PEOPLE, PARTICULARLY GIRLS. IWHC PROVIDES GRANTS, TECHNICAL ASSISTANCE, AND SUPPORT FOR SOUTH-SOUTH EXCHANGE TO PARTNERS TO ADVOCATE FOR SEXUAL AND REPRODUCTIVE RIGHTS AT COMMUNITY, NATIONAL, AND REGIONAL LEVELS AND TO IMPLEMENT INNOVATIVE PROGRAMS AND DEMONSTRATE EFFECTIVE APPROACHES. IT IDENTIFIES AND INVESTS IN ORGANIZATIONS IN KEY COUNTRIES TO BE LEADING ADVOCATES AND TO STRENGTHEN THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS MOVEMENT BY SERVING AS A REFERENCE POINT, CONNECTING LOCAL TO GLOBAL, ADVANCING EMERGING AND CRITICAL ISSUES, AND SUPPORTING THE NEXT GENERATION OF

4b (Code:) (Expenses \$ 1,481,350. including grants of \$ 498,392.) (Revenue \$)

ADVOCACY AND POLICY - IWHC INFLUENCES GOVERNMENTS, UNITED NATIONS (UN) AGENCIES, AND OTHER MULTILATERAL STAKEHOLDERS TO ADOPT POLICIES AND PROGRAMS THAT ADVANCE WOMEN'S AND YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND HOLD THEM ACCOUNTABLE FOR IMPLEMENTATION. IN PARTICULAR, IT ADVOCATES DIRECTLY AND WITH PARTNERS AT RELEVANT UN AND OTHER INTERGOVERNMENTAL PROCESSES AT THE REGIONAL AND INTERNATIONAL LEVELS AND HOLDS GOVERNMENTS ACCOUNTABLE FOR THEIR COMMITMENTS. IT ADVOCATES DIRECTLY AND PROVIDES GUIDANCE TO MULTILATERAL ORGANIZATIONS (UN POPULATION FUND, WORLD HEALTH ORGANIZATION, UN WOMEN, THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA). IT EDUCATES AND ADVOCATES FOR U.S. GOVERNMENT DECISION-MAKERS TO ADOPT, IMPLEMENT, AND FUND PROGRESSIVE LAWS, POLICIES, AND PROGRAMS,

4c (Code:) (Expenses \$ 473,645. including grants of \$) (Revenue \$)

COALITION INSTITUTIONAL CAPACITY - IWHC SEEKS TO STRENGTHEN ITS OWN INSTITUTIONAL CAPACITY TO ACHIEVE OPERATIONAL EXCELLENCE AND THE HIGHEST STANDARDS OF PROGRAMMATIC WORK, BASED ON OVERALL AND SPECIFIC IN-COUNTRY STRATEGIES, WITH CLARITY ABOUT THE GEOGRAPHIC, ISSUE AND SUBSTANTIVE FOCUS OF OUR INVESTMENTS AND THE TIMEFRAME FOR SUPPORTING PARTNERS. IT MONITORS THE PROGRESS OF ITS OWN WORK AND PERIODICALLY UNDERGOES EXTERNAL ASSESSMENT OF ITS IMPACT.

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

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

4e Total program service expenses 3,829,270.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	23	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	26	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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?		
Note. See the instructions for additional information the organization must report on Schedule 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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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
1a Enter the number of voting members of the governing body at the end of the tax year	23	
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	22	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY, CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **FRANCOISE GIRARD - 212-979-8500**
333 SEVENTH AVENUE, 6TH FLOOR, NEW YORK, NY 10001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) MARLENE HESS CHAIR	5.00 0.00	X		X				0.	0.	0.
(2) DEBORA DINIZ VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(3) SUSAN NITZE VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(4) MARNIE S. PILLSBURY VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(5) CATHERINE A. GELLERT SECRETARY	5.00 0.00	X		X				0.	0.	0.
(6) JOHN E. CRAIG, JR., MPA TREASURER	5.00 0.00	X		X				0.	0.	0.
(7) HOLLY S. ANDERSEN, MD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(8) BRIAN A. BRINK, MD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(9) STUART C. BURDEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(10) JUDY CORMIER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(11) MAJA DARUWALA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(12) ALEXANDER FARMAN-FARMAIAN BOARD MEMBER	1.50 0.00	X						0.	0.	0.
(13) CHRISTINE H. GRUMM BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) MARY MATTSOEN KENWORTHY BOARD MEMBER	1.50 0.00	X						0.	0.	0.
(15) ARYEH NEIER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) DIANA L. TAYLOR BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(17) ANN UNTERBERG BOARD MEMBER	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) SHIREEN UTTAM BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) MAUREEN WHITE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) MATTHEW G. HURD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) SANDRA LAWSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) SISONKE MSIMANG BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) FRANCOISE GIRARD PRESIDENT	35.00 0.00	X		X				234,314.	0.	23,580.
(24) ALISA LYCHEVA CONTROLLER - THRU 01/14/14	35.00 0.00			X				97,812.	0.	4,401.
(25) MELISSA SORRENTINO CONTROLLER - SINCE 02/14	35.00 0.00			X				0.	0.	0.
(26) KATHLEEN GERARD DIRECTOR OF DEVELOPMENT	35.00 0.00					X		159,426.	0.	28,665.
1b Sub-total								491,552.	0.	56,646.
c Total from continuation sheets to Part VII, Section A								387,462.	0.	32,842.
d Total (add lines 1b and 1c)								879,014.	0.	89,488.

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 **5**

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **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? If "Yes," complete Schedule J for such individual **4** **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? If "Yes," complete Schedule J for such person **5** **X**

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

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	1a					
	b Membership dues	1b					
	c Fundraising events	1c	605,533.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	626,106.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,834,207.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			4,065,846.			
Program Service Revenue	2 a _____ Business Code _____						
	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)			4,626.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses		93,537.					
c Rental income or (loss)		55,674.					
d Net rental income or (loss)		37,863.		37,863.		37,863.	
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
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 \$ 605,533. of contributions reported on line 1c). See Part IV, line 18		a	253,102.				
b Less: direct expenses		b	253,102.				
c Net income or (loss) from fundraising events				0.			
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 MISCELLANEOUS INCOME	900099		3,898.	3,898.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			3,898.				
12 Total revenue. See instructions.			4,112,233.	3,898.	0.	42,489.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,321.	2,321.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,556,187.	1,556,187.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	405,403.	163,458.	209,654.	32,291.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,637,484.	1,079,715.	204,009.	353,760.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	120,480.	72,646.	23,712.	24,122.
9 Other employee benefits	140,668.	96,641.	9,605.	34,422.
10 Payroll taxes	168,720.	101,733.	33,206.	33,781.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	43,461.	26,953.	8,250.	8,258.
d Lobbying	52,439.	52,439.		
e Professional fundraising services. See Part IV, line 17	78,925.			78,925.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	136,987.	116,320.	13,402.	7,265.
12 Advertising and promotion				
13 Office expenses	95,576.	54,310.	20,807.	20,459.
14 Information technology				
15 Royalties				
16 Occupancy	314,297.	188,426.	63,492.	62,379.
17 Travel	226,053.	179,068.	45,313.	1,672.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,758.	16,537.	1,101.	1,120.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,227.	25,299.	8,964.	8,964.
23 Insurance	29,338.	18,190.	5,574.	5,574.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL EVENT EXPENSES	34,146.	899.		33,247.
b LICENSES AND PERMITS	30,119.	25,495.	3,127.	1,497.
c MISCELLANEOUS	25,743.	8,788.	16,867.	88.
d STAFF DEVELOPMENT	23,874.	18,458.	3,795.	1,621.
e All other expenses	34,977.	25,387.	3,624.	5,966.
25 Total functional expenses. Add lines 1 through 24e	5,219,183.	3,829,270.	674,502.	715,411.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,338.	1	965.
	2 Savings and temporary cash investments	4,593,806.	2	4,772,030.
	3 Pledges and grants receivable, net	2,504,758.	3	1,311,806.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,232.	9	51,594.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 490,909.		
	b Less: accumulated depreciation	10b 425,437.	80,288.	10c 65,472.
	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	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,206,422.	16	6,201,867.	
Liabilities	17 Accounts payable and accrued expenses	225,866.	17	382,976.
	18 Grants payable	122,259.	18	104,040.
	19 Deferred revenue		19	
	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	348,125.	26	487,016.
	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		5,172,585.	27	4,136,793.
28 Temporarily restricted net assets		1,685,712.	28	1,578,058.
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	6,858,297.	33	5,714,851.	
34 Total liabilities and net assets/fund balances	7,206,422.	34	6,201,867.	

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Part XI Reconciliation of Net AssetsCheck 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	4,112,233.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,219,183.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,106,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,858,297.
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	-36,496.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,714,851.

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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
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 _____	3b	

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s). _____

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4372161.	3181028.	6548279.	4724081.	4065846.	22891395.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4372161.	3181028.	6548279.	4724081.	4065846.	22891395.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6078519.
6 Public support. Subtract line 5 from line 4.						16812876.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4372161.	3181028.	6548279.	4724081.	4065846.	22891395.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,682.	37,055.	110,161.	66,278.	98,163.	321,339.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,061.	4,055.	6,000.	8,956.	4,347.	24,419.
11 Total support. Add lines 7 through 10						23237153.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	72.35	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	71.55	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **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).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER REVENUE**

2009 AMOUNT: \$ 1,061.

2010 AMOUNT: \$ 4,055.

2011 AMOUNT: \$ 6,000.

2012 AMOUNT: \$ 8,956.

2013 AMOUNT: \$ 4,347.

2013

*** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Part II, Line 5	6,078,519.
---	------------

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours ▶

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		52,000.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		439.													
c Total lobbying expenditures (add lines 1a and 1b)		52,439.													
d Other exempt purpose expenditures		5,166,744.													
e Total exempt purpose expenditures (add lines 1c and 1d)		5,219,183.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		410,959.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		102,740.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	326,225.	320,611.	374,441.	410,959.	1,432,236.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,148,354.
c Total lobbying expenditures	9,680.	35,117.	82,352.	52,439.	179,588.
d Grassroots nontaxable amount	81,556.	80,153.	93,610.	102,740.	358,059.
e Grassroots ceiling amount (150% of line 2d, column (e))					537,089.
f Grassroots lobbying expenditures	2,335.	29,062.	29,992.	52,000.	113,389.

Schedule C (Form 990 or 990-EZ) 2013

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

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

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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		98,274.	98,274.	0.
d Equipment		392,635.	327,163.	65,472.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				65,472.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (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 ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,109,431.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	20,449.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	55,674.
e	Add lines 2a through 2d	2e	76,123.
3	Subtract line 2e from line 1	3	4,033,308.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	78,925.
c	Add lines 4a and 4b	4c	78,925.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,112,233.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,216,381.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	20,449.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	55,674.
e	Add lines 2a through 2d	2e	76,123.
3	Subtract line 2e from line 1	3	5,140,258.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	78,925.
c	Add lines 4a and 4b	4c	78,925.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,219,183.

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, LINE 2:**UNCERTAIN TAX POSITIONS - MANAGEMENT HAS EVALUATED THE**

COALITION'S TAX POSITIONS AND CONCLUDED THAT THE COALITION HAS NOT TAKEN

ANY UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

STATEMENTS TO COMPLY WITH THE PROVISIONS OF ACCOUNTING STANDARDS

CODIFICATION 740. GENERALLY, THE COALITION IS NO LONGER SUBJECT TO INCOME

TAX EXAMINATION BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS

BEFORE 2011, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK

PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:**RENTAL EXPENSES**

55,674.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISER EXPENSE 78,925.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 55,674.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISER EXPENSE 78,925.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**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. ▶ See separate instructions.

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

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

Employer identification number

INTERNATIONAL WOMEN'S HEALTH COALITION**23-7378153****Part I 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No****2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	429,712.
EAST ASIA & PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	134,186.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	283,182.
GLOBAL	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	25,250.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	565,264.
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	33,432.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	29,512.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	55,649.
3 a Sub-total	0	0			1,556,187.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,556,187.

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

Schedule F (Form 990) 2013

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	CONDUCT A NATIONWIDE STUDY TO DEVELOP AN UNDERSTANDING OF EARLY AND FORCED RAISE PUBLIC AWARENESS ON EARLY AND FORCED MARRIAGE AND EMPOWER SURVIVORS	36,600.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	PROMOTE YOUNG PEOPLE'S ACCESS TO GENDER-SENSITIVE SEXUALITY EDUCATION	17,075.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	PARTIAL SUPPORT FOR PLANNING THE 6TH AFRICA CONFERENCE ON SEXUAL HEALTH AND SUPPORT LOCAL ORGANIZATION'S BUDGET TO ATTEND CSW58 HELD IN NEW YORK FROM	32,513.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	CAPACITY BUILDING OF COMMUNITY BASED ORGANIZATIONS TO PROVIDE THE LOCAL DOCUMENT THE EFFECTS OF A REVISED TEXTBOOK INTENDED TO FOSTER MORE EQUITABLE GENDER STRENGTHEN LOCAL ORGANIZATION'S ORGANIZATIONAL CAPACITY THROUGH	25,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,		5,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,		50,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,		90,122.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,		40,000.	WIRE TRANSFER	0.		BOOK

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 30

3 Enter total number of other organizations or entities 0

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	PREVENT EARLY AND FORCED MARRIAGE IN MINNA, NIGERIA THROUGH THE PROMOTION	46,100.	WIRE TRANSFER	0.		BOOK
			EAST ASIA AND THE PACIFIC	TO IMPROVE ACCESS TO SAFE ABORTIONS IN ASIA BY ADVOCATING FOR IT AS A GENDER	60,000.	WIRE TRANSFER	0.		BOOK
			SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	SUPPORT COMMONHEALTH, A MULTI-STATE NETWORK IN INDIA, TO STRENGTHEN ADVOCACY	35,600.	WIRE TRANSFER	0.		BOOK
			SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CORE SUPPORT FOR LOCAL ORGANIZATION TO BUILD FEMINIST LEADERSHIP, ADVANCE	70,000.	WIRE TRANSFER	0.		BOOK
			SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROMOTE AND INCREASE THE KNOWLEDGE AND AWARENESS OF SRHR AMONG YOUNG PEOPLE IN	30,000.	WIRE TRANSFER	0.		BOOK
			SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROMOTE THE INSTITUTIONALIZATION OF SEXUAL AND REPRODUCTIVE HEALTH	47,700.	WIRE TRANSFER	0.		BOOK
			GLOBAL	GLOBAL YOUTH STRATEGY MEETING.	25,250.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	ORGANIZE A THREE-DAY MEETING ON ONLINE MOBILIZATION BOOSTING ADVOCACY EFFORTS FOR	25,000.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	ADVOCATE FOR DECRIMINALIZATION OF ABORTION IN ARGENTINA AND STRENGTHEN THE	35,000.	WIRE TRANSFER	0.		BOOK

Schedule F (Form 990)		INTERNATIONAL WOMEN'S HEALTH COALITION					23-7378153			Page 2	
Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)										
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	STRENGTHEN A NETWORK OF PROVIDERS AND LEGAL ADVOCATES OF SAFE ABORTION IN CHILE, COLUMBIA,	40,000.	WIRE TRANSFER	0.		BOOK		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	ADVOCATE FOR DECRIMINALIZATION OF ABORTION IN ARGENTINA FROM A HUMAN RIGHTS	31,800.	WIRE TRANSFER	0.		BOOK		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	TO STRENGTHEN CATHOLICS FOR THE RIGHT TO DECIDE-BRAZIL'S	43,000.	WIRE TRANSFER	0.		BOOK		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	TO STRENGTHEN THE CAPACITY OF YOUNG FEMINIST ACTIVISTS IN PARAGUAY TO	7,000.	WIRE TRANSFER	0.		BOOK		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	TO FACILITATE THE PARTICIPATION OF YOUNG PEOPLE AND REGIONAL EDUCATIONAL	36,200.	WIRE TRANSFER	0.		BOOK		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	USE A CITIZENS' LEGISLATIVE INITIATIVE TO INTRODUCE A BILL TO	97,000.	WIRE TRANSFER	0.		BOOK		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	TO STRENGTHEN THE ABILITY OF PERUVIAN INDIGENOUS YOUTH TO EFFECTIVELY	9,466.	WIRE TRANSFER	0.		BOOK		
			SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	ADVOCATE FOR EXPANDED ACCESS TO SAFE, HIGH QUALITY SEXUAL AND REPRODUCTIVE HEALTH	55,000.	WIRE TRANSFER	0.		BOOK		
			CENTRAL AMERICA AND THE CARIBBEAN	TO STRENGTHEN THE CAPACITY OF LOCAL ORGANIZATIONS TO ADVOCATE EFFECTIVELY	7,100.	WIRE TRANSFER	0.		BOOK		

Part III 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTS TO RECIPIENTS LOCATED IN REGION	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	22	74,186	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION		18	55,649	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION		6	29,512	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION		67	185,798	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION		26	99,882	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION		27	83,062	WIRE TRANSFER	0.		FMV

Schedule F (Form 990) 2013

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2013

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.

PART I, LINE 2:

IWHC HAS A WELL-ESTABLISHED SYSTEM FOR GRANT-MAKING TO LOCAL ORGANIZATIONS THAT MATCHES THOSE USED BY PROMINENT U.S. FOUNDATIONS. IN GENERAL, IWHC DOES NOT ACCEPT UNSOLICITED GRANT PROPOSALS, AND ORGANIZATIONS IT SUPPORTS MUST HAVE DEMONSTRATED COMMITMENT TO IWHC'S MISSION AND BE LOCAL TO THE COUNTRIES AND REGIONS. PROSPECTIVE GRANTEE USUALLY ARE IDENTIFIED THROUGH REFERRAL BY A CURRENT COLLEAGUE IN COUNTRY OR IN THE COURSE OF PROGRAM WORK. IWHC OFTEN WORKS FIRST WITH A FUTURE GRANTEE BY PROVIDING TECHNICAL ASSISTANCE OR BY COLLABORATING ON AN ADVOCACY OR PROGRAMMATIC INITIATIVE. ONCE AN ORGANIZATION IS DEEMED A CANDIDATE, THE PROGRAM OFFICER OR A SENIOR MANAGER PAYS A VISIT AND TALKS TO OTHER LOCAL KNOWN AND TRUSTED COLLEAGUES ABOUT THE POTENTIAL GRANTEE. AFTER INVITING A GRANT PROPOSAL, THE PROGRAM OFFICER/STAFF MEMBER WORKS WITH THE PROSPECTIVE GRANTEE ON THE CONTENT OF THE PROPOSAL. UPON RECEIPT OF AN ACCEPTABLE AND AGREED PROPOSAL, THE PROGRAM OFFICER PREPARES A GRANT JUSTIFICATION MEMO, WHICH IS REVIEWED AND APPROVED BY ONE SENIOR MANAGER, OR TWO FOR GRANT REQUESTS ABOVE \$50,000. IWHC FAVORS GENERAL SUPPORT GRANTS.

IWHC STAFF PROVIDE ADVICE AND FEEDBACK ON ACTIVITIES AND PLANS TO GRANTEE PARTNERS. IN ADDITION, DURING THE PROPOSAL DEVELOPMENT PROCESS, IWHC STAFF EVALUATE THE ORGANIZATION'S INSTITUTIONAL CAPACITY AND ABILITY TO IMPLEMENT ACTIVITIES AND ARRANGE TECHNICAL ASSISTANCE AS NEEDED.

AN IWHC PROGRAM OFFICER VISITS THE GRANTEE AT LEAST ONCE TO CHECK ON PROGRESS AND TO HELP WITH CHALLENGES. BETWEEN VISITS, THERE IS FREQUENT INTERACTION BY TELEPHONE AND EMAIL. GRANTEES SUBMIT INTERIM AND FINAL

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.

FINANCIAL AND NARRATIVE REPORTS. PAYMENTS ARE MADE IN INSTALLMENTS AND ARE CONTINGENT ON TIMELY SUBMISSION AND ACCEPTANCE OF THE REQUIRED REPORTS. THROUGH THESE VISITS, COMMUNICATIONS AND REPORTS, THE PROGRAM OFFICER TRACKS AND ANALYZES PROGRESS AGAINST GRANTEE'S ANNUAL PROGRAM PLANS. QUALITATIVE AND QUANTITATIVE INFORMATION ARE DOCUMENTED AND REPORTED TO SENIOR MANAGEMENT.

IWHC RECORDS GRANT INFORMATION IN A GRANTS MANAGEMENT SOFTWARE CALLED MICROEDGE GIFTS. THIS SOFTWARE IS DESIGNED TO CREATE, TRACK, AND EXECUTE BOTH ORGANIZATIONAL AND INDIVIDUAL TRAINING & ADVOCACY GRANTS. GIFTS CAN ALSO BE USED TO GENERATE GRANT JUSTIFICATION MEMOS, GRANT AWARD LETTERS, GRANT PAYMENTS, AND OTHER DOCUMENTS RELATED TO THE GRANT-MAKING PROCESS.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: CONDUCT A NATIONWIDE STUDY TO DEVELOP AN UNDERSTANDING OF EARLY AND FORCED MARRIAGE IN CAMEROON FROM A REGIONAL PERSPECTIVE AND STRENGTHEN SURVIVOR-LED INITIATIVES TO STOP THE PRACTICE.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: RAISE PUBLIC AWARENESS ON EARLY AND FORCED MARRIAGE AND EMPOWER SURVIVORS IN THE EXTREME NORTH REGION OF CAMEROON.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: PROMOTE YOUNG PEOPLE'S ACCESS TO GENDER-SENSITIVE SEXUALITY EDUCATION IN CAMEROON BY BUILDING A COALITION OF CIVIL-SOCIETY ORGANIZATIONS TO ADVOCATE JOINTLY WITH THE GOVERNMENT AND RAISE THE LOCAL

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.

ORGANIZATION'S VISIBILITY AS THE LEADING SOURCE OF COMPREHENSIVE INFORMATION.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: PARTIAL SUPPORT FOR PLANNING THE 6TH AFRICA CONFERENCE ON SEXUAL HEALTH AND RIGHTS HELD FEBRUARY 3 - 7, 2014 IN YAOUNDE, CAMEROON.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: SUPPORT LOCAL ORGANIZATION'S BUDGET TO ATTEND CSW58 HELD IN NEW YORK FROM MARCH 10-21, 2014.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: CAPACITY BUILDING OF COMMUNITY BASED ORGANIZATIONS TO PROVIDE THE LOCAL ORGANIZATIONS INFORMATION AND SUPPORT TO ADOLESCENT GIRLS IN WESTERN KENYA AND ADVOCACY FOR STRONG ASRHR POLICIES AND PROGRAMS AT COUNTY LEVEL.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: DOCUMENT THE EFFECTS OF A REVISED TEXTBOOK INTENDED TO FOSTER MORE EQUITABLE GENDER NORMS AND CRITICAL THINKING SKILLS AMONG STUDENTS AND TEACHERS, IN ORDER TO STRENGTHEN IMPLEMENTATION OF THE FAMILY LIFE AND HIV EDUCATION (FLHE) PROGRAM IN LAGOS STATE.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: STRENGTHEN LOCAL ORGANIZATION'S ORGANIZATIONAL CAPACITY THROUGH SUPPORT FOR THE LEADERSHIP TRANSITION AND THE

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.

DEVELOPMENT OF A WELL-ARTICULATED FIVE-YEAR STRATEGIC PLAN.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: PREVENT EARLY AND FORCED MARRIAGE IN MINNA,
NIGERIA THROUGH THE PROMOTION OF GIRL'S EDUCATION AND LEADERSHIP.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO IMPROVE ACCESS TO SAFE ABORTIONS IN ASIA BY
ADVOCATING FOR IT AS A GENDER AND RIGHTS ISSUE.

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(D) PURPOSE OF GRANT: SUPPORT COMMONHEALTH, A MULTI-STATE NETWORK IN
INDIA, TO STRENGTHEN ADVOCACY ON MATERNAL HEALTH AND SAFE ABORTION
THROUGH STRENGTHENING ITS MEMBERSHIP, TRAINING ITS MEMBERS AND OTHER
HEALTH ADVOCATES TO MONITOR PUBLIC SECTOR MATERNAL HEALTH CARE.

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(D) PURPOSE OF GRANT: CORE SUPPORT FOR LOCAL ORGANIZATION TO BUILD
FEMINIST LEADERSHIP, ADVANCE WOMEN'S HUMAN RIGHTS AND EXPAND SEXUAL AND
REPRODUCTIVE FREEDOMS THROUGH CAPACITY BUILDING, ADVOCACY, KNOWLEDGE
RESOURCES AND PUBLIC EVENTS.

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(D) PURPOSE OF GRANT: PROMOTE AND INCREASE THE KNOWLEDGE AND AWARENESS

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.

OF SRHR AMONG YOUNG PEOPLE IN INDIA BY COMPLETING A WORKING PAPER ON CSE THAT MAPS THE POLICY AND PROGRAMMATIC LANDSCAPE, COORDINATING A CORE GROUP OF STAKEHOLDERS TO ADVOCATE FOR CSE.

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(D) PURPOSE OF GRANT: PROMOTE THE INSTITUTIONALIZATION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) EDUCATION AND SERVICES IN SCHOOLS OF SINDH PROVINCE, PAKISTAN BY TRAINING TEACHERS TO IMPLEMENT LOCAL ORGANIZATION'S SRHR CURRICULUM.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: ORGANIZE A THREE-DAY MEETING ON ONLINE MOBILIZATION BOOSTING ADVOCACY EFFORTS FOR THE LEGALIZATION OF ABORTION IN BRAZIL.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: ADVOCATE FOR DECRIMINALIZATION OF ABORTION IN ARGENTINA AND STRENGTHEN THE NATIONAL CAMPAIGN FOR THE RIGHT TO LEGAL, SAFE, AND FREE ABORTION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: STRENGTHEN A NETWORK OF PROVIDERS AND LEGAL ADVOCATES OF SAFE ABORTION IN ARGENTINA TO DEVELOP SUSTAINABLE PUBLIC

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.

HEALTH POLICIES AND SERVICES THAT COMPLY WITH EXISTING LEGAL ABORTION
REGULATIONS THROUGH AN ONLINE COMMUNITY OF PRACTICE.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: ADVOCATE FOR DECRIMINALIZATION OF ABORTION IN
ARGENTINA FROM A HUMAN RIGHTS PERSPECTIVE BY MEETING WITH LEGISLATORS,
DRAFTING WORKING PAPERS, AND CARRYING OUT MEDIA WORK.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: TO STRENGTHEN CATHOLICS FOR THE RIGHT TO
DECIDE-BRAZIL'S ABILITY TO SERVE AS A COUNTERWEIGHT TO THE ANTI-CHOICE
ACTIVISM OF THE CATHOLIC CHURCH AND OTHER ACTORS WHO OPPOSE SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS (SRHR).

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: TO STRENGTHEN THE CAPACITY OF YOUNG FEMINIST
ACTIVISTS IN PARAGUAY TO EFFECTIVELY ENGAGE IN THE POST-2015 PROCESS
THROUGH TRAINING AND ADVOCACY ACTIVITIES.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: TO FACILITATE THE PARTICIPATION OF YOUNG PEOPLE
AND REGIONAL EDUCATIONAL AUTHORITIES IN THE IMPLEMENTATION OF THE NEW
NATIONAL EDUCATIONAL FRAMEWORK, WHICH INCLUDES SEXUALITY EDUCATION, IN

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.

THREE REGIONS OF PERU.(A) REGION:SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: USE A CITIZENS' LEGISLATIVE INITIATIVE TO
INTRODUCE A BILL TO DECRIMINALIZE ABORTION IN THE CASE OF RAPE TO THE
PERUVIAN CONGRESS. TO CREATE A NETWORK OF PUBLIC-SECTOR SAFE AND LEGAL
ABORTION PROVIDERS COMMITTED TO EXPANDING ACCESS TO HIGH QUALITY ABORTION
SERVICES IN PERU.

(A) REGION:SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: TO STRENGTHEN THE ABILITY OF PERUVIAN INDIGENOUS
YOUTH TO EFFECTIVELY COMMUNICATE AND ADVOCATE FOR THE PRIORITIES AND
RECOMMENDATIONS OF THE MONTEVIDEO CONSENSUS IN THEIR RESPECTIVE
COMMUNITIES.

(A) REGION:SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: ADVOCATE FOR EXPANDED ACCESS TO SAFE, HIGH QUALITY
SEXUAL AND REPRODUCTIVE HEALTH SERVICES, INCLUDING ABORTION SERVICES, IN
URUGUAY BY MONITORING AND DOCUMENTING THE IMPLEMENTATION OF THE 2012 LAW
ALLOWING ABORTION UP TO 12 WEEKS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO STRENGTHEN THE CAPACITY OF LOCAL ORGANIZATIONS
TO ADVOCATE EFFECTIVELY FOR COMPREHENSIVE SEXUALITY EDUCATION (CSE) IN

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.

PRIMARY AND SECONDARY SCHOOLS IN BELIZE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO DISSEMINATE THE MONTEVIDEO CONSENSUS AND ICPD BEYOND 2014 REVIEW PROCESS IN FIVE REGIONS OF GUATEMALA THROUGH THE CAPACITY BUILDING OF FIVE GOJOVEN REGIONAL CHAPTER MEMBERS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO STRENGTHEN THE CAPACITY OF YOUNG PEOPLE IN HONDURAS TO ADVOCATE EFFECTIVELY THROUGH THE DISSEMINATION AND MONITORING THE MONTEVIDEO CONSENSUS OF THE REGIONAL REVIEW ON POPULATION AND DEVELOPMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO STRENGTHEN THE CAPACITY OF 25 YOUTH ACTIVISTS IN JAMAICA TO RAISE AWARENESS AND INFLUENCE POLICY AND PROGRAMMING ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) THROUGH ADVOCACY ACTIVITIES AND POST-2015 TRAINING.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number	23-7378153
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Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SUSAN BELL - 11 RIVERSIDE DRIVE, NEW YORK, NY 10023	EVENT PLANNING		X	0.	78,925.	0.
Total					78,925.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY, CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA EVENT (event type)	30TH ANNIVERSARY (event type)	NONE (total number)	
Revenue	1 Gross receipts	712,815.	145,820.		858,635.
	2 Less: Contributions	576,224.	29,309.		605,533.
	3 Gross income (line 1 minus line 2)	136,591.	116,511.		253,102.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	58,292.	92,069.		150,361.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	78,299.	24,442.		102,741.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				253,102.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2B, COLUMN (V):

PER CONTRACT, IWHC PAID FOR ADDITIONAL EXPENSES \$3,925.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2013

Part III Supplemental Information

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

PART I, LINE 3:

THE BOARD DECIDES THE COMPENSATION OF THE PRESIDENT. PRIOR
TO THE DECISION, THE BOARD WILL ASK, AS APPROPRIATE, FOR COMPARABILITY DATA
THAT THE HUMAN RESOURCE MANAGER COMPILES DURING THE YEAR. MINUTES OF THE
MEETINGS ARE WRITTEN.

THE PRESIDENT DECIDES THE SALARY OF KEY EMPLOYEES ALSO BASED ON INDEPENDENT
RESEARCH AND COMPARABILITY DATA. FOR THOSE KEY EMPLOYEES WITH SALARIES
OVER \$150K, THE PRESIDENT WILL BRING RECOMMENDATIONS AND JUSTIFICATION FOR
INCREASES TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR DISCUSSION AND
COMMENTS. MINUTES OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED.

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.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IWHC ADVANCES THE SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH OF WOMEN AND YOUNG PEOPLE, PARTICULARLY ADOLESCENT GIRLS, IN AFRICA, ASIA, LATIN AMERICA AND THE MIDDLE EAST. IWHC FURTHERS THIS AGENDA BY SUPPORTING AND STRENGTHENING LOCAL LEADERS AND ORGANIZATIONS WORKING AT THE COMMUNITY, NATIONAL, REGIONAL, AND GLOBAL LEVELS, AND BY ADVOCATING FOR INTERNATIONAL AND U.S. POLICIES, PROGRAMS, AND FUNDING. IWHC BUILDS BRIDGES BETWEEN LOCAL REALITIES AND INTERNATIONAL POLICY BY CONNECTING WOMEN AND YOUNG PEOPLE IN THE GLOBAL SOUTH TO KEY DECISION-MAKERS. IN DOING SO, IWHC BRINGS LOCAL VOICES TO GLOBAL DEBATES AND IN TURN, MAKES GLOBAL PROCESSES AND POLICIES MORE UNDERSTANDABLE AND ACTIONABLE AT THE LOCAL LEVEL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IWHC ADVANCES THE SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH OF WOMEN AND YOUNG PEOPLE, PARTICULARLY ADOLESCENT GIRLS, IN AFRICA, ASIA, LATIN AMERICA AND THE MIDDLE EAST. IWHC FURTHERS THIS AGENDA BY SUPPORTING AND STRENGTHENING LOCAL LEADERS AND ORGANIZATIONS WORKING AT THE COMMUNITY, NATIONAL, REGIONAL, AND GLOBAL LEVELS, AND BY ADVOCATING FOR INTERNATIONAL AND U.S. POLICIES, PROGRAMS, AND FUNDING. IWHC BUILDS BRIDGES BETWEEN LOCAL REALITIES AND INTERNATIONAL POLICY BY CONNECTING WOMEN AND YOUNG PEOPLE IN THE GLOBAL SOUTH TO KEY DECISION-MAKERS. IN DOING SO, IWHC BRINGS LOCAL VOICES TO GLOBAL DEBATES AND IN TURN, MAKES GLOBAL PROCESSES AND POLICIES MORE UNDERSTANDABLE AND ACTIONABLE AT THE LOCAL LEVEL.

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

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

LEADERSHIP. IT PROVIDES RESPONSE AND RAPID FUNDING TO ORGANIZATIONS RESPONDING TO URGENT OPPORTUNITIES OR CRISES AND TRAINS, MENTORS, AND SUPPORTS HIGH POTENTIAL LEADERS TO ADVOCATE FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AT ALL LEVELS, PARTICULARLY REGIONAL AND GLOBAL. IT ALSO RAISES THE PROFILE OF PARTNERS AND THEIR WORK THROUGH SOCIAL AND MAINSTREAM MEDIA. IWHC GENERATES KNOWLEDGE AND PROVIDES THOUGHT LEADERSHIP TO INFORM AND INFLUENCE ADVOCACY, POLICY-MAKING, AND PROGRAMMING ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. IT DOCUMENTS AND EVALUATES, DIRECTLY AND WITH PARTNERS, INNOVATIVE AND EFFECTIVE PROGRAM APPROACHES AND ADVOCACY STRATEGIES. IT IDENTIFIES GAPS IN KNOWLEDGE AND THINKING ON CRITICAL ISSUES AND GENERATES EVIDENCE AND DISCUSSION ON THESE ISSUES. IT CONVENES PARTNERS AND OTHER COLLEAGUES TO ADVANCE KNOWLEDGE AND THINKING ON CRITICAL ISSUES. IT ALSO MAPS KEY AUDIENCES AND DEVELOPS PLANS TO REACH THEM THROUGH DISSEMINATION OF LESSONS GENERATED BY DOCUMENTATION, CONVENING, AND EVALUATION. IT DISTILLS LESSONS FROM IWHC'S ADVOCACY AND MOVEMENT-BUILDING WORK AND SHARES WITH THE FIELD. ADDITIONALLY, IT PROVIDES EXPERT COMMENTARY IN MAINSTREAM AND SOCIAL MEDIA, AND IN SPECIALIZED PUBLICATIONS.

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

WITH A FOCUS ON CHILD MARRIAGE, ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND SEXUAL RIGHTS. IWHC ALSO PROVIDES LEADERSHIP TO COLLABORATE WITHIN WOMEN'S RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS COALITIONS, AND ADVANCES THE LEADERSHIP OF MARGINALIZED PERSONS, WOMEN, AND YOUNG PEOPLE FROM THE GLOBAL SOUTH. IT USES ONLINE AND TRADITIONAL MEDIA AND IWHC PUBLICATIONS TO INFORM AND INFLUENCE ACTIVISTS AND DECISION-MAKERS INVOLVED IN U.S., REGIONAL, AND GLOBAL

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

POLICY PROCESSES.

FORM 990, PART VI, SECTION A, LINE 4:

CHANGES WERE MADE TO THE GOVERNING DOCUMENTS TO CONFORM WITH
THE NEW YORK STATE NON PROFIT REVITALIZATION ACT.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS DISTRIBUTED TO THE FULL BOARD AFTER IT IS REVIEWED
AND ACCEPTED BY THE AUDIT COMMITTEE. THE FULL BOARD REVIEWS AND APPROVES
THE 990 AND COMMENTS BEFORE IT IS SIGNED AND SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, AT THE JUNE BOARD MEETING, THE STAFF IN CHARGE OF
THE BOARD LIAISON WILL COLLECT ALL DISCLOSURE STATEMENTS AND GIVE THEM TO
THE AUDIT COMMITTEE CHAIR WHO WILL REVIEW THEM FOR REPORTED OR POTENTIAL
CONFLICTS. FOR ANY REPORTED AND POTENTIAL CONFLICTS INVOLVING INTERESTED
PERSONS OTHER THAN EMPLOYEES, THE AUDIT COMMITTEE CHAIR WILL ASK THE AUDIT
COMMITTEE TO REVIEW AND TO DETERMINE APPROPRIATE ACTION. THE MINUTES OF THE
AUDIT COMMITTEE MEETING WILL RECORD ALL DETERMINATIONS AND DECISIONS. THE
AUDIT COMMITTEE CHAIR WILL THEN RETURN THE DISCLOSURE STATEMENTS TO THE
BOARD LIAISON WHO WILL ENSURE THEY ARE STORED IN A LOCKED FILE IN THE
INTERNATIONAL WOMEN'S HEALTH COALITION'S FILE ROOM.

UPON HIRE, AND THEN ANNUALLY, UPON COMPLETION OF THE PERFORMANCE
EVALUATIONS, THE HUMAN RESOURCE MANAGER WILL COLLECT ALL EMPLOYEE
DISCLOSURE STATEMENTS AND GIVE THEM TO THE PRESIDENT WHO WILL REVIEW THEM
FOR REPORTED OR POTENTIAL CONFLICTS.

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

CONFLICTS OF INTEREST MAY ARISE DURING THE YEAR IN CONNECTION WITH AN EXISTING OR NEW TRANSACTION OR ARRANGEMENT. IN SUCH CASES, THE INTERESTED PERSON(S) WILL DISCLOSE IN WRITING THE ACTUAL OR POSSIBLE CONFLICT AND ALL MATERIAL FACTS TO THE AUDIT COMMITTEE CHAIR (OR PRESIDENT, IN THE CASE OF EMPLOYEES) WHO WILL FOLLOW THE PROCEDURES ABOVE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD DECIDES THE COMPENSATION OF THE PRESIDENT. PRIOR TO THE DECISION, THE BOARD WILL ASK, AS APPROPRIATE, FOR COMPARABILITY DATA THAT THE HUMAN RESOURCE MANAGER COMPILES DURING THE YEAR. MINUTES OF THE MEETINGS ARE WRITTEN.

THE PRESIDENT DECIDES THE SALARY OF KEY EMPLOYEES ALSO BASED ON INDEPENDENT RESEARCH AND COMPARABILITY DATA. FOR THOSE KEY EMPLOYEES WITH SALARIES OVER \$150K, THE PRESIDENT WILL BRING RECOMMENDATIONS AND JUSTIFICATION FOR INCREASES TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR DISCUSSION AND COMMENTS. MINUTES OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE POSTED ON THE INTERNATIONAL WOMEN'S HEALTH COALITION'S (IWHC) WEBSITE, SUBMITTED TO CHARITY WATCHDOGS FOR PUBLIC VIEWING AND AVAILABLE UPON REQUEST.

THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY TRANSLATION LOSS -36,496.