

EXTENDED TO AUGUST 17, 2020

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2018**Open to Public  
Inspection**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INTERNATIONAL WOMEN'S HEALTH COALITION</b>		<b>D</b> Employer identification number <b>23-7378153</b>
	Doing business as		<b>E</b> Telephone number <b>212-979-8500</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>7,976,574.</b>
	<b>333 SEVENTH AVENUE, 6TH FLOOR</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10001</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>FRANCOISE GIRARD</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.IWHC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>NY</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>38</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>23</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>6,178,326.</b>	<b>Current Year</b> <b>7,877,635.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>33,887.</b>	<b>33,790.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-115,734.</b>	<b>-130,767.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,096,479.</b>	<b>7,780,658.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,369,451.</b>	<b>2,800,321.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,312,753.</b>	<b>3,316,203.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>65,000.</b>	<b>59,122.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>981,922.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,724,432.</b>	<b>2,150,925.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,471,636.</b>	<b>8,326,571.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,375,157.</b>	<b>-545,913.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>9,369,350.</b>	<b>End of Year</b> <b>9,017,893.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>619,884.</b>	<b>814,340.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,749,466.</b>	<b>8,203,553.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>FRANCOISE GIRARD, PRESIDENT</b>		Date
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELLEN M. LABITA, CPA</b>	Preparer's signature <b>Ellen Labita CPA</b>	Date <b>2/19/20</b>
	Firm's name <b>BAKER TILLY VIRCHOW KRAUSE, LLP</b>	Firm's EIN <b>39-0859910</b>	Check if self-employed <input checked="" type="checkbox"/> PTIN <b>P00140777</b>
	Firm's address <b>125 BAYLIS ROAD SUITE 300 MELVILLE, NY 11747</b>	Phone no. <b>631.752.7400</b>	

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 \$ 3,370,260. including grants of \$ 2,357,259. ) (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 \$ 1,304,267. including grants of \$ 259,605. ) (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). IT EDUCATES AND ADVOCATES FOR U.S. GOVERNMENT DECISION-MAKERS TO ADOPT, IMPLEMENT, AND FUND PROGRESSIVE LAWS, POLICIES, AND PROGRAMS, WITH A FOCUS ON CHILD MARRIAGE, ADOLESCENT

4c (Code: ) (Expenses \$ 1,127,562. including grants of \$ 25,900. ) (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 \$ 642,501. including grants of \$ 157,557. ) (Revenue \$ )

4e Total program service expenses 6,444,590.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4 <b>Section 501(c)(3) organizations.</b> 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>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>38</b> X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 38	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 38		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X



**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

☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year <span style="float: right;">24</span> 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>b</b> Enter the number of voting members included in line 1a, above, who are independent <span style="float: right;">23</span>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	X
<b>3</b> 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?	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	X
<b>7a</b> 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?	<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	X
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	X
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA, NY, CO, GA, IL, MA, MS, NJ, NM, OH, PA, SC**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records **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 Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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) KATHLEEN REGAN BOARD CHAIR	4.00 0.00	X		X				0.	0.	0.
(2) ALEXANDER M. FARMAN-FARMAIAN VICE CHAIR	4.00 0.00	X		X				0.	0.	0.
(3) SISONKE MSIMANG VICE CHAIR	4.00 0.00	X		X				0.	0.	0.
(4) SARAH BILLINGHURST SOLOMON VICE CHAIR	4.00 0.00	X		X				0.	0.	0.
(5) HELENA CHOI SECRETARY	4.00 0.00	X		X				0.	0.	0.
(6) KIRTNA PAI TREASURER	4.00 0.00	X		X				0.	0.	0.
(7) FADEKEMI AKINFADERIN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(8) GEORGE C. BIDDLE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(9) BRIAN A. BRINK BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(10) STUART C. BURDEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(11) JOHN E. CRAIG, JR. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(12) DEBORA DINIZ BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(13) CATHERINE A. GELLERT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) CHRISTINE H. GRUMM BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(15) MARLENE HESS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) MATTHEW G. HURD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(17) MICHU JIGARJIAN 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) SANDRA G. LAWSON BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(19) ARYEH NEIER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) SUSAN NITZE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) JAMEELA PEDICINI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) MARNIE S. PILLSBURY BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(23) DIANA L. TAYLOR BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) FRANCOISE GIRARD PRESIDENT	35.00 0.00	X		X				249,858.	0.	33,467.
(25) Yael GOTTLIEB VP, DEVELOPMENT & COMMUNICATIONS	35.00 0.00					X		180,109.	0.	28,530.
(26) MELISSA SORRENTINO DIRECTOR, FINANCE & ADMINISTRATION	35.00 0.00					X		138,522.	0.	24,811.
<b>1b Sub-total</b>								568,489.	0.	86,808.
<b>c Total from continuation sheets to Part VII, Section A</b>								385,840.	0.	60,833.
<b>d Total (add lines 1b and 1c)</b>								954,329.	0.	147,641.

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 **7**

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

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

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

	Yes	No
3		X
4	X	
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



832201  
04-01-18

**Part VIII Statement of Revenue**Check 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	1,434,891.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,442,744.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			7,877,635.			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			33,790.			33,790.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
		(i) Real	(ii) Personal				
	<b>6 a</b> Gross rents						
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,434,891. of contributions reported on line 1c). See Part IV, line 18	a	64,000.				
	<b>b</b> Less: direct expenses	b	195,916.				
	<b>c</b> Net income or (loss) from fundraising events			-131,916.			-131,916.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	a					
	<b>b</b> Less: direct expenses	b					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	a						
<b>b</b> Less: cost of goods sold	b						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS INCOME		900099	1,149.	1,149.			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			1,149.				
<b>12 Total revenue.</b> See instructions			7,780,658.	1,149.	0.	-98,126.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	7,353.	7,353.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,792,968.	2,792,968.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	302,540.	215,119.	45,272.	42,149.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,344,749.	1,426,828.	428,700.	489,221.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,273.	103,423.	34,798.	30,052.
<b>9</b> Other employee benefits	305,783.	188,466.	62,582.	54,735.
<b>10</b> Payroll taxes	194,858.	120,212.	39,740.	34,906.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	9,696.	140.	9,502.	54.
<b>c</b> Accounting	52,406.	759.	51,358.	289.
<b>d</b> Lobbying	88,000.	88,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17	59,122.			59,122.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	374,156.	328,938.	18,377.	26,841.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	128,857.	85,309.	17,157.	26,391.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	618,998.	402,271.	108,589.	108,138.
<b>17</b> Travel	335,300.	306,354.	15,749.	13,197.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	188,116.	156,318.	9,807.	21,991.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	36,701.	22,753.	6,066.	7,882.
<b>23</b> Insurance	39,814.	24,785.	7,489.	7,540.
<b>24</b> 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.)				
<b>a</b> <u>LICENSES AND PERMITS</u>	74,682.	49,095.	10,818.	14,769.
<b>b</b> <u>EQUIP RENTAL &amp; REPAIRS</u>	71,154.	44,589.	12,803.	13,762.
<b>c</b> <u>MISCELLANEOUS</u>	45,150.	36,585.	2,747.	5,818.
<b>d</b> <u>DUES AND SUBSCRIPTIONS</u>	33,542.	29,601.	1,784.	2,157.
<b>e</b> All other expenses	54,353.	14,724.	16,721.	22,908.
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,326,571.	6,444,590.	900,059.	981,922.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	1,349.	1	1,285.
	2 Savings and temporary cash investments	6,272,397.	2	6,734,219.
	3 Pledges and grants receivable, net	2,916,625.	3	1,746,158.
	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	121,141.	9	173,632.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 618,176.		
	b Less: accumulated depreciation	10b 289,580.	10c 32,485.	328,596.
	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	25,353.	15	34,003.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,369,350.	16	9,017,893.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	219,765.	17	435,981.
	18 Grants payable	306,001.	18	121,000.
	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	94,118.	25	257,359.
	26 <b>Total liabilities.</b> Add lines 17 through 25	619,884.	26	814,340.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		5,030,122.	27	5,417,516.
28 Temporarily restricted net assets		3,719,344.	28	2,786,037.
29 Permanently restricted net assets			29	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
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 <b>Total net assets or fund balances</b>		8,749,466.	33	8,203,553.
34 <b>Total liabilities and net assets/fund balances</b>		9,369,350.	34	9,017,893.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,780,658.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,326,571.
3	Revenue less expenses. Subtract line 2 from line 1	3	-545,913.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,749,466.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,203,553.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <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		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	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.	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?		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		

Form 990 (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3714886.	7059087.	12061492.	6178326.	7877635.	36891426.
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 <b>Total.</b> Add lines 1 through 3	3714886.	7059087.	12061492.	6178326.	7877635.	36891426.
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)						18803910.
6 <b>Public support.</b> Subtract line 5 from line 4.						18087516.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3714886.	7059087.	12061492.	6178326.	7877635.	36891426.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	93,359.	106,665.	110,787.	133,526.	33,790.	478,127.
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 VI.)	2,216.	8,947.	38,804.	2,299.	1,149.	53,415.
11 <b>Total support.</b> Add lines 7 through 10						37422968.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	48.33	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	46.10	%
16a <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 <b>Private foundation.</b> 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"/>		

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

**Section B - Minimum Asset Amount**

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

**Section C - Distributable Amount**

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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

2014 AMOUNT: \$ 2,216.

2015 AMOUNT: \$ 8,947.

2016 AMOUNT: \$ 38,804.

2017 AMOUNT: \$ 2,299.

2018 AMOUNT: \$ 1,149.

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 campaign activity expenditures

▶ \$

3 Volunteer hours for political campaign activities

▶

**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) 2018

LHA

832041 11-08-18

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		6,036.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		81,964.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		88,000.													
<b>d</b> Other exempt purpose expenditures		8,278,571.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		8,366,571.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		568,329.													
<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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		142,082.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	436,621.	478,250.	523,579.	568,329.	2,006,779.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					3,010,169.
<b>c</b> Total lobbying expenditures	224,080.	17,078.	59,500.	88,000.	388,658.
<b>d</b> Grassroots nontaxable amount	109,155.	119,563.	130,895.	142,082.	501,695.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					752,543.
<b>f</b> Grassroots lobbying expenditures	3,890.	11,337.		6,036.	21,263.

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

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, lines 1 and 2 (see instructions); 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" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
Open 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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and 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" on 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 a 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 7/25/06, 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? .....

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

☐ Yes ☐ No

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" on 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) Revenue included on 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 Revenue included on 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" on 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? \_\_\_\_\_

☐ Yes

☐ No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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		336,387.	114,207.	222,180.
d Equipment		281,789.	175,373.	106,416.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 328,596.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on 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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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) DEFERRED RENT	223,356.
(3) OTHER LIABILITIES	34,003.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	257,359.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,761,536.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	40,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	40,000.
3	Subtract line 2e from line 1	3	7,721,536.
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	59,122.
c	Add lines 4a and 4b	4c	59,122.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,780,658.

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

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

1	Total expenses and losses per audited financial statements	1	8,307,449.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	40,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	40,000.
3	Subtract line 2e from line 1	3	8,267,449.
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	59,122.
c	Add lines 4a and 4b	4c	59,122.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,326,571.

**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:**

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.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES 59,122.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES 59,122.

<b>Part XIII</b>	<b>Supplemental Information</b> (continued)
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**Open 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	827,135.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	387,368.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	160,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	965,400.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	10,000.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	55,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	30,000.
<b>3 a Subtotal</b>	0	0			2,434,903.
<b>b Total from continuation sheets to Part I</b>	0	0			0.
<b>c Totals (add lines 3a and 3b)</b>	0	0			2,434,903.

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

Schedule F (Form 990) 2018

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	GENERAL SUPPORT FOR PROGRAMMING ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN	130,000.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	GENERAL OPERATING SUPPORT FOR ADVOCACY EFFORTS AND IMPACT MONITORING REGARDING	112,500.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	TO ADVOCATE FOR REGIONAL AND NATIONAL LEVEL POLICIES THAT AIM TO ELIMINATE ALL	48,000.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	TO EMPOWER AT-RISK GIRLS AND SURVIVORS OF EARLY AND FORCED MARRIAGE THROUGH	32,000.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA	GENERAL SUPPORT FOR CDD-ARGENTINA TO EXPAND ACCESS TO AND PUBLIC SUPPORT FOR	216,000.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA	TO STRENGTHEN CATHOLICS FOR THE RIGHT TO	90,000.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA	DECIDE-BRAZIL'S TO INCREASE ACCESS TO SAFE AND LEGAL ABORTION IN ARGENTINA.	117,000.	WIRE TRANSFER	0.		BOOK
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT NATIONAL AND INTERNATIONAL ADVOCACY WORK TO ADVANCE WOMEN AND	30,000.	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 **49**

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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)
			MIDDLE EAST AND NORTH AFRICA	TO SUPPORT WORK TO ADVANCE WOMEN AND GIRLS' HUMAN RIGHTS.	62,000.	WIRE TRANSFER	0.		BOOK
				GENERAL SUPPORT TO STRENGTHEN THE BRAZILIAN WOMEN'S MOVEMENT AND DEFEND	150,000.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA	GENERAL SUPPORT TO ADVANCE AND SAFEGUARD SEXUAL AND REPRODUCTIVE HEALTH	5,500.	WIRE TRANSFER	0.		BOOK
				SUPPORT TO BEGIN CONSTRUCTION OF "CASA CIARENA" AND TO IMPROVE THE	25,000.	WIRE TRANSFER	0.		BOOK
			NORTH AMERICA	GENERAL SUPPORT FOR COMBAT TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH	10,000.	WIRE TRANSFER	0.		BOOK
				GENERAL SUPPORT TO BUILD AND STRENGTHEN FEMINIST LEADERSHIP, ADVANCE HUMAN RIGHTS	125,000.	WIRE TRANSFER	0.		BOOK
			SOUTH ASIA	PROJECT SUPPORT FOR THE GLOBAL GAG RULE DOCUMENTATION PROJECT TO CONTRIBUTE TO THE	27,368.	WIRE TRANSFER	0.		BOOK
				PROJECT SUPPORT FOR CRITICAL STUDIES IN SEXUALITIES AND REPRODUCTION (CSSR)	22,050.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	GENERAL SUPPORT TO CONTINUE INTERSECTIONAL FEMINIST MOVEMENT	30,000.	WIRE TRANSFER	0.		BOOK



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	TO STRENGTHEN FEMINIST YOUTH LEADERSHIP IN SEXUAL AND REPRODUCTIVE	130,000.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	PROJECT SUPPORT FOR THE GLOBAL GAG RULE DOCUMENTATION PROJECT TO CONTRIBUTE TO THE	26,308.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	GENERAL SUPPORT TO EXPAND ACCESS TO SAFE ABORTION FOR WOMEN AND GIRLS IN NIGERIA.	30,000.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA	TO PROVIDE GENERAL SUPPORT TO ADVANCE AND DEFEND WOMEN AND ADOLESCENTS' SEXUAL	90,400.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	PROJECT SUPPORT FOR SITUATIONAL ANALYSIS AND TEACHER CAPACITY BUILDING TOWARDS	55,000.	WIRE TRANSFER	0.		BOOK
			MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT TO BROADEN SRHR DISCUSSIONS IN EGYPT TO BECOME MORE	28,000.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	TO STRENGTHEN YOUNG PEOPLE'S, ESPECIALLY ADOLESCENT GIRLS', CAPACITY TO MAKE	55,000.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	TO ENSURE UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND	100,000.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	PROJECT SUPPORT TO EXPAND THE YOUNG WOMEN'S LEADERSHIP PROGRAM IN EASTERN	26,000.	WIRE TRANSFER	0.		BOOK

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	GENERAL SUPPORT TO ADVOCATE FOR EXPANDED ACCESS TO SAFE, HIGH QUALITY SEXUAL AND	117,000.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA	PROJECT SUPPORT FOR FEMINIST DEFENSE AGAINST "CONSCIENTIOUS	22,000.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA	SUPPORT TO ADVANCE BLACK WOMEN'S ACTIVISM AND MOVEMENTS DURING A	35,000.	WIRE TRANSFER	0.		BOOK
			SOUTH AMERICA	GENERAL SUPPORT TO ADVANCE AND DEFEND SEXUAL AND REPRODUCTIVE HEALTH	120,000.	WIRE TRANSFER	0.		BOOK
			SOUTH ASIA	GENERAL SUPPORT TO STRENGTHEN AND FACILITATE COMMUNITY MOBILIZATION FOR	30,000.	WIRE TRANSFER	0.		BOOK
			SUB-SAHARAN AFRICA	GENERAL SUPPORT TO ADVANCE THE FEMINIST MOVEMENT IN SOUTH AFRICA.	45,000.	WIRE TRANSFER	0.		BOOK
			SOUTH ASIA	GENERAL SUPPORT TO CONTINUE DISSEMINATING ACCURATE INFORMATION	35,000.	WIRE TRANSFER	0.		BOOK
			MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT TO ADVANCE ITS WORK TO CHALLENGE DOMINANT PATRIARCHAL,	40,000.	WIRE TRANSFER	0.		BOOK
			SOUTH ASIA	GENERAL SUPPORT TO STRENGTHEN YOUTH-LED ADVOCACY ON ADOLESCENT SEXUAL AND	40,000.	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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTS TO RECIPIENTS LOCATED IN REGION	SUB-SAHARAN AFRICA	34	124,055.	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION	SOUTH ASIA	8	21,321.	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION	EUROPE (INCLUDING ICELAND & GREENLAND)	14	48,875.	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION	MIDDLE EAST AND NORTH AFRICA	8	24,102.	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION	SOUTH AMERICA	12	54,867.	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION	NORTH AMERICA	12	36,954.	WIRE TRANSFER	0.		FMV
GRANTS TO RECIPIENTS LOCATED IN REGION	SOUTH ASIA	14	47,885.	WIRE TRANSFER	0.		FMV

**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 separately 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; don't file with Form 990) ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

**Part V** Supplemental Information

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

**PART I, LINE 2:**

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 GRANTEEES 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 BY THE PRESIDENT WHEN THE SENIOR MANAGER IS THE STAFF PERSON RECOMMENDING THE GRANT).

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. GRANTEEES 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. See instructions.

FINANCIAL AND NARRATIVE REPORTS. PAYMENTS ARE MADE IN INSTALLMENTS WHEN NECESSARY 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: SOUTH ASIA

(D) PURPOSE OF GRANT: GENERAL SUPPORT FOR PROGRAMMING ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN PAKISTAN.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOR ADVOCACY EFFORTS AND IMPACT MONITORING REGARDING THE IMPLEMENTATION OF COMMITMENTS BY AFRICAN GOVERNMENTS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ADVOCATE FOR REGIONAL AND NATIONAL LEVEL POLICIES THAT AIM TO ELIMINATE ALL FORMS OF VIOLENCE AGAINST WOMEN AND GIRLS, INCLUDING EARLY AND FORCED MARRIAGE.

**Part V Supplemental Information**

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO EMPOWER AT-RISK GIRLS AND SURVIVORS OF EARLY AND FORCED MARRIAGE THROUGH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INFORMATION AND LIVELIHOODS TRAINING IN THE EXTREME-NORTH OF CAMEROON.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: GENERAL SUPPORT FOR CDD-ARGENTINA TO EXPAND ACCESS TO AND PUBLIC SUPPORT FOR SAFE, LEGAL AND FREE ABORTION IN ARGENTINA THROUGH ADVOCACY, TRAININGS, AND COMMUNICATIONS WORK.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO STRENGTHEN CATHOLICS FOR THE RIGHT TO DECIDE-BRAZIL'S (CDD-BRAZIL) CAPACITY TO ADVANCE AND DEFEND SEXUAL AND REPRODUCTIVE RIGHTS IN BRAZIL THROUGH A NEW WORK CONFIGURATION IN 2019-2020.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT NATIONAL AND INTERNATIONAL ADVOCACY WORK TO ADVANCE WOMEN AND GIRLS' HUMAN RIGHTS AND TO RAISE AWARENESS ABOUT THE SITUATION FACING WOMEN'S HUMAN RIGHTS DEFENDERS (WHRDS) IN EGYPT.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO STRENGTHEN THE BRAZILIAN WOMEN'S MOVEMENT AND DEFEND WOMEN'S RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR).



**Part V** Supplemental Information

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

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO ADVANCE AND SAFEGUARD SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AND STRENGTHEN THE WOMEN'S MOVEMENT IN BRAZIL.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: SUPPORT TO BEGIN CONSTRUCTION OF "CASA CIARENA" AND TO IMPROVE THE ORGANIZATION'S SUSTAINABILITY BY STRENGTHENING STAFF CAPACITY AND THE ORGANIZATION'S ABILITY TO SECURE AND DIVERSIFY FUNDING.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: GENERAL SUPPORT FOR COMMAT TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) THROUGH THE 2030 AGENDA NATIONALLY (UK), REGIONALLY (EUROPE), AND GLOBALLY.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO BUILD AND STRENGTHEN FEMINIST LEADERSHIP, ADVANCE HUMAN RIGHTS AND EXPAND SEXUAL AND REPRODUCTIVE FREEDOMS THROUGH CAPACITY BUILDING, ADVOCACY, RESOURCES, AND COMMUNICATIONS.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PROJECT SUPPORT FOR THE GLOBAL GAG RULE DOCUMENTATION PROJECT TO CONTRIBUTE TO THE GENERATION OF EVIDENCE ON THE IMPACT OF THE EXPANDED GLOBAL GAG RULE ON CIVIL SOCIETY AND THE POLITICAL CLIMATE, AND ITS PERCEIVED EFFECTS ON SEXUAL AND REPRODUCTIVE HEALTH AND

**Part V** Supplemental Information

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

RIGHTS IN NEPAL.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROJECT SUPPORT FOR CRITICAL STUDIES IN SEXUALITIES AND REPRODUCTION (CSSR) FOR THE GLOBAL GAG RULE DOCUMENTATION PROJECT TO CONTRIBUTE TO THE GENERATION OF EVIDENCE ON THE IMPACT OF THE EXPANDED GLOBAL GAG RULE ON CIVIL SOCIETY AND THE POLITICAL CLIMATE, AND ITS PERCEIVED EFFECTS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN SOUTH AFRICA.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO CONTINUE INTERSECTIONAL FEMINIST MOVEMENT BUILDING FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AT THE NATIONAL (FIJI), REGIONAL (SOUTH PACIFIC AND ISLAND STATES), AND GLOBAL LEVELS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN FEMINIST YOUTH LEADERSHIP IN SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN NIGERIA AND ACROSS THE CONTINENT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROJECT SUPPORT FOR THE GLOBAL GAG RULE DOCUMENTATION PROJECT TO CONTRIBUTE TO THE GENERATION OF EVIDENCE ON THE IMPACT OF THE EXPANDED GLOBAL GAG RULE ON CIVIL SOCIETY AND THE POLITICAL CLIMATE, AND ITS PERCEIVED EFFECTS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN NIGERIA.

**Part V** Supplemental Information

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

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PROVIDE GENERAL SUPPORT TO ADVANCE AND DEFEND WOMEN AND ADOLESCENTS' SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (ASRHR) AND SAFE AND LEGAL ABORTION IN BRAZIL.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROJECT SUPPORT FOR SITUATIONAL ANALYSIS AND TEACHER CAPACITY BUILDING TOWARDS STRENGTHENING COMPREHENSIVE SEXUALITY EDUCATION FOR SCHOOL-BASED YOUTH IN SOUTH AFRICA.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO BROADEN SRHR DISCUSSIONS IN EGYPT TO BECOME MORE PERSONAL, PEOPLE-CENTERED, AND BOTTOM-UP THROUGH THE PRODUCTION OF ACCESSIBLE, RIGHTS-BASED LANGUAGE AND CONTENT ON SRHR AND SEXUALITY FROM A FEMINIST PERSPECTIVE. GENERAL SUPPORT TO SUPPORT THEIR WORK PRODUCING AND SHARING CONTENT ON FEMINISM, SEXUALITY, AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN ARABIC.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN YOUNG PEOPLE'S, ESPECIALLY ADOLESCENT GIRLS', CAPACITY TO MAKE INFORMED SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS DECISIONS IN MINNA, NIGER STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ENSURE UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES FOR ADOLESCENT GIRLS AND YOUNG WOMEN IN KISUMU, MIGORI, AND SIAYA COUNTIES IN WESTERN KENYA.

**Part V** Supplemental Information

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROJECT SUPPORT TO EXPAND THE YOUNG WOMEN'S LEADERSHIP PROGRAM IN EASTERN CAPE, SOUTH AFRICA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO ADVOCATE FOR EXPANDED ACCESS TO SAFE, HIGH QUALITY SEXUAL AND REPRODUCTIVE HEALTH SERVICES, INCLUDING ABORTION SERVICES, IN URUGUAY AND THE LATIN AMERICAN AND CARIBBEAN REGION.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: PROJECT SUPPORT FOR FEMINIST DEFENSE AGAINST "CONSCIENTIOUS OBJECTION": DOCUMENTING THE IMPACTS OF REFUSALS OF ABORTION CARE IN CHILE TO DOCUMENT THE IMPACTS OF "CONSCIENTIOUS OBJECTION" TO ABORTION ON PRO-CHOICE HEALTH PROVIDERS AND PEOPLE WHO SEEK ABORTION CARE IN CHILE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPORT TO ADVANCE BLACK WOMEN'S ACTIVISM AND MOVEMENTS DURING A TIME OF INCREASED BACKLASH TO HUMAN RIGHTS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO ADVANCE AND DEFEND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) THROUGH LAWS, POLICY IMPLEMENTATION, AND STRENGTHENING PUBLIC SUPPORT FOR HUMAN RIGHTS AND EQUALITY.

**Part V Supplemental Information**

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

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO STRENGTHEN AND FACILITATE COMMUNITY MOBILIZATION FOR BETTER ACCESS TO ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTHCARE, TOWARDS OVERALL IMPROVEMENT OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (ASRHR) IN INDIA, PARTICULARLY IN DELHI.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO CONTINUE DISSEMINATING ACCURATE INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR), AND BUILDING PERSPECTIVES OF SERVICE PROVIDERS AND YOUNG PEOPLE ON SEXUALITY IN A RIGHTS-BASED, PLEASURE-AFFIRMING MANNER.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO ADVANCE ITS WORK TO CHALLENGE DOMINANT PATRIARCHAL, MEDICALIZED APPROACH TO GENDER, SEXUALITY, MENTAL HEALTH AND SEXUAL AND REPRODUCTIVE HEALTH (SRH) IN LEBANON.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GENERAL SUPPORT TO STRENGTHEN YOUTH-LED ADVOCACY ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (ASRHR) IN INDIA, ESPECIALLY BY YOUNG WOMEN.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROJECT SUPPORT FOR THE GLOBAL GAG RULE DOCUMENTATION PROJECT TO CONTRIBUTE TO THE GENERATION OF EVIDENCE ON 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. See instructions.

IMPACT OF THE EXPANDED GLOBAL GAG RULE ON CIVIL SOCIETY AND THE POLITICAL CLIMATE, AND ITS PERCEIVED EFFECTS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN KENYA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT A SEXUALITY PROGRAM TO EXPAND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INFORMATION AND SERVICES AMONG ADOLESCENTS AND YOUTH IN KENYA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT FEMINIST MOVEMENT BUILDING IN CAMEROON THROUGH WORK TO EXPAND ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION FOR ADOLESCENTS, ESPECIALLY GIRLS, IN THE SOUTHWEST, CENTER AND LITTORAL REGIONS.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO STRENGTHEN YOUNG PEOPLE'S GLOBAL ADVOCACY FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.

Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number
23-7378153

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

- 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

☒ Yes      ☐ No

<b>Total</b>	1,498,891.	59,122.	1,439,769.
--------------	------------	---------	------------

CA, CO, NY, GA, IL, MA, MS, NJ, NM, OH, PA, SC, VA

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts	1,498,891.			1,498,891.
2 Less: Contributions	1,434,891.			1,434,891.
3 Gross income (line 1 minus line 2)	64,000.			64,000.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	186,150.			186,150.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	9,766.			9,766.
10 Direct expense summary. Add lines 4 through 9 in column (d)				195,916.
11 Net income summary. Subtract line 10 from line 3, column (d)				-131,916.

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
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 conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct 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 conduct 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 conducted 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 provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: EVENT MANAGEMENT GROUP INC.

(I) ADDRESS OF FUNDRAISER:

411 EAST 83RD STREET, SUITE 3F, NEW YORK, NY 10028

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**Employer identification number**  
23-7378153

INTERNATIONAL WOMEN'S HEALTH COALITION

Part I	General Information on Grants and Assistance
--------	--

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
---------	--

[illegible]

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

INTERNATIONAL WOMEN'S HEALTH COALITION

23-7378153

Page 2

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS TO RECIPIENTS	4	7,353.	0.		

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other 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.

832102 11-02-18

Schedule I (Form 990) (2018)

**Part IV** Supplemental Information

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 BY THE PRESIDENT WHEN THE SENIOR MANAGER IS THE STAFF PERSON RECOMMENDING THE GRANT).

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 FINANCIAL AND NARRATIVE REPORTS. PAYMENTS ARE MADE IN INSTALLMENTS WHEN NECESSARY 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 GRANTEES' 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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Employer identification number

23-7378153

INTERNATIONAL WOMEN'S HEALTH COALITION

**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 on 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 (such as maid, chauffeur, chef) |

Yes No

**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

1b

**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 on line 1a?

2

**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 checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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 on 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?

4a

X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

X

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

4c

X

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**a** The organization?

5a

X

**b** Any related organization?

5b

X

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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?

6a

X

**b** Any related organization?

6b

X

If "Yes" on line 6a or 6b, describe in Part III.

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

7

X

**8** Were any amounts reported on 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

8

X

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FRANCOISE GIRARD PRESIDENT	(i) 249,858.	0.	0.	31,424.	2,043.	283,325.	0.
(2) Yael Gottlieb VP, DEVELOPMENT & COMMUNICATIONS	(i) 180,109.	0.	0.	15,749.	12,781.	208,639.	0.
(3) MELISSA SORRENTINO DIRECTOR, FINANCE & ADMINISTRATION	(i) 138,522.	0.	0.	11,332.	13,479.	163,333.	0.
(4) SHANNON KOWALSKI DIRECTOR, ADVOCACY AND POLICY	(i) 130,133.	0.	0.	14,110.	13,351.	157,594.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**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 WRITTEN.



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 BY CONVENING PARTNERS AND OTHER COLLEAGUES. 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:

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 POLICY PROCESSES.

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LEARNING MONITORING & EVALUATION - IWHC GENERATES KNOWLEDGE AND

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

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  
COMMISSIONS AND CONDUCTS ORIGINAL RESEARCH AND GENERATES EVIDENCE AND  
DISCUSSION ON THESE ISSUES, AND CONVENES PARTNERS AND OTHER COLLEAGUES  
TO DO SO. 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.

EXPENSES \$ 642,501. INCLUDING GRANTS OF \$ 157,557. REVENUE \$ 0.

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

THE 990 IS REVIEWED THE DIRECTOR OF FINANCE AND ADMINISTRATION, THEN  
REVIEWED BY THE PRESIDENT AND THEN REVIEWED BY THE AUDIT COMMITTEE CHAIR.  
ONCE ALL THOSE REVIEWS HAPPEN, THE 990 IS SENT TO THE AUDIT COMMITTEE FOR  
REVIEW AND APPROVAL, THEN SENT TO THE BOARD FOR FULL APPROVAL. 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

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

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.

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 WRITTEN.

Name of the organization

INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number

23-7378153

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,NY,CO,GA,IL,MA,MS,NJ,NM,OH,PA,SC,VA

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.

# **International Women's Health Coalition, Inc.**

Financial Statements

September 30, 2019 and 2018

# **International Women's Health Coalition, Inc.**

---

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September 30, 2019 and 2018

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## Independent Auditors' Report

To the Board of Directors of  
International Women's Health Coalition, Inc.

### Report on the Financial Statements

We have audited the accompanying financial statements of International Women's Health Coalition, Inc. (the Coalition) which comprise the statements of financial position as of September 30, 2019 and 2018, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Coalition's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Coalition's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of International Women's Health Coalition, Inc. as of September 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Baker Tilly Virchow Krause, LLP*

Melville, New York  
February 25, 2020



**International Women's Health Coalition, Inc.****Statements of Financial Position**

September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 6,735,504	\$ 6,273,746
Grants and contributions receivable, current portion	1,596,158	2,481,629
Prepaid expenses and other current assets	<u>173,632</u>	<u>121,141</u>
Total current assets	8,505,294	8,876,516
<b>Grants and Contributions Receivable, Net</b>	150,000	434,996
<b>Property and Equipment, Net</b>	328,596	32,485
<b>Other Assets</b>	<u>34,003</u>	<u>25,353</u>
Total assets	<u>\$ 9,017,893</u>	<u>\$ 9,369,350</u>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable and accrued expenses	\$ 435,981	\$ 219,765
Grants payable	<u>121,000</u>	<u>306,001</u>
Total current liabilities	556,981	525,766
<b>Deferred Rent</b>	223,356	68,765
<b>Other Liabilities</b>	<u>34,003</u>	<u>25,353</u>
Total liabilities	<u>814,340</u>	<u>619,884</u>
<b>Commitments and Contingencies</b>		
<b>Net Assets</b>		
Net assets without donor restrictions:		
Board-designated, operating reserve	2,529,958	2,021,121
Board-designated, directors' reserve	<u>2,887,558</u>	<u>3,009,001</u>
Total net assets without donor restrictions	5,417,516	5,030,122
Net assets with donor restrictions	<u>2,786,037</u>	<u>3,719,344</u>
Total net assets	<u>8,203,553</u>	<u>8,749,466</u>
Total liabilities and net assets	<u>\$ 9,017,893</u>	<u>\$ 9,369,350</u>

See notes to financial statements

# International Women's Health Coalition, Inc.

Statements of Activities and Changes in Net Assets  
Years Ended September 30, 2019 and 2018

	2019			2018		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Support and Revenue</b>						
Contributions, foundations and others	\$ 2,776,751	\$ 2,251,216	\$ 5,037,967	\$ 2,601,816	\$ 1,563,663	\$ 4,165,479
Contributions, individuals	1,404,777	-	1,404,777	940,083	-	940,083
Grants, government agencies	-	-	-	115,000	-	115,000
Special events	1,498,891	-	1,498,891	1,144,107	-	1,144,107
Direct expenses of special events	(255,038)	-	(255,038)	(251,343)	-	(251,343)
Investment income	33,790	-	33,790	33,887	-	33,887
Miscellaneous income	41,149	-	41,149	101,938	-	101,938
Net assets released from restrictions	3,194,523	(3,194,523)	-	4,019,103	(4,019,103)	-
Total support and revenue	8,694,843	(933,307)	7,761,536	8,704,591	(2,455,440)	6,249,151
<b>Expenses</b>						
<b>Program Services</b>						
Advocacy and policy	1,304,267	-	1,304,267	1,405,302	-	1,405,302
Strengthening international partnerships	3,370,260	-	3,370,260	2,909,892	-	2,909,892
Learning, monitoring and evaluation	642,501	-	642,501	756,105	-	756,105
Coalition institutional capacity	1,127,562	-	1,127,562	990,824	-	990,824
Total program services expense	6,444,590	-	6,444,590	6,062,123	-	6,062,123
<b>Supporting Services</b>						
Management, administrative and board liaison	900,059	-	900,059	782,738	-	782,738
Fundraising	962,800	-	962,800	779,447	-	779,447
Total supporting services expense	1,862,859	-	1,862,859	1,562,185	-	1,562,185
Total expenses	8,307,449	-	8,307,449	7,624,308	-	7,624,308
Changes in net assets	387,394	(933,307)	(545,913)	1,080,283	(2,455,440)	(1,375,157)
<b>Net Assets, Beginning</b>	5,030,122	3,719,344	8,749,466	3,949,839	6,174,784	10,124,623
<b>Net Assets, Ending</b>	\$ 5,417,516	\$ 2,786,037	\$ 8,203,553	\$ 5,030,122	\$ 3,719,344	\$ 8,749,466

See notes to financial statements

# International Women's Health Coalition, Inc.

Statement of Functional Expenses  
Year Ended September 30, 2019

	Program Services				Supporting Services			
	Advocacy and Policy	Strengthening International Partnerships	Learning, Monitoring and Evaluation	Coalition Institutional Capacity	Total Program Services	Management, Administrative and Board Liaison	Fundraising	Total Supporting Services
Salaries	\$ 511,558	\$ 456,030	\$ 247,846	\$ 404,043	\$ 1,619,477	\$ 465,176	\$ 522,895	\$ 988,071
Fringe benefits	136,047	123,514	68,030	113,799	441,390	145,916	128,168	274,084
								\$ 2,607,548
								\$ 715,474
Total salaries and fringe benefits	647,605	579,544	315,876	517,842	2,060,867	611,092	651,063	1,262,155
								3,323,022
Grants	259,605	2,437,259	157,557	25,900	2,880,321	-	-	2,880,321
Professional fees	52,609	63,938	31,912	180,479	328,938	18,377	66,841	414,156
Accounting and legal	220	246	148	285	899	60,860	343	61,203
Occupancy	111,985	136,544	58,433	95,309	402,271	108,589	108,138	216,727
Equipment rental, repairs and maintenance	12,339	14,407	6,498	11,345	44,589	12,803	13,762	26,565
Staff travel	85,941	59,031	41,508	91,612	278,092	4,360	13,197	17,557
Board travel	-	-	-	29,443	29,443	11,389	-	11,389
Telephone	4,781	6,025	2,612	4,834	18,252	4,725	4,740	9,465
Office supplies	4,903	5,219	2,053	5,477	17,652	5,074	4,030	9,104
Special events	-	-	-	-	-	7,204	22,785	29,989
Meetings and conferences	88,346	17,993	5,073	44,906	156,318	9,807	21,991	31,798
Printing and reproduction	1,423	2,045	5,665	20,191	29,324	1,345	9,690	11,035
Postage and shipping	336	1,064	462	470	2,332	1,124	3,350	4,474
Insurance	7,078	6,951	4,090	6,666	24,785	7,489	7,540	15,029
Licenses and permits	4,271	23,185	3,599	18,040	49,095	10,818	14,769	25,587
Dues and subscriptions	7,666	1,636	346	19,953	29,601	1,784	2,157	3,941
Depreciation and amortization	5,989	7,032	3,471	6,261	22,753	6,066	7,882	13,948
Staff development	1,242	1,201	79	12,202	14,724	151	123	274
Bank charges	5,156	5,965	2,571	4,057	17,749	4,889	4,581	9,470
Miscellaneous	2,772	975	548	32,290	36,585	2,747	5,818	8,565
Recruiting	-	-	-	-	-	9,366	-	9,366
								\$ 9,366
Total expenses	\$ 1,304,267	\$ 3,370,260	\$ 642,501	\$ 1,127,562	\$ 6,444,590	\$ 900,059	\$ 962,800	\$ 1,862,859
								\$ 8,307,449

See notes to financial statements

# International Women's Health Coalition, Inc.

Statement of Functional Expenses  
Year Ended September 30, 2018

	Program Services				Supporting Services		
	Advocacy and Policy	Strengthening International Partnerships	Learning, Monitoring and Evaluation	Coalition Institutional Capacity	Total Program Services	Management, Administrative and Board Liaison	Total Supporting Services
Salaries	\$ 528,373	\$ 455,448	\$ 361,369	\$ 396,422	\$ 1,741,612	\$ 435,223	\$ 890,565
Fringe benefits	146,041	150,852	56,870	108,025	461,788	116,549	225,477
Total salaries and fringe benefits	674,414	606,300	418,239	504,447	2,203,400	551,772	1,116,042
Grants	306,305	1,987,798	118,994	8,862	2,421,959	-	-
Professional fees	60,108	50,536	34,716	135,441	280,801	35,178	47,282
Accounting and legal	12,715	11,958	11,851	11,851	48,375	8,185	15,270
Occupancy	113,528	122,225	75,258	78,783	389,794	53,152	129,411
Equipment rental, repairs and maintenance	8,979	10,438	6,924	8,108	34,449	11,183	20,021
Staff travel	119,034	63,199	60,422	79,553	322,208	4,932	25,804
Board travel	-	-	-	37,131	37,131	12,461	12,461
Telephone	5,466	6,420	3,882	4,426	20,194	4,708	9,151
Office supplies	3,241	3,265	2,055	2,056	10,617	2,311	3,362
Special events	-	-	-	-	-	-	19,176
Meetings and conferences	67,348	12,153	6,139	7,489	93,129	11,428	12,196
Printing and reproduction	6,225	979	4,830	7,606	19,640	819	3,121
Postage and shipping	715	411	817	2,182	4,125	703	3,256
Insurance	7,157	6,131	5,074	5,556	23,918	6,021	11,738
Licenses and permits	8,650	21,255	2,659	19,828	52,392	10,445	26,667
Dues and subscriptions	3,625	150	421	13,158	17,354	558	766
Depreciation and amortization	1,616	1,696	1,379	1,530	6,221	1,708	1,596
Staff development	2,107	2,555	1,447	39,955	46,064	7,530	9,110
Bank charges	695	784	362	358	2,199	708	28,274
Miscellaneous	3,374	1,639	636	22,504	28,153	1,577	3,968
Recruiting	-	-	-	-	-	57,359	57,359
Total expenses	\$ 1,405,302	\$ 2,909,892	\$ 756,105	\$ 990,824	\$ 6,062,123	\$ 782,738	\$ 1,562,185
						\$ 779,447	\$ 7,624,308

See notes to financial statements

**International Women's Health Coalition, Inc.**

## Statements of Cash Flows

Years Ended September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<b>Cash Flows from Operating Activities</b>		
Changes in net assets	\$ (545,913)	\$ (1,375,157)
Adjustments to reconcile changes in net assets to net cash flows from operating activities:		
Depreciation and amortization	36,701	9,525
Deferred rent	154,591	(19,829)
Change in discount on grants and contributions receivable	(21,458)	(10,816)
Changes in operating assets and liabilities:		
(Increase) decrease in assets:		
Grants and contributions receivable	1,191,925	2,011,057
Prepaid expenses and other current assets	(52,491)	6,315
Other assets	(8,650)	(8,861)
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	216,216	(88,343)
Grants payable	(185,001)	(296,392)
Other liabilities	8,650	8,861
Net cash flows from operating activities	<u>794,570</u>	<u>236,360</u>
<b>Cash Flows from Investing Activities</b>		
Purchase of property and equipment	<u>(332,812)</u>	<u>(13,098)</u>
Net cash flows from investing activities	<u>(332,812)</u>	<u>(13,098)</u>
Increase in cash and cash equivalents	461,758	223,262
<b>Cash and Cash Equivalents, Beginning</b>	<u>6,273,746</u>	<u>6,050,484</u>
<b>Cash and Cash Equivalents, Ending</b>	<u>\$ 6,735,504</u>	<u>\$ 6,273,746</u>

See notes to financial statements

## **International Women's Health Coalition, Inc.**

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Notes to Financial Statements  
September 30, 2019 and 2018

### **1. Description of Organization and Summary of Significant Accounting Policies**

#### **Nature of Operations**

International Women's Health Coalition, Inc. (the Coalition) advances the sexual and reproductive health and rights of women and young people, particularly adolescent girls, in Africa, Asia, Latin America and the Middle East. The Coalition furthers this agenda by supporting and strengthening leaders and organizations working at the community, national, regional and global levels, and by advocating for international and U.S. policies, programs and funding. The Coalition 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, the Coalition brings local voices to global debates and in turn, makes global processes and policies more understandable and actionable at the local level.

#### **Basis of Presentation**

The financial statements of the Coalition have been prepared on an accrual basis in accordance with United States Generally Accepted Accounting Principles (U.S. GAAP).

#### **Net Assets**

The Coalition's financial statements distinguish between net assets with and without donor restriction, based upon the existence or absence of donor-imposed restrictions, as follows:

##### **Net Assets Without Donor Restrictions**

Net assets without donor restrictions include amounts that have not been donor restricted and are available for use in carrying out the general operations of the Coalition. Board-designated net assets include net assets without donor restrictions that have been designated by the board for specific purposes.

##### **Net Assets With Donor Restrictions**

Net assets with donor restrictions include amounts that have been limited by donor-imposed stipulations that expire with the passage of time and/or can be fulfilled and removed by the actions of the Coalition pursuant to those stipulations or net assets that are required by the donor to be maintained in perpetuity. As of September 30, 2019 and 2018, there were no net assets held in perpetuity.

#### **Contributions**

Unconditional promises to give are recorded as receivables when received. Grants and contributions receivable due in one year are recorded at their net realizable values. Grants and contributions receivable due in more than one year are recorded at the present value of their net realizable values, using risk adjusted interest rates applicable to the years in which the contributions are to be received to discount the amounts.

The Coalition reports gifts of cash and other assets as net assets with donor restrictions, if they are received with donor stipulations that limit the use of the donated assets. Donor restricted contributions whose restrictions are met in the same reporting period are reported as increases in net assets without donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities and changes in net assets as net assets released from restrictions.

## **International Women's Health Coalition, Inc.**

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Notes to Financial Statements  
September 30, 2019 and 2018

The Coalition reports gifts of land, buildings and equipment as net assets without donor restrictions, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Coalition reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

### **Donated Services**

In accordance with U.S. GAAP, donated services requiring specific expertise and provided by individuals possessing these skills are recorded as an in-kind contribution and related expense at their fair values as determined by donors.

### **Allowance for Doubtful Accounts**

Management must make estimates of the uncollectability of all grants and contributions receivable. Management specifically analyzes receivable balances, payment patterns and changes in circumstances when evaluating the need for an allowance for doubtful accounts.

### **Property and Equipment**

Property and equipment are carried at cost less accumulated depreciation and amortization. Depreciation is provided using the straight-line method over the estimated useful lives of the assets ranging from three to ten years. Amortization of leasehold improvements is provided over the shorter of their useful lives or the terms of the lease period using the straight-line method. The Coalition capitalizes property and equipment with a cost of \$1,500 or higher.

### **Grant Expense and Payable**

Grant expense is recorded when an unconditional promise to a grantee is made. Grants payable in more than one year are recorded at the present value, using risk adjusted interest rates applicable to the years in which the grants are to be paid to discount the amounts.

### **Annual Sick Leave**

The Coalition does not accrue unused sick days as the payment of compensation is not probable or reasonably estimable.

### **Income Taxes**

The Coalition is incorporated in the State of New York as a nonprofit organization and is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal or state income tax is required.

### **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.

## International Women's Health Coalition, Inc.

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Notes to Financial Statements  
September 30, 2019 and 2018

### Functional Allocation of Expenses

The cost of providing the various programs and other activities have been summarized on a functional basis in the statements of activities and changes in net assets and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include salaries, fringe benefits, professional fees, travel, occupancy, equipment rental, repairs and maintenance, insurance, depreciation and amortization, dues and subscriptions, licenses and permits, bank charges, printing and reproduction, office supplies, telephone, postage and shipping and staff development, which are allocated based on estimated time and effort.

### Statements of Cash Flows

For purposes of the statements of cash flows, the Coalition considers all highly liquid debt instruments purchased with an original maturity of three months or less on the date of purchase to be cash equivalents.

### Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Recent Accounting Standards

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The Coalition adopted ASU 2016-14, and has applied the changes retrospectively to all periods presented. The new standard changes the following aspects of the Coalition's financial statements:

- The unrestricted net asset class has been renamed Net Assets Without Donor Restrictions
- The temporarily restricted net asset class has been renamed Net Assets With Donor Restrictions
- The basis for allocation of expenses to functional classifications has been disclosed (Note 1)
- The financial statements include a disclosure about liquidity and availability of resources (Note 11)

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The core principles of ASU 2016-02 change the way organizations will account for their leases by recognizing lease assets and related liabilities on the statement of financial position and disclosing key information about leasing arrangements. ASU 2016-02 is effective for non-public entities for fiscal years beginning after December 15, 2020. Management is currently evaluating the impact of adopting ASU 2016-02 on the Coalition's financial statements.

In June 2018, the FASB issued ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. The new guidance is intended to clarify and improve accounting guidance for contributions received and contributions made. The amendments in this ASU should assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. ASU 2018-08 is effective for the Coalition for the fiscal years beginning after December 15, 2018. Management is currently evaluating the impact of adopting ASU 2018-08 on the Coalition's financial statements.



## International Women's Health Coalition, Inc.

Notes to Financial Statements  
September 30, 2019 and 2018

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. The core principle of ASU 2014-09 requires recognition of revenue to depict the transfer of goods or services to customers at an amount that reflects the consideration for what an organization expects it will receive in association with this exchange. ASU 2014-09 is effective for the Coalition for fiscal years beginning after December 15, 2018. Management is currently evaluating the impact of ASU 2014-09 on the Coalition's financial statements.

### Evaluation of Subsequent Events

Management has evaluated subsequent events through February 25, 2020, the date the financial statements are available for issuance, for inclusion or disclosure in the financial statements.

## 2. Grants and Contributions Receivable

Grants and contributions receivable are comprised of unconditional promises to give and consist of the following as of September 30, 2019 and 2018:

	2019	2018
Unconditional promises to give before discount	\$ 1,746,158	\$ 2,938,083
Less discount on grants and contributions receivable	-	21,458
Net unconditional promises to give	\$ 1,746,158	\$ 2,916,625
Amounts due in:		
Less than one year	\$ 1,596,158	\$ 2,481,629
One to two years	150,000	434,996
	\$ 1,746,158	\$ 2,916,625

The discount rate used to calculate the net present value of the grants and contributions receivable as of September 30, 2018 was 1.31 percent. No allowance for uncollectible grants and contributions was deemed necessary as of September 30, 2019 or 2018.

As of September 30, 2018, the Coalition had unrecognized conditional grants of \$150,000. The revenue associated with these grants was recorded by the Coalition during the year ending September 30, 2019 upon meeting the conditions of the grants.

## 3. Property and Equipment

Property and equipment consists of the following as of September 30, 2019 and 2018:

	2019	2018
Leasehold improvements	\$ 336,387	\$ 111,372
Computer equipment	163,072	195,313
Office furniture and equipment	118,717	62,596
	618,176	369,281
Less accumulated depreciation and amortization	289,580	336,796
Total	\$ 328,596	\$ 32,485

## International Women's Health Coalition, Inc.

Notes to Financial Statements  
September 30, 2019 and 2018

### 4. Grants Payable

The Coalition has made grant commitments to various not-for-profit organizations. As of September 30, 2019 and 2018, grants payable were \$121,000 and \$306,001, respectively, which were due in less than one year.

### 5. Net Assets With Donor Restrictions

Net assets with donor restrictions consist of amounts restricted for the following as of September 30, 2019 and 2018:

	2019	2018
Time restrictions	\$ 1,259,865	\$ 2,878,617
Time and purpose restrictions:		
Adolescent rights and health	-	55,000
U.S. foreign policy	68,357	154,778
In-country advocacy	873,626	597,286
Coalition development	189,189	33,663
Middle East, North Africa and South America	45,000	-
Diversity, equity and inclusion	50,000	-
Program support	300,000	-
	1,526,172	840,727
Total	\$ 2,786,037	\$ 3,719,344

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or passage of time are as follows for the years ended September 30, 2019 and 2018, respectively:

	2019	2018
Time restrictions	\$ 2,428,617	\$ 2,489,109
Adolescent rights and health	55,000	559,772
U.S. foreign policy	86,421	145,222
In-country advocacy	598,660	725,000
Coalition development	25,825	-
Middle East and North Africa	-	100,000
Total	\$ 3,194,523	\$ 4,019,103

### 6. Board-Designated Net Assets

Board-designated net assets consist of amounts designated for the following as of September 30, 2019 and 2018:

	2019	2018
Operating reserve (a)	\$ 2,529,958	\$ 2,021,121
Directors' reserve (b)	2,887,558	3,009,001
Total	\$ 5,417,516	\$ 5,030,122

## International Women's Health Coalition, Inc.

Notes to Financial Statements  
September 30, 2019 and 2018

- (a) Includes net assets which are board-designated as a reserve for short-term operating costs.
- (b) Includes net assets which are board-designated as a reserve for use in sustaining operations upon board authorization.

### 7. Commitments and Contingencies

#### Operating Lease

The Coalition currently leases office space under a noncancelable operating lease through August 31, 2030. In addition to base rentals, the lease provides for additional rent in the form of the Coalition's proportionate share of the increase in real estate taxes and operating expenses over a base year. The Coalition recognizes rent expense on a straight-line basis beginning with the first month of occupancy. Rent expense on a straight-line basis in excess of rental payments is recorded as a liability.

Approximate future minimum lease payments under the noncancelable operating lease are as follows:

Years ending September 30:	
2020	\$ 442,000
2021	454,000
2022	465,000
2023	476,000
2024	488,000
Thereafter	<u>3,149,000</u>
Total	<u>\$ 5,474,000</u>

Rent expense on a straight-line basis approximated \$553,000 and \$461,000 for the years ended September 30, 2019 and 2018, respectively.

During the year ended September 30, 2015, the Coalition entered into a three-year and three-month non-cancelable lease agreement to sublease some of its office space. Total receipts under sublease agreements approximated \$100,000 for the year ended September 30, 2018, respectively. The sublease ended during the year ended September 30, 2018 and was not renewed.

### 8. Retirement Plans

The Coalition maintains a tax shelter annuity plan for the benefit of all eligible employees. The Coalition is required to contribute 5 percent of eligible employees' compensation and match the employee's contribution up to 3 percent of the employee's compensation, for employees working 20 hours per week or more, as specified in the provisions of the Plan. Retirement contribution expense charged to operations for the years ended September 30, 2019 and 2018 approximated \$173,000 and \$176,000, respectively.

The Coalition maintains a 457(b) deferred compensation plan (the Plan) for one employee. Pursuant to the Plan agreement, the Plan's assets are considered general assets of the Coalition until the assets are distributed to the beneficiary. As a result, the Plan's net assets available for benefits of \$34,003 and \$25,353 as of September 30, 2019 and 2018, respectively, are included in other assets and other liabilities on the Coalition's statements of financial position. The Coalition expensed employer contributions for the Plan of approximately \$27,000 and \$24,000 for the years ended September 30, 2019 and 2018, respectively.

## International Women's Health Coalition, Inc.

Notes to Financial Statements  
September 30, 2019 and 2018

### 9. Concentrations

Financial instruments which potentially subject the Coalition to concentrations of credit risk consist principally of receivables and temporary cash investments. From time to time, the cash balances exceed the Federal Depository Insurance Coverage limit. The Coalition places its temporary cash investments with various financial institutions. Certain of the Coalition's receivables may be denominated in foreign currencies and subject to exchange rate fluctuations.

As of September 30, 2019 and 2018, 89 and 100 percent, respectively, of grants and contributions receivable were due from three and two organizations. For 2019 and 2018, 42 and 34 percent, respectively, of total revenues of the Coalition were from two organizations.

### 10. Related Party Transactions

During the years ended September 30, 2019 and 2018, approximately \$967,000 and \$698,000, respectively, of support and revenue was from Coalition board members.

### 11. Liquidity and Availability of Resources

The following table reflects the Coalition's financial assets available for general expenditures within one year as of September 30, 2019 and 2018. Financial assets are considered unavailable when illiquid or not convertible to cash within one year.

	2019	2018
Cash and cash equivalents	\$ 6,735,504	\$ 6,273,746
Grants and contributions receivable, current portion	1,596,158	2,481,629
Total financial assets	8,331,662	8,755,375
Less donor restricted amounts	2,636,037	3,284,348
Less board-designated, directors' reserve	2,887,558	3,009,001
Total financial assets available to meet cash needs for general expenditures within one year	2,808,067	2,462,026
Plus board-designated, directors' reserve	2,887,558	3,009,001
Total financial assets available to meet cash needs for general expenditures within one year with board approval	\$ 5,695,625	\$ 5,471,027

The Coalition has cash flow variations throughout the year attributable to cash receipts for its fundraising events. As part of the Coalition's liquidity management, its practice is to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.