Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

		of the Treasury	Do not enter social security numbers on this form			Open to Public Inspection
			Information about Form 990 and its instructions lar year, or tax year beginning and	d ending	s.gov/form990	mopouton
_	heck if		forganization		D Employer identific	ation number
ap	plicab	le:				
	Addre	e BVER	Y MOTHER COUNTS			
	Name		usiness as		45-41	102644
	Initial return		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		VARICK STREET	1116	(646)	918-6609
_	termir ated Amen	City or 1	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,141,906.
-	_iretum	141244	YORK, NY 10014		H(a) Is this a group re	
_	Application pendi		nd address of principal officer: ERIN THORNTON		for subordinates	
			AS C ABOVE  X 501(c)(3)	) or 527	H(b) Are all subordinates in	cluded? Yes No list. (see instructions)
1.1	ax-ex	empt status: L	EVERYMOTHERCOUNTS.ORG	101 321	H(c) Group exemption	
			X Corporation	I Vear		State of legal domicile; DC
	rt I	Summary		IL rour	or formation.	Otato of logal dofficito, 20
	1		be the organization's mission or most significant activities: EVE	RY MOTH	ER COUNTS IS	S A
nce		NON-PRO	FIT ORGANIZATION DEDICATED TO MAKE	KING PR	EGNANCY AND	CHILDBIRTH
Activities & Governance	2		x In the organization discontinued its operations or disp			
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	5
O	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)	)	4	5
es	5	Total number	of individuals employed in calendar year 2014 (Part V, line 2a)		5	11
Viti	6		of volunteers (estimate if necessary)			20
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34			0.
				-	Prior Year 3,783,775.	1,910,994.
e	8	Contributions	0.	1,910,994.		
Revenue	9		ice revenue (Part VIII, line 2g)	0.	1,839.	
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		82,050.	165,918.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,865,825.	2,078,751.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		453,160.	1,013,292.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
9	15		r compensation, employee benefits (Part IX, column (A), lines 5-10		602,136.	917,002.
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe			ing expenses (Part IX, column (D), line 25)	478.		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		635,582.	939,200.
	18	DOMESTIC STATE OF THE PARTY OF	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,690,878.	2,869,494.
. 00	19	Revenue less	expenses. Subtract line 18 from line 12		2,174,947.	-790,743.
ssets or salances		200		Be	eginning of Current Year	End of Year
Asse Bala			Part X, line 16)		3,183,553. 56,408.	2,607,557. 72,581.
Net As Fund B	21		s (Part X, line 26) fund balances. Subtract line 21 from line 20		3,127,145.	2,534,976.
	irt II	THE RESERVE OF THE PERSON NAMED IN			3,127,143.	2,331,310.
	0.00		I declare that I have examined this return, including accompanying schedu	les and statem	ents, and to the best of my	knowledge and belief, it is
			e. Declaration of preparer (other than officer) is based on all information of			interiouge una pener, icio
		1 6	W.		17/5	15
Sign	1	Signatur	e of officer		Date 1	
Her	е		THORNTON, TREASURER AND EXEC. D	IR.		
		Type or	print name and title		janja ja	
		Print/Type pre			Date Check	PTIN
Paid			1. SMITH Frank H. Smit	<u>h</u> [	06/29/15 self-employe	
2207	arer	Firm's name	RAFFA, P.C.		Firm's EIN	52-1511275
Use	Only	Firm's addres	1899 L STREET, NW, SUITE 900		N /01	02) 022 5002
			WASHINGTON, DC 20036		Phone no. (20	02) 822-5000
			is return with the preparer shown above? (see instructions)	M		X Yes No
4320	01 11-		For Paperwork Reduction Act Notice, see the separate instruct DULE O FOR ORGANIZATION MISSION &		ENT CONTINUA	Form <b>990</b> (2014)

Form	990 (2014) EVERY MOTHER COUNTS 45-4102644 Pac	ge <b>2</b>
	rt 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:	
	EVERY MOTHER COUNTS (THE ORGANIZATION) IS A NON-PROFIT ORGANIZATION	
	DEDICATED TO MAKING PREGNANCY AND CHILDBIRTH SAFE FOR EVERY MOTHER. WE	C
	INFORM, ENGAGE, AND MOBILIZE NEW AUDIENCES TO TAKE ACTIONS AND RAISE	
	FUNDS THAT SUPPORT MATERNAL HEALTH PROGRAMS AROUND THE WORLD.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	W V	No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	140
•		NI.
3	5 , , , , , , , , , , , , , , , , , , ,	NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,167,010 • including grants of \$ 1,013,292 • ) (Revenue \$	)
	GRANTS - IN 2014, THE ORGANIZATION AWARDED NEW GRANTS TO THREE	<u> </u>
	ORGANIZATIONS AROUND THE WORLD TO SUPPORT MATERNAL HEALTH AND RENEWED	
	GRANTS TO THREE EXISTING GRANTEES.	
	A) A \$40,079 GRANT TO NAZDEEK TO SUPPORT THE TRAINING OF ACTIVISTS AND	_
	LAWYERS TO DOCUMENT MATERNAL HEALTH RIGHTS VIOLATIONS AND DEVELOP	
	SUBSEQUENT LAWSUITS DEMANDING INCREASED ACCESS TO QUALITY HEALTHCARE I	LN_
	INDIA;	
	B) A \$154,649 GRANT TO CHOICES IN CHILDBIRTH WHICH PROVIDES DOULA CARE	Ξ,
	NUTRITION EDUCATION AND GROUP SUPPORT TO LOW-INCOME, AT-RISK WOMEN OF	
	COLOR AND WHICH SUPPORTS COMMUNITY DOULA TRAINING IN NEW YORK CITY;	
4b	(Code: ) (Expenses \$ 861,798 • including grants of \$ ) (Revenue \$	١
75	EDUCATION AND OUTREACH - THE ORGANIZATION SEEKS TO EDUCATE INDIVIDUALS	<del>.</del> '
	AND NEW AUDIENCES ABOUT THE ISSUE OF MATERNAL HEALTH AND THAT 90	
	PERCENT OF PREGNANCY AND CHILD-BIRTH RELATED DEATHS ARE PREVENTABLE.	
	TO THAT END, IN 2014, IN ADDITION TO ADDING A VARIETY OF NEW	
	STORYTELLING ASSETS AND TRADITIONAL MEDIA APPEARANCES, THE ORGANIZATION	
	SAW A MARKED INCREASE IN SOCIAL MEDIA TRAFFIC INCLUDING AN INCREASE OF	<u>'</u>
	68% IN FACEBOOK FOLLOWERS, 47% IN TWITTER FOLLOWERS AND IN 389% IN	
	INSTAGRAM FOLLOWERS.	
4c	(Code: ) (Expenses \$ 380,351 • including grants of \$ ) (Revenue \$	
70	DRIVING ACTION - THE ORGANIZATION ENCOURAGES PEOPLE TO TAKE ACTION TO	— ′
	SUPPORT MATERNAL HEALTH. IN 2014, THE ORGANIZATION COUNTED OVER 3	
	MILLION ACTIONS SUPPORTING MATERNAL HEALTH BRINGING OUR TOTAL TO 8	
	MILLION ACTIONS SINCE WE BEGAN COUNTING ACTIONS IN 2012. FOR EXAMPLE,	
	THIS YEAR, 39,980 RUNNERS, WALKERS AND CYCLISTS RAISED MONEY FOR THE	
	ORGANIZATION AND ANOTHER 13,450 INDIVIDUALS ATTENDED MATERNAL	
	HEALTH-RELATED EVENTS.	
	Otherways was a series (Describe in Oak adds O.)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<u>4e</u>	Total program service expenses ► 2,409,159.	
	Form <b>990</b> (2	2014)

# Form 990 (2014) EVERY MOTHER COUNTS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11.2		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- 21
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		-21
U	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(201.4)



## Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Och ad led De H	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		l	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	77
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Ostered to M. De J. II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del></del>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)



# Form 990 (2014) EVERY MOTHER COUNTS Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response of note to any line in this part v				Ш
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 13			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	(gambling) winnings to prize winners?	 I I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			.,
	-		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	· · · · · · · · · · · · · · · · · · ·			37
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
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				37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		Λ.
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		_		3,7
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	*	.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	amilaaa muu iidad ka kka maraw.	_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so			X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	·	70		х
٦	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		- 22
		L	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control or indirectly.		7 <del>6</del>		X
f g	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit confidence of the organization received a contribution of qualified intellectual property, did the organization file F		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/11		
Ŭ			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	25-	
			Form	990	(2014)



432005 11-07-14

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
<u>Sec</u>	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	긔		
	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 0.		_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	킈		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				37
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the				37
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$				X
4	Did the organization make any significant changes to its governing documents since the prior Form				X
5	Did the organization become aware during the year of a significant diversion of the organization's as				X
6	Did the organization have members or stockholders?		. 6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		_		37
	more members of the governing body?		. <u>7a</u>		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	·	l		Х
_	persons other than the governing body?		. 7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			Х	
а	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		. 8b	Δ.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	revenue Coae.)		V	NI.
10-	Did the every retire have lead about on hyperbox available.		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		21
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such or and branches to answer their approximations are consistent with the organization's event purposes?		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Form 990 to all members of its governing bo			Х	
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	dy before filling the form?	Ha	21	
b 12a			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	ee to conflicte?			Х
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		.   120		
·	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approx		•		
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a		Х
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	·			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C	CT,FL,HI,IL,K	S,KY	, ME	, MD
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-				
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •			
	T7 T7	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	and finar	ncial	
	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 bo	ooks and records: >			
	ERIN THORNTON - (646) 918-6609				
	180 VARICK STREET, NO. 1116, NEW YORK, NY 10014				
42200	SEE SCHEDULE O FOR FULL LIST OF STATES	· · · · · · · · · · · · · · · · · · ·	Form	990	(2014)

## 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.

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an				than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHRISTY TURLINGTON BURNS PRESIDENT AND DIRECTOR	35.00	x		Х				0.	0.	0
(2) HEATHER B. ARMSTRONG	2.00	^		Δ				0.	0.	
DIRECTOR	2.00	X						0.	0.	0
(3) ALLISON GOLLUST	2.00	<u> </u>								
DIRECTOR		Х						0.	0.	0
(4) CHRISTIANE LEMIEUX	2.00	I								_
DIRECTOR	2 00	Х						0.	0.	0
(5) MARIAM NAFICY DIRECTOR	2.00	x						0.	0.	0
(6) KATHIE DONNELLY ZERN	10.00	┢						0.	0.	
SECRETARY AND GENERAL COUNSEL	10.00	1		х				41,121.	0.	1,609
(7) ERIN THORNTON	40.00									
TREASURER AND EXECUTIVE DIRECTOR				Х				177,748.	0.	7,620
(8) ALEX NEWBOLD	40.00					3,7		122 102	0	F 1.C0
DIRECTOR OF BUS. DEV. AND FIN.						Х		132,193.	0.	5,160
		1								
		-								
		-								
		$\vdash$								
		1								
			L		L	L	L			

Form **990** (2014)

	(A)	(B)			(0	<b>C)</b>			(D)	(E)			(F)	
	Name and title	Average	(4-		Pos		n than	one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		an	nount	of
		week	_	cer ar	nd a d	irecto	or/trus	itee)	from	from related	t		other	
		(list any	director						the	organization	S	com	pensa	tion
		hours for	or dir	e)			ited		organization	(W-2/1099-MI	SC)	fr	om th	Э
		related	stee	truste		, n	bens		(W-2/1099-MISC)			_	anizat	
		organizations below	lal tru	onal t		oloye	com se						d relat	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		,	=	드	0	ž	王高	Œ						
							$\vdash$	$\vdash$						
			-											
4 15	Cula Andrai							L	351,062.		0.	1	4,3	<u> </u>
	Sub-total Total from continuation sheets to Part \								0.		0.		<del>-</del> ,5	0.
	Total (add lines 1b and 1c)								351,062.		0.	1	4,3	
2	Total number of individuals (including but									0.000 of reportab	ole			
	compensation from the organization						-,						· ·	2
3	Did the organization list any <b>former</b> office	r. director. or tri	ıste	e. ke	ev er	npla	ovee	. or	highest compensated e	mplovee on			Yes	No
	line 1a? If "Yes," complete Schedule J for				-	-	-			• •		3		Х
ı	For any individual listed on line 1a, is the								her compensation from			-		
•	and related organizations greater than \$15	•							•	•		4	х	
;	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," con	mplete Schedul	e J t	or s	uch	pers	son .					5		Х
ec	tion B. Independent Contractors  Complete this table for your five highest of	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of con	npens	ation t	rom	
	the organization. Report compensation fo	•							n the organization's tax	•				
	<b>(A)</b> Name and busines	s address	N	INC	3				<b>(B)</b> Description of s	ervices	C	ompe)		n
2	Total number of independent contractors		ot li	mite	d to		_	sted	d above) who received n	nore than				
	\$100,000 of compensation from the organ	nization					0					Form	000	

Form 990 (20	)14)	EVERY	MOTHER	C
Part VIII	Stateme	ent of Revenu	ne	

		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
			·	,	(A)	(B)	(C)	( <b>D</b> ) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
ra i		Membership dues						
ءَ ۾		Fundraising events		275,220.	1			
ifts r A		Related organizations	·····		-			
nig.		Government grants (contributi	·····					
Sir		g (	, <del></del>		-			
e ţi	т	All other contributions, gifts, gran		625 771				
들히		similar amounts not included above	······ <u>——</u>	635,774.	-			
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines			1,910,994.			
Ов	<u>h</u>	Total. Add lines 1a-1f						
	_			Business Code				
Program Service Revenue	2 a							
ne L	b							
n S	С							
Ze Z	d							
<u> </u>	е							
Δ.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			1,802.			1,802.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties			158,494.			158,494.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	33,962.	(.,	-			
	h	Less: cost or other basis	, , ,					
		and sales expenses	33,925.					
	^	Gain or (loss)			-			
		Net gain or (loss)			37.			37.
		Gross income from fundraising			3,,			371
e l	0 a	including \$ 275, 2	20 -4					
Ver								
Re		contributions reported on line	,	8,400.				
Other Reven		Part IV, line 18						
₹		Less: direct expenses		29,230.				_20 020
		Net income or (loss) from fund	•	<b>&gt;</b>	-20,830.			-20,830.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	_	<b></b>				
	10 a	Gross sales of inventory, less						
		and allowances			_			
		Less: cost of goods sold						
ļ	С	Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				04.655
	11 a	REIMBURSED EXPE		900099	21,966.			21,966.
	b	MISCELLANEOUS I		900099	5,563.			5,563.
	С	SCREENING AND F	ILM	900099	725.			725.
		All other revenue						
	е	Total. Add lines 11a-11d			28,254.			
45.5	12	Total revenue. See instructions.		<b>&gt;</b>	2,078,751.	0.	0.	<u> </u>
43200 11-07-	14							Form <b>990</b> (2014)

## 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).
--	--

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	590,772.	590,772.		
2	Grants and other assistance to domestic	,			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	422,520.	422,520.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	228,098.	126,546.	74,889.	26,663
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	578,381.	399,415.	92,846.	86,120
8	Pension plan accruals and contributions (include	11 044		11 044	
	section 401(k) and 403(b) employer contributions)	11,844.		11,844.	
9	Other employee benefits	39,953.	20 115	39,953.	0 007
10	Payroll taxes	58,726.	39,117.	11,522.	8,087
11	Fees for services (non-employees):				
	Management	1 000		1 000	
	Legal	1,008. 42,455.		1,008.	
	Accounting	42,433.		42,455.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	600.		600.	
f	Investment management fees	800.		600.	
g	Other. (If line 11g amount exceeds 10% of line 25,	88,319.	78,388.	9,931.	
40	column (A) amount, list line 11g expenses on Sch O.)	63,652.	61,132.	795.	1,725
12	Advertising and promotion	75,190.	20,025.	40,195.	14,970
13	Office expenses	24,179.	10,890.	13,289.	14,570
14 15	Information technology	24,170	10,050.	15,205.	
15 16	Royalties	120,420.		120,420.	
16 17	Occupancy	167,011.	134,145.	20,645.	12,221
17 18	Payments of travel or entertainment expenses	10770110	131/1131	20,0131	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,450.	2,151.	2,200.	99
20			_ / _ =		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,644.		31,644.	
23	Insurance	2,021.		2,021.	
24	Other expenses. Itemize expenses not covered	_, -, -			
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VIDEO/PRODUCTION	141,915.	140,415.	1,500.	
b	DUES & SUBSCRIPTIONS	105,738.	12,624.	12,652.	80,462
С	VENUE RENTAL	36,382.			36,382
d	EQUIPMENT AND FURNITURE	13,964.	2,871.	11,093.	
е	All other expenses	20,252.	368,148.	-428,645.	80,749
25	Total functional expenses. Add lines 1 through 24e	2,869,494.	2,409,159.	112,857.	347,478
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X | Balance Sheet

Part 2	<b>X</b> _	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,636,556.	1	234,913.		
:	2	Savings and temporary cash investments				2	948,958.
;	3	Pledges and grants receivable, net			1,424,000.	3	1,141,106
4	4	Accounts receivable, net				4	
!	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect		_			
ပ္သ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
₹   {	8	Inventories for sale or use				8	
;	9				34,842.	9	1,957
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	107,463.			
	b			59,597.	39,791.	10c	47,866
1		Investments - publicly traded securities				11	126,177
1:	2	Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets				14	
19	5	Other assets. See Part IV, line 11			48,364.	15	106,580
10	6	Total assets. Add lines 1 through 15 (must equ			3,183,553.	16	2,607,557
1	7	Accounts payable and accrued expenses			56,408.	17	55,612
18	8	Grants payable				18	
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete				21	
g 2	2	Loans and other payables to current and former	r officer	s, directors, trustees,			
≝│		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
⊐   <sub>2</sub> ;	3	Secured mortgages and notes payable to unrela				23	
24	4	Unsecured notes and loans payable to unrelated	d third	oarties		24	
2	5	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D			0.	25	16,969
20	6	Total liabilities. Add lines 17 through 25			56,408.	26	72,581
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 an	nd 34.				
E 2	7	Unrestricted net assets			760,284.	27	497,489
<u> </u>	8	Temporarily restricted net assets			2,366,861.	28	2,037,487
둳 29	9					29	
죠		Organizations that do not follow SFAS 117 (A	SC 958	3), check here ▶Ш			
Net Assets or Fund Balances いいのいのである。		and complete lines 30 through 34.					
S 3	0	Capital stock or trust principal, or current funds				30	
Ass   3	1	Paid-in or capital surplus, or land, building, or ed				31	
<u>a</u> 3	2	Retained earnings, endowment, accumulated in			2 40= 44=	32	
z   3	3	Total net assets or fund balances		L	3,127,145.	33	2,534,976
34	4	Total liabilities and net assets/fund balances			3,183,553.	34	2,607,557

Form **990** (2014)



Pa	rt 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				51.
2	Total expenses (must equal Part IX, column (A), line 25)	2				94.
3	Revenue less expenses. Subtract line 2 from line 1	3				43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,			45.
5	Net unrealized gains (losses) on investments	5		-:	1,4	26.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		20	0,0	00.
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	2,	53	4,9	76.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EVERY MOTHER COUNTS

Employer identification number 45-4102644

<b>D</b> = .	1	December Dublic	Ob a site Otation					3 1102011
Pa		Reason for Public (						
he o	organ	ization is not a private found			•			
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	Ш	A school described in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E.)				
3	Щ	A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	al describe	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Ш	A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	ally receives a substa	intial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exer	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	ın 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fi	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
10		An organization organized	and operated exclus	ively to test for public s	afety. See	section 50	)9(a)(4).	
11		An organization organized	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		_lines 11a through 11d that	describes the type of	of supporting organization	n and con	nplete line:	s 11e, 11f, and 11g.	
а			anization operated, s	supervised, or controlled	l by its sup	ported or	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b			anization supervised	d or controlled in connec	ction with i	ts support	ed organization(s), by ha	aving
		control or management of	of the supporting org	anization vested in the	same perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С			egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d			<b>y integrated.</b> A supp	orting organization ope	rated in co	nnection \	with its supported organ	ization(s)
		that is not functionally inf	tegrated. The organiz	zation generally must sa	itisfy a dist	ribution re	quirement and an attent	iveness
	_	_ requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Section	s A and D	, and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fr	om the IRS	Sthat it is	a Type I, Type II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ting organi:	zation.		
f	Ente	er the number of supported of	organizations					
g		vide the following information			In 11 11			
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	in your	(v) Amount of monetary support (see	(vi) Amount of
		organization		above or IRC section		document?	Instructions)	other support (see Instructions)
				(see instructions))	Yes	No	mon denome)	inion denotion
ota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

## 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.)

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")			2126570.	3583775.	1910994.	7621339.
2	Tax revenues levied for the organ-						
	ization'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					101001	
4	Total. Add lines 1 through 3			2126570.	3583775.	1910994.	7621339.
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,						2060522
_	column (f)						3060523.
	Public support. Subtract line 5 from line 4.						4560816.
	etion B. Total Support	(-) 0040	(1-) 0044	(-) 0040	(-1) 0040	(-) 0044	/6\ T - + - l
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012 2126570.	(d) 2013 3583775.	(e) 2014 1910994.	(f) Total 7621339.
	Amounts from line 4			2120370.	3303773.	10100040	7021337.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources			20,063.	104,386.	160,296.	284,745.
9	Net income from unrelated business			20,0031	101/3000	100/2501	20177131
3	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.)			13,905.	6,562.	6,288.	26,755.
11	<b>Total support.</b> Add lines 7 through 10						7932839.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	35,767.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, th	ird, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						<u> </u>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2014 (					14	%
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	%
16a	<b>33 1/3% support test - 2014.</b> If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	<b>33 1/3% support test - 2013.</b> If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	J					,
	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						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						<b>₽</b> ;
<u>18</u>	Private foundation. If the organization	n did not check a	pox on line 13, 10	oa, 160, 1/a, or 171	b, check this box a	and see instruction	s ▶∟∟



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

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

Section A. Public Support	elow, please con	ipiete i ait ii.)				
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	. ,		, ,	, ,	1 , ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
<b>2</b> Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513				-	+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•		
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income					+	
(less section 511 taxes) from businesses						
acquired after June 20, 1075						
c Add lines 10a and 10b  11 Net income from unrelated business			<u> </u>			
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.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for	the organization	's first, second, thi	ird, fourth, or fifth t	ax year as a sect	tion 501(c)(3) organi	zation,
						<u></u>
Section C. Computation of Publi						
15 Public support percentage for 2014 (			column (f))		15	9
16 Public support percentage from 2013					16	ç
Section D. Computation of Inves						
17 Investment income percentage for 20						ç
18 Investment income percentage from 2					18	Ç
19a 33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and lin	e 15 is more thar	n 33 1/3%, and line	17 is not
more than 33 1/3%, check this box at	nd <b>stop here.</b> Th	e organization qua	llifies as a publicly	supported organ	ization	▶∟
b 33 1/3% support tests - 2013. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is r	more than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anization qualifies	as a publicly sup	ported organization	▶
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	9a, or 19b, check t	his box and see	instructions	

432023 09-17-14

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI 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 Part VI 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 part VI 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 11a or 11b 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	10		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	_		
	0-		
	9a		
	9b		
	9с		
	10a		
	iva		
	401		
_	10b		
n 9	90 or 99	0-EZ)	2014

432024 09-17-14

Schedule A (Form 990

Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	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? 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.	2		
Sac	tion C. Type II Supporting Organizations			
<u> </u>	tion of Type it Supporting Organizations		Yes	Na
_	Ways a recipitate of the approximation to discard on the return of the state of the		res	No
1	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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u>C</u>	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
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? 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.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		Ju		
J	of its supported organizations? If "Ves " describe in party, the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2014

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Cook	(B) Current Year							
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
_3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
_5_	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
_7_	Other expenses (see instructions)	7						
_8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Sect	ion 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						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in <b>Part VI</b> ):							
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_	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion 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	Distributable Amount. 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-functional	y-integr	ated Type III supporting org	anization (see				
	instructions)							

Pai	<sup>t V</sup> │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Sect	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Soot	on E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
<u> </u>	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
e	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
a				
b				
<u>C</u>				
	Excess from 2013			
_	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  Also complete this part for any additional information. (See instructions).						
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:						
OTHER REVENUE						
2012 AMOUNT: \$ 13,905.						
2013 AMOUNT: \$ 6,562.						
2014 AMOUNT: \$ 5,563.						
SCREENING AND FILM USAGE						
2014 AMOUNT: \$ 725.						

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2014

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

EVERY MOTHER COUNTS 45-4102644

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note. On	ly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General I	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special F	Rules					
:	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
) i	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

## EVERY MOTHER COUNTS

45-4102644

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$31,869.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-05	-14	\$ 226,500.	Person X Payroll

## EVERY MOTHER COUNTS 45-4102644

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
7		\$ 28,334.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
8		\$ 9,475.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	- Hame, dadi ees, and zii T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 10	Name, address, and ZIP + 4	\$ 9,293.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11		\$130,400.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	INGING, AUGIESS, AND ZIF + 4	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

423452 11-05-14

## EVERY MOTHER COUNTS

45-4102644

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 6,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$10,013.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$38,487.	Person X Payroll

## EVERY MOTHER COUNTS

45-4102644

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$18,544.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 24,975.	Person X Payroll

423452 11-05-14

## EVERY MOTHER COUNTS

45-4102644

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$8,437.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u>10,250.</u>	Person X Payroll

423452 11-05-14

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## EVERY MOTHER COUNTS

45-4102644

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,445.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ 22,875.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 98,542.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$6,323.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll

423452 11-05-14

EVERY	MOTHER COUNTS		45-4102644
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
37		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
38		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
39		\$ 25,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
40		\$9,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
41		\$90,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
42		\$ 25,00	Person X Payroll

423452 11-05-14

EVERY	MOTHER COUNTS	5-4102644		
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
43		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash Complete Part II for	

423452 11-05-14

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

noncash contributions.)

## EVERY MOTHER COUNTS

45-4102644

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	

Name of organization Employer identification number 45-4102644 EVERY MOTHER COUNTS Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

CORY

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public

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

Inspection **Employer identification number** 

	EVERY MOTHER COUNTS	45-4102644
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(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 fu	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	Yes No
Pai		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat Preservation of a certified h	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution co	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organical statements and the conservation easements modified transferred, released, extinguished, or terminated by the organical statements and the conservation easements are conservation easements.	nization 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, and enforcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	rear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(line 2(d) above satisfy the requirements of section 170(h)(above sati	B)(i)
	and section 170(h)(4)(B)(ii)?	Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's financial statements.	rganization's accounting for
	conservation easements.	0: " 4
Pai	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	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	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	<b>•</b> •
	(i) Revenue included in Form 990, Part VIII, line 1	<u> </u>
_	(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	i, provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	<b>•</b> •
a	Revenue included in Form 990, Part VIII, line 1	·
b	Assets included in Form 990, Part X	• \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

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 apoly):  a  Public exhibition		t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	r Asset	<b>S</b> (contii	nued)	- J -
a Public exhibition b Scholarly research 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 is collection and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization to be maintained as part of the organization's collection?	3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	ignificant	use of its	collection	n iten	าร
b Scholarly research e  Other      Preservation for future generations		(check all that apply):										
c Peservation 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?  Part IV   Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, 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, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  1c   Additions during the year   1d    1g   Ending balance   1f   If    2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No    1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10.  1a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e)	а	Public exhibition	d		Loan or exc	hange progra	ams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   During the year, did the organization solitor 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?   The provide an amount on Form 990, Part X, line 21.	b	Scholarly research	е		Other							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   During the year, did the organization solitor 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?   The provide an amount on Form 990, Part X, line 21.	С	c Preservation for future generations										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection?	4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai									line 9, or		
on Form 990, Part X?  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  1 te  1 to  1 te  2 b) the roganization 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 in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  1 Amount to  1a Beginning of year balance  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 (ai) held as:  a Board designated or quasi-endowment    y 6  b Permanent endowment    y 6  c Temporarily restricted endowment    y 7  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a(ii)   visited organizations  b   y 1 yes		reported an amount on Form 990, Pai	rt X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance		on Form 990, Part X?								Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	b											
d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization has been provided in Part XIII.										Amoun	t	
d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization has been provided in Part XIII.	С	Beginning balance						1c				
e Distributions during the year  f Ending balance  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 in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Beginning of year balance  [b] Contributions  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) F												
f Ending balance.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided in Part XIII    Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part N, line 10.    1a Beginning of year balance	_											
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four ye	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	custodial acc	ount liab	ility?		Yes		No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (e) Four ye	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanati	on has beer	provided in	Part XIII					
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 ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations 2 Describe in Part XII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (d) Book value basis (investment)  1a Land  b Buildings c Leasehold improvements d Equipment 27,412. 11,614. 15,798. d Equipment 6 Equipment 80,051. 47,983. 32,068.	Pai	t V Endowment Funds. Complete in	f the organization ar	nswered	"Yes" to Fo	orm 990, Part	: IV, line	10.				
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   % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4. Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings c Leasehold improvements d Equipment 27, 412. 11, 614. 15, 798. e Other. 80,051. 47,983. 32,068.			(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Fou	years	back
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   % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4. Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings c Leasehold improvements d Equipment 27, 412. 11, 614. 15, 798. e Other. 80,051. 47,983. 32,068.	1a	Beginning of year balance			-							
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 ▶												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ %  c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 27, 412 • 11, 614 • 15,798 • 6 Other e Other 80,051 • 47,983 • 32,068 •												
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												
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 ▶		Γ										
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 ▶		-										
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 9/  b Permanent endowment ▶ 9/  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations 3a(ii)   3a(i	f											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶												
a Board designated or quasi-endowment ▶	_		rent vear end balanc	e (line 1	a. column (a	a)) held as:	<u> </u>			1		
b Permanent endowment ▶			one your one building	•	9, 0010	a,, a.c.						
c Temporarily restricted endowment ▶		-	%									
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  3a(ii)   3a(ii)   3a(ii)   3a(ii)   3a(ii)   3a(ii)   3a(ii)   3b    4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  27,412. 11,614. 15,798.  e Other  Other		·	<del></del>									
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  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  80,051. 47,983. 32,068.	·											
by: (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment e Other  Other  80, 051	3a			ation th	at are held a	and administe	ered for t	he organiz	ation			
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment e Other  27,412 11,614 15,798 22,068 32,068	ou		obion of the organiz	ation tin	at are more t	ara darriiriiote	5100 101 1	ino organiz	ation		Vas	Nο
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  80,051.  47,983.  32,068.		•								3a(i)		110
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  10 Schedule R?  3b  3b  4 Describe in Part XIII the intended uses of the organization's endowment funds.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  27, 412.  11,614.  15,798.  80,051.  47,983.  32,068.												
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value depreciation  to Leasehold improvements  c Leasehold improvements  d Equipment  e Other  80,051.  47,983.  32,068.	h	If "Yes" to 3a(ii) are the related organizations	s listed as required o	n Sche	dula R2					3h		
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  80,051.  47,983.  32,068.												
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  C) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  27,412.  11,614.  15,798.  80,051.  47,983.  32,068.	Ė				iuius.							
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Cost or other basis (other)  (g) Accumulated depreciation  (h) Cost or other basis (other)  (h) Cost or other basis (other)  (h) Cost or other depreciation  (h) Cost or other basis (other)  (h) Cost or ot				) Part I\	/ line 11a 9	See Form 990	) Part X	line 10				
basis (investment)         basis (other)         depreciation           b Buildings         C Leasehold improvements         27,412.         11,614.         15,798.           d Equipment         80,051.         47,983.         32,068.			1		1				nd l	(d) Boo	k valu	
1a Land         b Buildings         c Leasehold improvements         d Equipment       27,412.       11,614.       15,798.         e Other       80,051.       47,983.       32,068.		Description of property							,u	( <b>u</b> ) boo	n valu	C
b Buildings       c Leasehold improvements         c Leasehold improvements       27,412.       11,614.       15,798.         e Other       80,051.       47,983.       32,068.	12	Land	,		54013	(54.101)	40	2.00.4001				
c Leasehold improvements       27,412.       11,614.       15,798.         e Other       80,051.       47,983.       32,068.												
d Equipment 27,412. 11,614. 15,798. e Other 80,051. 47,983. 32,068.									-			
e Other 80,051. 47,983. 32,068.					2	7 412		11 6	14.	1	5 7	9.8
						•						
				X colu					<del></del>			

Schedule D (Form 990) 2014



Part VII	Investments -	Other	Securities
I alt VII	investinents -	Other	Securities

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	to Form 990, Part IV <b>(b)</b> Book value			d-of-year market value
- 1 1	(b) Book value	(C) Method of Va	aluation. Cost of end	d-or-year market value
(1) Financial derivatives				
<ul><li>(2) Closely-held equity interests</li><li>(3) Other</li></ul>				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV Description	, line 11d. See Form 990,	Part X, line 15.	(h) Daakwalua
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )		<b>•</b>	
Part X Other Liabilities.	<i></i>			
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11e or 11f. See Form	n 990, Part X, line 25	5.
1. (a) Description of liability	,	(b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT		16,969.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕨	16,969.		

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 X

Schedule D (Form 990) 2014



Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With I	Revenue per Re	eturn.	L
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,110,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,426. 3,600.		
b	Donated services and use of facilities	2b	3,600.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		29,230.		
е	Add lines 2a through 2d			2e	31,404. 2,078,751.
3	Subtract line 2e from line 1			3	2,078,751.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,078,751.
Par	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Retur	'n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,902,324.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,600.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		29,230.		
е	Add lines 2a through 2d	-		2e	32,830.
3	Subtract line 2e from line 1			3	32,830. 2,869,494.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	•		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,869,494.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	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 inforn	nation.		
PAF	RT X, LINE 2:				
THE	E ORGANIZATION HAS PERFORMED AN EVALUATION	ON OF UN	CERTAIN TA	X P	OSITIONS
FOF	R THE YEAR ENDED DECEMBER 31, 2014 AND DI	ETERMINE:	D THAT NO	MAT]	ERIAL
UNC	CERTAIN TAX POSITIONS QUALIFY FOR EITHER	RECOGNI	TION OR DI	SCL	OSURE IN
THE	FINANCIAL STATEMENTS.				
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
SPE	CIAL EVENT EXPENSES				29,230.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
SPF	CIAL EVENT EXPENSES				29,230.

Schedule D	(Form 990) 2014	EVERY MOTHER	COUNTS	45-4102644 Page 5
Part XIII	(Form 990) 2014 Supplemental Info	rmation (continued)		
				Schedule D (Form 990) 2014

### 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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

EVERY MOTHER CO	OUNTS				45-41026	44
		ctivities Out	side the United States. Comple	ete if the organiz	zation answered	"Yes" on
Form 990, Part I	V, line 14b.		·			
			ds to substantiate the amount of its gra			_
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	e grants or assis	stance? X	Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and oth	ner assistance ou	itside the
3 Activities per Region. (1	he following Par	I, line 3 table c	an be duplicated if additional space is	needed.)		
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	ty listed in (d) ram service, specific type e(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA -						
ANGOLA, BENIN,						
BOTSWANA, BURKINA,						
FASO,	0	0	GRANT TO RECIPIENT			422,520.
3 a Sub-total	0	0				422,520.
Sub-total     Total from continuation						
c Totals (add lines 3a		0				422 520

432071 09-24-14

COPY 1

Schedule F (Form 990) 2014

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

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 an
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)		(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	PROVIDING					
		AFRICA - ANGOLA,	TRANSPORTATION					
		BENIN, BOTSWANA,	VOUCHERS TO PREGNANT					
		BURKINA, FASO,	WOMEN AND ENABLING	422,520.	WIRE TRANSFER	0.		
			recognized as charities by the					4
			n 501(c)(3) equivalency letter					<u>1</u> 0
3 Enter total number of	other organizations	or entities						0

Part III Grants and Other Assistance Part III can be duplicated if ac			<b>ates.</b> Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

## Schedule F (Form 990) 2014 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Page 5

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

(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
THE ORGANIZATION REQUIRES MONTHLY REPORTING FROM ALL OUR GRANTEES OUTSIDE
THE UNITED STATES. THE ORGANIZATION USES THESE REPORTS TO INSURE THAT THE
ENTITIES ARE COMPLYING WITH THE GRANT AGREEMENT. FURTHER, WHEN POSSIBLE,
THE ORGANIZATION'S EMPLOYEES TRAVEL TO THE GRANT SITE TO OBSERVE
FIRST-HAND THE USE OF THE GRANT FUNDS.
PART II, COLUMN (D):
REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,
(D) PURPOSE OF GRANT: PROVIDING TRANSPORTATION VOUCHERS TO PREGNANT
WOMEN AND ENABLING THEM TO GET TO A CLINIC WHERE THEY CAN DELIVER SAFELY
AND RECEIVE POSTNATAL CARE.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form.990">www.irs.gov/form.990</a> Employer identification number

OMB No. 1545-0047
2014

Open to Public Inspection

Name of the organization

EVERY MOTHER COUNTS

45-4102644

Fundraising Activities. required to complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	es" to	Form 990, Part IV,	ine 17. Form 990-EZ	I filers are not		
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (inclu	non-g gover aising ding d	overnment grants nment grants events officers, directors, tru fundraising services	stees or			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
- Total								
List all states in which the organization or licensing.	on is registered or licensed to solicit		oution	s or has been notifie	d it is exempt from r	egistration		

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

Schedule G (Form 990 or 990-EZ) 2014



Schedule G (Form 990 or 990-EZ) 2014 EVERY MOTHER COUNTS 45-4102644 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through MPOWER LUNCH col. (c)) (event type) (total number) (event type) 283,620. 283,620. Gross receipts 275,220 275,220. 2 Less: Contributions 8,400. 8,400. Gross income (line 1 minus line 2) 4 Cash prizes 1,981. 1,981. 5 Noncash prizes Direct Expenses 23,759. 23,759. 6 Rent/facility costs 7 Food and beverages 3,150. 3,150. 8 Entertainment 340. 340. 9 Other direct expenses ..... 29,230. 10 Direct expense summary. Add lines 4 through 9 in column (d) -20,830 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)				
Rev	1	Gross revenue								
es	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct F	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes %  No	Yes %  No						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>					
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No				

Schedule G (Form 990 or 990-EZ) 2014

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Schedule G	(Form 990 or 990-EZ)	EVERY MOTHER	COUNTS	45-4102644 Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation (continued)		
<u></u>				
				Schedule G (Form 990 or 990-EZ

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2014** 

Open to Public Inspection

Name of the organization <b>EVERY MOT</b>	HER COUNT	'S					Employer identification numbe $45-4102644$
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records t	o substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	cedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to I recipient that received more than \$	=				anization answered "\	Yes" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDING PRENATAL CARE
CHOICES IN CHILDBIRTH							AND CHILDBIRTH EDUCATION
441 LEXINGTON AVENUE, 19TH FLOOR							FOR LOW INCOME, AT-RISK
NEW YORK, NY 10017	20-2015286	501 (C)(3)	154,649.	0.			MOTHERS IN CENTRAL
							IMPROVE PREGNANCY AND
COMMONSENSE CHILDBIRTH, INC.							CHILDBIRTH OUTCOMES AND
213 S DILLARD STREET, SUITE 340							ALLEVIATE MATERNAL AND
WINTER GARDEN, FL 34787	59-3479821	501 (C)(3)	127,400.	0.			NEWBORN MORTALITY AND
							PROVIDING COMMUNITY
IMA WORLD HEALTH							CLINICS WITH EMERGENCY
500 MAIN STREET							OBSTETRIC CARE SUPPLIES,
NEW WINDSOR, MD 21776	59-3479821	501 (C)(3)	10,000.	0.			DELIVERY AND POSTPARTUM
							ALLEVIATE MATERNAL AND
MIDWIVES FOR HAITI, INC.							NEWBORN DEATH AND
7130 GLEN FOREST DRIVE, SUITE 101							DISABILITY IN HAITI'S
RICHMOND, VA 23226	27-2368581	501 (C)(3)	135,402.	0.			RURAL AREAS.
							IMPROVE PREGNANCY AND
NAZDEEK							CHILDBIRTH OUTCOMES AND
520 8TH AVENUE, 20TH FLOOR							ALLEVIATE MATERNAL AND
NEW YORK, NY 10018	13-3848582	501 (C)(3)	40,079.	0.			NEWBORN MORTALITY AND
							TRAINING NEW SKILLED
PARTNERS IN HEALTH							BIRTH ATTENDANTS,
888 COMMONWEALTH AVENUE, 3RD FLOOR							SUPPORTING A RURAL
BOSTON, MA 02215	04-3567502	501 (C)(3)	121,742.	0.			community clinic and

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

Schedule I (Form 990) (2014)

(a) Type of grant or assistance	<b>(b)</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 non-cash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	ie 2, Part III, colum	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION REQUIRES MONTHL	Y REPORTIN	G FROM GRA	ANTEES INSI	DE THE UNITED	
STATES. THE ORGANIZATION USES TH	ESE REPORT	S TO ENSU	RE THAT THE	ENTITIES ARE	
COMPLYING WITH THE GRANT AGREEME	NT. FURTHE	R, THE ORG	GANIZATION	REQUIRES	
GRANTEES TO SUBMIT QUARTERLY DATA	A THAT DEM	ONSTRATES	PROGRESS O	N THE MAIN	
BENCHMARKS OF THE PROJECT, AS WE	LL AS A FI	NAL REPORT	THAT SUMM	ARIZES THE	
PROJECT IMPACT AND DETAILS HOW T					
ORGANIZATION'S EMPLOYEES TRAVEL					
ONCHITABILON D BHI DOLDED IVAARD	IC IIII GIA	14 TO TITE OF	MALLODUM A 1.	DUDIO IO	

Part IV | Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CHOICES IN CHILDBIRTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING PRENATAL CARE AND

CHILDBIRTH EDUCATION FOR LOW INCOME, AT-RISK MOTHERS IN CENTRAL FLORIDA.

NAME OF ORGANIZATION OR GOVERNMENT: COMMONSENSE CHILDBIRTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE PREGNANCY AND CHILDBIRTH

OUTCOMES AND ALLEVIATE MATERNAL AND NEWBORN MORTALITY AND MORBIDITY IN

AND AROUND WINTER GARDEN, FLORIDA.

NAME OF ORGANIZATION OR GOVERNMENT: IMA WORLD HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING COMMUNITY CLINICS WITH

EMERGENCY OBSTETRIC CARE SUPPLIES, DELIVERY AND POSTPARTUM BEDS, AND AN

INCINERATOR FOR MEDIAL WASTE IN THE DRC.

NAME OF ORGANIZATION OR GOVERNMENT: NAZDEEK

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE PREGNANCY AND CHILDBIRTH

OUTCOMES AND ALLEVIATE MATERNAL AND NEWBORN MORTALITY AND MORBIDITY IN

THE INDIAN STATES OF DELHI AND ASSAM.

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERS IN HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAINING NEW SKILLED BIRTH

ATTENDANTS, SUPPORTING A RURAL COMMUNITY CLINIC AND EDUCATING EXISTING

HEALTH PROVIDERS IN PREGNANCY, LABOR AND DELIVERY CARE IN HAITI.

Schedule I (Form 990)

#### SCHEDULE J (Form 990)

Department of the Treasury

## **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.

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

Internal Revenue Service

Name of the organization

m990. Inspection
Employer identification number

45-4102644

Open to Public

OMB No. 1545-0047

EVERY MOTHER COUNTS

۲a	irt I   Questions Regarding Compensation			
			Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 in 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
1	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		v
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х

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Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

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

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

Schedule J (Form 990) 2014

8



Regulations section 53.4958-6(c)?

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 in 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 are not 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
(1) ERIN THORNTON	(i)	177,748.	0.	0.	7,620.	0.	185,368.	0.	
TREASURER AND EXECUTIVE DIRECTOR	(ii)	0.	0.	0.		0.			
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)							<del> </del>	
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	(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.

#### **SCHEDULE L**

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Inspection

**Open To Public** 

Employer identification number

EVERY MOTHER COUNTS							45-4102644									
Part I	Excess Bene	fit Trans	saction	<b>ONS</b> (section 50	)1(c)(3	3), secti	ion 501	I(c)(4), and 50	)1(c)	(29) organization	s only	').				
	Complete if the o	organization	n ansv	vered "Yes" on I	Form	990, Pa	art IV, I	ine 25a or 25	b, o	r Form 990-EZ, F	art V,	line 4	0b.			
1				Relationship betv	lified						(d) Corrected?			cted?		
(a) Name of disqualified person			person and organization					(0	<b>)</b> De	escription of tran	sactio	saction			es	No
2 Enter	the amount of tax i	ncurred by	the o	rganization man	agers	or disc	qualifie	d persons du	ıring	the year under						
3 Enter	the amount of tax,	if any, on li	ine 2,	above, reimburs	sed by	the or	ganizat	tion				<b>&gt;</b> \$				
<b>.</b>		· -														
Part II	Loans to and															
	Complete if the c	organization	n ansv	vered "Yes" on I	Form	990-EZ	', Part \	V, line 38a or	Forr	m 990, Part IV, lii	ne 26;	or if t	he org	anizat	ion	
	reported an amou												VI-V Ann	royad		
	) Name of	(b) Relatio with organi		(c) Purpose of loan	(d) Loan to or from the		(e) Original principal amount		(f) Balance due		(g) In default?		(h) Approve by board o		(i) W	ritten ment?
mere	ested person	Willi Organi	ZaliUII	oi ioari	organ	ization?	princi	ipai amount			dela	uit?	cómm	ittee?	ayıcc	11161111
					То	From					Yes	No	Yes	No	Yes	No
								<b>&gt;</b> \$								
otal Part III	Grants or As	sistance	Ben	efiting Inter	este	d Per	sons									
. are iii	l			•												
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Pur								Durn	08A 01	<del></del>						
(a) Name of interested person			(b) Relationship between interested person and						assistan				Purpose of assistance			
				the organization												
												$\neg$				
												$\neg \dagger$				
												$\neg$				
				<u> </u>												

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Schedule L (Form 990 or 990-EZ) 2014



# Schedule L (Form 990 or 990-EZ) 2014 EVERY MOTHER COUNTS Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered (a) Name of interested person		Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
					Yes	No	
MARIAM NAFICY	MS.			MINTED PROV		X	
CHRISTY TURLINGTON BURNS	MS.	BURNS IS THE PR	53,250	THE ORGANIZ		Х	
Part V Supplemental Information  Provide additional information for resp	onses :	to questions on Schedule L (see	instructions)				
SCH L, PART IV, BUSINESS				TED PERSONS:			
(A) NAME OF PERSON: MARIA	M NA	AFICY					
(B) RELATIONSHIP BETWEEN	INTE	ERESTED PERSON AN	D ORGANIZAT	TION:			
MS. NAFICY IS A BOARD MEM	BER	AT EMC AND THE C	EO OF MINTE	ED, LLC			
(D) DESCRIPTION OF TRANSAGE	CTIO	ON: MINTED PROVID	ED ROYALTY	PAYMENTS TO	THE		
ORGANIZATION.							
(A) NAME OF PERSON: CHRIST	гу т	URLINGTON BURNS					
(B) RELATIONSHIP BETWEEN	INTE	RESTED PERSON AN	D ORGANIZAT	TION:			
MS. BURNS IS THE PRESIDENT	r an	ID A BOARD MEMBER	AT EMC ANI	A CO-FOUND	ER O	F TU	
(D) DESCRIPTION OF TRANSAC	CTIO	ON: THE ORGANIZAT	ION PAID TO	JRLEY PICTUR	ES		
FOR SERVICES DURING 2014.							

## SCHEDULE O

(Form 990 or 990-EZ)

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.

2014
Open to Bublic

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

EVERY MOTHER COUNTS

Employer identification number 45-4102644

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SAFE FOR EVERY MOTHER. WE INFORM, ENGAGE, AND MOBILIZE NEW AUDIENCES TO TAKE ACTIONS AND RAISE FUNDS THAT SUPPORT MATERNAL HEALTH PROGRAMS AROUND THE WORLD. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: C) A \$10,000 GRANT TO THE DEPARTEMENT DE SANTE DE COMMUNAUTE PRESBYTERIENNE DE KENSHASA WHICH PROVIDES C-SECTION INSTRUMENT SETS, DELIVERY AND POSTPARTUM BEDS, AND AN INCINERATOR TO SEVEN CLINICS IN THE DEMOCRATIC REPUBLIC OF CONGO; D) A \$135,402 GRANT TO MIDWIVES FOR HAITI TO TRAIN SKILLED BIRTH ATTENDANTS TO FILL A CRITICAL GAP IN THE HEALTHCARE WORKFORCE AND TO SUPPORT THE CONSTRUCTION, EQUIPPING AND OPERATION OF A BIRTH CENTER IN RURAL HAITI; E) A \$127,400 GRANT TO COMMENSENSE CHILDBIRTH TO SUPPORT PRENATAL CARE AND EDUCATION FOR LOW-INCOME, AT-RISK MOTHERS IN CENTRAL FLORIDA; F) A \$422,520 GRANT TO BAYLOR UGANDA TO SUBSIDIZE VOUCHERS USED TO TRANSPORT PREGNANT WOMEN TO A CLINIC TO RECEIVE PRENATAL, DELIVERY AND POST-PARTUM CARE, PROVIDE "MAMA-KITS" AND TO FACILITATE AND INCENTIVIZE

G) A \$121,742 GRANT TO PARTNERS IN HEALTH TO TRAIN NEW SKILLED BIRTH

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FACILITY BIRTHS IN WESTERN UGANDA;

Schedule O (Form 990 or 990-EZ) (2014)



Name of the organization EVERY MOTHER COUNTS

Employer identification number 45-4102644

ATTENDANTS, TO SUPPORT A RURAL COMMUNITY CLINIC AND TO EDUCATE EXISTING
HEALTH PROVIDERS IN PREGNANCY, LABOR AND DELIVERY CARE IN HAITI.

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

ONCE THE FEDERAL FORM 990 IS COMPLETED, IT IS REVIEWED BY OUR EXECUTIVE

DIRECTOR AND GENERAL COUNSEL AND THEN SENT TO THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW AND APPROVAL BY THE FULL BOARD.

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

FORM 990, PART VI, SECTION B, LINE 12B - DIRECTORS, OFFICERS AND KEY

EMPLOYEES ARE REQUIRED TO PROMPTLY DISCLOSE TO THE BOARD OF DIRECTORS ANY

SITUATIONS OR TRANSACTIONS THAT COULD LEAD TO A CONFLICT OF INTEREST OR THE

APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD (WITH THE INDIVIDUAL IN

QUESTION ABSTAINING IF APPLICABLE) THEN DECIDES WHETHER A CONFLICT OR

INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST, EXISTS AND WHETHER

IT MUST BE AVOIDED OR TERMINATED.

FORM 990, PART VI, SECTION B, LINE 12C - THE COI POLICY IS ALWAYS TAKEN

INTO CONSIDERATION WHEN THERE IS THE POTENTIAL FOR CONFLICT, PARTICULARLY

WHEN SIGNING NEW CONTRACTS OR BEGINNING NEW RELATIONSHIP.

ANY POSSIBLE APPEARANCE OF CONFLICT OF INTEREST THAT ARISES IN THE COURSE OF BUSINESS IS RESEARCHED TO DETERMINE THE EXISTENCE OF A CONFLICT. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE CHAIR OF THE BOARD OF DIRECTORS, OR THE CHIEF EXECUTIVE OFFICER AS DESIGNATED BY THE CHAIR, SHARES THIS INFORMATION WITH THE THE BOARD FOR ITS ACTION. IF A POTENTIAL CONFLICT INVOLVES A BOARD MEMBER, THAT MEMBER IS PRECLUDED FROM VOTING ON THE

432212 08-27-14

MATTER.

Name of the organization  EVERY MOTHER COUNTS	Employer identification number 45-4102644
FORM 990, PART VI, SECTION B, LINE 15B:	
THE ORGANIZATION DETERMINES THE COMPENSATION OF OFFICERS	AND KEY EMPLOYEES
BY CAREFULLY EXAMINING A NUMBER OF FACTORS INCLUDING COM	PARABILITY DATA FOR
SIMILAR POSITIONS ACROSS THE NGO SECTOR AND A CANDIDATE'S	S PREVIOUS
EMPLOYMENT HISTORY AND COMPENSATION. FURTHER, IN THE CAS	SE OF THE EXECUTIVE
DIRECTOR, THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPON	NSIBLE FOR ENSURING
THAT COMPENSATION IS REASONABLE AND APPROPRIATE.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COP	OF FORM 990:
AL, AK, AR, CA, CT, FL, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NJ, NM, NY	OK,OR,PA,RI,SC,TN
UT, VA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FORM 990 IS UPLOADED TO GUIDESTAR, IS AVAILABLE ON T	HE ORGANIZATION'S
WEBSITE, AND IS MADE AVAILABLE UPON REQUEST. THE FINANCIA	AL STATEMENTS ARE
AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ARE MADE AVA	ILABLE UPON
REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	POLICY ARE MADE
AVAILABLE UPON REQUEST.	