**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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	e 2018 calendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	EVERY MOTHER COUNTS			
	Name chang			45-4	102644
	Initial return		Room/suite	E Telephone numbe	
	Final return		1116	(646	) 918-6609
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,638,344.
	Amen return	NEW TORK, NT 10014		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: ELIZABETH GRAYER		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-ex	empt status: $X$ 501(c)(3) $D$ 501(c) ( ) $D$ (insert no.) $D$ 4947(a)(1) of	or 527	If "No," attach a	list. (see instructions)
J	Websi	te: WWW.EVERYMOTHERCOUNTS.ORG		H(c) Group exemption	n number
K	Form o	organization: X Corporation Trust Association Other	<b>L</b> Year		M State of legal domicile: DC
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: <b>EVER</b> :	Y MOTH	ER COUNTS I	S A
Governance		NON-PROFIT ORGANIZATION DEDICATED TO MAKI			
na.	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
ა თ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			17
jŧ	6	Total number of volunteers (estimate if necessary)			100
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		4,529,131.	3,465,794.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eVe	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		96,266.	75,513.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-97,860.	978.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,527,537.	3,542,285.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,243,822.	917,159.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,251,518.	1,573,564.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
De C	. Ь	Total fundraising expenses (Part IX, column (D), line 25)   298,05	59.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,070,413.	1,207,735.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,565,753.	3,698,458.
		Revenue less expenses. Subtract line 18 from line 12		961,784.	-156,173.
Net Assets or	g		Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		4,802,141.	4,505,183.
Ass	21	Total liabilities (Part X, line 26)		309,269.	225,874.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,492,872.	4,279,309.
Pi	art II	Signature Block	•	-	
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei		ELIZABETH GRAYER, INTERIM EXECUTIVE DI	RECTOR	₹	
		Type or print name and title			
		Print/Type preparer's name		Date Check	PTIN
Pai	d	FRANK H. SMITH Frank H. Smi	<b>1</b>	1/12/19 self-employ	P00639053
Pre	parer	Firm's name MARCUM LLP		Firm's EIN ▶	11-1986323
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850			
		WASHINGTON, DC 20036		Phone no. (2	02) 227-4000
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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,
	EVERYWHERE. THE ORGANIZATION EDUCATES THE PUBLIC ABOUT MATERNAL HEALTH
	AND INVESTS IN COMMUNITY-LED PROGRAMS TO IMPROVE ACCESS TO ESSENTIAL
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$1,611,507. including grants of \$) (Revenue \$)
	DRIVING ACTION - THE ORGANIZATION ENCOURAGES PEOPLE TO TAKE ACTION TO
	SUPPORT MATERNAL HEALTH. IN 2018, OVER 500 RUNNERS, WALKERS, CYCLISTS
	AND SWIMMERS PARTICIPATED IN 125 RACES IN 52 CITIES ACROSS THE WORLD TO RAISE AWARENESS ABOUT MATERNAL HEALTH ISSUES AND MONEY FOR THE
	ORGANIZATION. IN ADDITION, OVER 1,000 PEOPLE ATTENDED A MATERNAL-HEALTH RELATED EVENT EITHER SPONSORED BY OR DIRECTLY INVOLVING THE
	ORGANIZATION. THE ORGANIZATION ENCOURAGES ITS GROWING COMMUNITY TO FIND
	CREATIVE WAYS TO HELP MOTHERS AROUND THE WORLD.
	CKENTIVE WATE TO HELD MOTHERS AROUND THE WORLD:
4b	(Code:) (Expenses \$917,159. including grants of \$917,159. ) (Revenue \$)
	GRANTS - IN 2018, THE ORGANIZATION AWARDED 15 GRANTS TO 8 PROGRAMS IN 8
	COUNTRIES (BANGLADESH, GUATEMALA, HAITI, INDIA, INDONESIA, TANZANIA,
	UGANDA, AND THE UNITED STATES). EACH GRANT AWARDED BY THE ORGANIZATION,
	INCLUDING EMERGENCY GRANTS MADE TO AREAS AFFECTED BY HUMANITARIAN
	CRISES, SUPPORTS WORK TO IMPROVE ACCESS TO QUALITY, RESPECTFUL AND
	EQUITABLE MATERNITY CARE. THE ORGANIZATION INVESTS IN PARTNERS THAT ARE
	EXPANDING AND STRENGTHENING THE MATERNITY CARE PROVIDER WORKFORCE,
	ADVANCING EFFECTIVE SOLUTIONS, AND PUTTING WOMEN AT THE CENTER OF CARE
	AND SERVICES.
	F10.061
4c	(Code:) (Expenses \$518,061. including grants of \$) (Revenue \$)
	EDUCATION AND OUTREACH - IN 2018, THE ORGANIZATION PARTNERED WITH
	CNN.COM TO LAUNCH THE SHORT FILM GIVING BIRTH IN AMERICA: CALIFORNIA,
	THE FIFTH SHORT FILM IN THE ORGANIZATION'S GIVING BIRTH IN AMERICA
	SERIES. THIS FILM WAS PRESENTED AT SIX NATIONAL CONFERENCES TO AT LEAST
	650 PEOPLE AND AT LEAST FIVE LOCAL AND EDUCATIONAL EVENTS WITH OVER 300
	ATTENDEES. IN ADDITION, THE ORGANIZATION CONTINUES TO PARTICIPATE IN A NUMBER OF IN-PERSON EVENTS TO EDUCATE AUDIENCES AND RAISE AWARENESS
	ABOUT MATERNAL HEALTH. FURTHER, IN 2018 THE ORGANIZATION PARTICIPATED
	IN NINE LOCAL, NATIONAL AND GLOBAL COALITIONS AND COLLABORATIVE EFFORTS
	TO IMPROVE MATERNAL HEALTH.
	TO THIROVE MATERIAL HEADIN.
	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 3,046,727.
	Form <b>990</b> (2018)

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

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Part IV Checklist of Required Schedules (continued	<u> </u>
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			Yes	No
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	Х	
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
b	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٦,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	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			٦,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b>.</b>
00	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?	20	Х	
Par	Note. All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance**	38	77	l
1 0	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b 0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
	G		000	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		ı		
_		le le		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	17			
	filed for the calendar year ending with or within the year covered by this return  [2a]		OI-	Х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Λ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	·····-	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation in Schedule O		SD		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
	If "Yes," enter the name of the foreign country:		<del>T</del> a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				l
			5a		х
		·····	5b		Х
			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s				
	any contributions that were not tax deductible as charitable contributions?		6a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	[	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	uired?	7g		
	, , , , , , , , , , , , , , , , , , , ,	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
	, , , , , , , , , , , , , , , , , , , ,		9a		<b>—</b>
	, , , , , , , , , , , , , , , , , , , ,		9b		
	Section 501(c)(7) organizations. Enter:				l
	, , , , , , , , , , , , , , , , , , , ,				l
	Section 501(c)(12) organizations. Enter:				l
	Gross income from members or shareholders 11a	-			l
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	h	ı_u		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\neg \neg$			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand				
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.			000	
			Form	990	(2018)

COPY

EVERY MOTHER COUNTS Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to the day set, or the below, decembe the encumberation, processed, or the great methods of the methods of the			v
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			l
	1 1	7	Yes	No
1a	The first harmon of verify members of the gevenning body at the one of the tax year	4		
	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	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'u		
b	and the other than the annual and the decided	7b		x
		70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	v	
	The governing body?	8a	Х	7
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٠,,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14		14	X	
15		17		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, FL, GA, HI, IL, KS, KY	, MD	, MA	MI,
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• ,		
	X       Own website       X       Another's website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
13	statements available to the public during the tax year.	ı ııı ıaı ıC	nai	
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH GRAYER - (646) 918-6609			
	180 VARICK STREET, NO. 1116, NEW YORK, NY 10014  12-31-18 SEE SCHEDULE O FOR FULL LIST OF STATES	_	<b>990</b>	(00:22
832006	3 12-31-18 SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	ı IJIJU	(2018)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization r	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		<b>)</b> than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	_	T an			17 11 40	,	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (	stee			ısatec		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 2, 1000 111100)		and related
	below	idual	ution	la la	Key employee	est co	ler			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) CHRISTY TURLINGTON BURNS	40.00									
PRESIDENT AND FOUNDER		Х		Х				0.	0.	0.
(2) ALLISON GOLLUST	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) ELIZABETH E. ROBINSON	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) HEATHER B. ARMSTRONG	2.00									
DIRECTOR		Х						0.	0.	0.
(5) LESLIE BLODGETT	2.00									
DIRECTOR		Х						0.	0.	0.
(6) CHRISTIANE LEMIEUX	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MARIAM NAFICY	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) ALEXANDER NEWBOLD	40.00									
CFO - UNTIL 12/15/2018				Х				155,664.	0.	12,307.
(9) KATHLEEN DONNELLY ZERN	20.00									
GENERAL COUNSEL AND SECRETARY				Х				103,356.	0.	4,644.
(10) WALLIS POST	40.00								_	
DIR. OF COMMUNICATIONS & MARKETING						X		141,368.	0.	13,089.
(11) JENNY CHANG	40.00	1								
DIRECTOR OF STRATEGY & DEVELOPMENT						Х		131,588.	0.	2,748.
(12) NAN STRAUSS	40.00	-								
DIRECTOR OF POLICY & ADVOCACY						Х		124,892.	0.	10,599.
(13) JESSICA BOWERS	40.00									
DIRECTOR OF GRANTS PROGRAM	1.0.00					Х		122,596.	0.	510.
(14) GRACE KELLUM	40.00							100 050		44 650
DIRECTOR OF PARTNERSHIPS						X		109,252.	0.	11,670.
		-								
	1				_					
		4								
			-		_					
		-								
_										000

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<b>(A)</b> Name and title	(B) (C) Average Position (do not check more than one box, unless person is both an							(D) (E)  Reportable Reportable compensation compensation					
	week (list any hours for related organizations below line)					Highest compensated truns	tee)	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	comp fro orga and	other pensation the anizati I relate nization	tion e ion ed
										-			
1b Sub-total c Total from continuation sheets to Part VI	I Section A						<b>&gt;</b>	888,716.		0.	55	5,56	67. 0.
d Total (add lines 1b and 1c)							<u> </u>	888,716.		0.	55	5,56	
<ul><li>Total number of individuals (including but n compensation from the organization</li></ul>	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			7
compensation from the organization										-		Yes	No
3 Did the organization list any <b>former</b> officer,											3		Х
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com									dual for services		5		Х
Section B. Independent Contractors	piete Scrieduit	<i>3 J 1</i> 0	JI SU	CIT	JEIS	011 .						- 1	
1 Complete this table for your five highest co	•	-							•	ensat	ion fro	m	
the organization. Report compensation for (A)	ine calendar ye	ear e	riuir	ig w	ILII C	or wi	LITHI	the organization's tax y (B)	ear.		(C	)	
Name and business							_	Description of s		C	ompen	sation	<u>1</u>
MESH DESIGN AND DEVELOPME 609 TENNESSE AVENUE, CHAR		W	V	25	30	2	- 1	WEBSITE DESIGNED DESIGNED BUILDING, AND	-		156	5,5	56.
	-							•				-	
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				

Form **990** (2018)

\$100,000 of compensation from the organization

Form	990 (201	B) EVERY	MOTHER	COUNTS			45-4102	644
Pa	rt VIII	Statement of Revenu	ie					
		Check if Schedule O contai	ns a response	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue e from tax section 512 -

					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Ē,	С	Fundraising events		262,528.				
ifts ar A	d	Related organizations						
s, G mila	е	Government grants (contribut						
Sign	f	All other contributions, gifts, gran	nts, and					
buti		similar amounts not included abo	ove $ \mathbf{1f} 3$ ,	203,266.				
Öţ	g	Noncash contributions included in lines	1a-1f: \$	2,052.				
Col	h	Total. Add lines 1a-1f			3,465,794.			
				Business Code				
ø	2 a	I						
r S	b							
Program Service Revenue	С							
am	d							
og B	е	·						
Ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>)</b>				
	3	Investment income (including						<b>-</b> 4 <b>-</b> 64
		other similar amounts)			71,791.			71,791.
	4	Income from investment of ta						
	5	Royalties						
	_		(i) Real	(ii) Personal	-			
		Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss) .	1					
	/ a	Gross amount from sales of assets other than inventory	(i) Securities 2044507.	(ii) Other	-			
	h	Less: cost or other basis	2044507.		-			
	b	and sales expenses	2040785.					
	c	Gain or (loss)	3.722.					
	d	Net gain or (loss)		<b>•</b>	3,722.			3,722.
		Gross income from fundraisin			,			
evenue		including \$ 262,5						
eve		contributions reported on line	e 1c). See					
Other R		Part IV, line 18	a					
the	b	Less: direct expenses	b	55,274.				
0	С	Net income or (loss) from fund	draising events	<u></u>	-18,874.			-18,874.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan	-	····· •				
	10 a	Gross sales of inventory, less						
		and allowances			-			
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	11 ^	Miscellaneous Revenu REIMBURSED EXPE		Business Code 900099	19,852.			19,852.
	ii a			700079	15,052.			17,032.
	C							
		All other revenue						
		Total. Add lines 11a-11d		<b>•</b>	19,852.			
		Total revenue. See instructions		•	3,542,285.	0.	0.	76,491.

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Form 990 (2018)

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#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 160,959. 160,959. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... 756,200. 756,200. Benefits paid to or for members ..... Compensation of current officers, directors, 275,971. 113,387. 162,584. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,099,137. 894,989. 7,305. 196,843. Other salaries and wages 7 Pension plan accruals and contributions (include 20,051. 13,883. 2,788. 3,380. section 401(k) and 403(b) employer contributions) 71,075. 58,627. 12,284. 164. Other employee benefits 9 107,330. 79,122. 12,652. 15,556. 10 Payroll taxes 11 Fees for services (non-employees): Management 1,280. 1,280. Legal 71,162. 71,162. Accounting Lobbying Professional fundraising services. See Part IV, line 17 12,874. 12,874. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 157,332. 31,732. 14,102. 203,166. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 112,482. 100,345. 5,527. 6,610. Office expenses 13 111,278. 108,894. 1,525. 859. Information technology 14 15 Royalties 114,664. 141,316. 8,315. 18,337. 16 Occupancy 271,767. 261,118. 3,448. 7,201. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 58,660. 48,924. 9,736. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 28,665. 16,618. 8,544. 3,503. Depreciation, depletion, and amortization 22 10,102. 8,505. 1,597. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 77,015. 65,874. 11,141. REGISTRATION FEES DUES & SUBSCRIPTIONS 47,339. 34,893. 434. 12,012. 31,138. 36,685. 1,466. 4,081. REPAIRS & MAINTENANCE d MISCELLANEOUS EXPENSES 23,944. 21,255. 995. 1,694. e All other expenses 3,698,458. 3,046,727. 353,672. 298,059. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2018)
Part X Balance Sheet

Par	ιΛ	Balance Sheet					
		Check if Schedule O contains a response or not	te to any lin	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			43,329.	1	534,752
	2	Savings and temporary cash investments			795,074.	2	655,488
	3	Pledges and grants receivable, net			1,169,103.	3	967,527
	4	Accounts receivable, net			4	-	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	·	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect		` ''			
		employees' beneficiary organizations (see instr).				6	
ets	7					7	
Assets		Notes and loans receivable, net			941.	8	0
`	8	Inventories for sale or use			19,317.	9	24,005
	9		 I I		19,311.	9	24,003
	10a	Land, buildings, and equipment: cost or other	40	120 042			
		basis. Complete Part VI of Schedule D		129,942.	35 035	40	61 000
		Less: accumulated depreciation			35,025. 2,706,454.	10c	64,808 2,225,318
	11	Investments - publicly traded securities	2,700,434.	11	4,445,316		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	20.000	14	22 005		
	15	Other assets. See Part IV, line 11	32,898.	15	33,285		
	16	Total assets. Add lines 1 through 15 (must equ	4,802,141.	16	4,505,183		
	17	Accounts payable and accrued expenses			294,074.	17	115,330
	18	Grants payable	0.	18	102,000		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
ဖွ	22	Loans and other payables to current and former	officers, d	irectors, trustees,			
≝∣		key employees, highest compensated employee	es, and disc	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated third p	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third part	ies		24	
	25	Other liabilities (including federal income tax, pa	yables to r	elated third			
		parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X of			
		Schedule D			15,195.	25	8,544 225,874
	26	Total liabilities. Add lines 17 through 25			309,269.	26	225,874
		Organizations that follow SFAS 117 (ASC 958	3), check h	ere ▶ X and			
ပ္သ		complete lines 27 through 29, and lines 33 and	id 34.				
ဥ	27	Unrestricted net assets			3,287,099.	27	3,694,689
<u>aa</u>	28				1,205,773.	28	3,694,689 584,620
20	29	Permanently restricted net assets				29	
<u> </u>		Organizations that do not follow SFAS 117 (A	SC 958), c	heck here			
7		and complete lines 30 through 34.	•				
13 (	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
ا≱	32	Retained earnings, endowment, accumulated in				32	
Net Assets or Fund Balances	33	Total net assets or fund balances			4,492,872.	33	4,279,309
	34				4,802,141.	34	4,505,183

Form **990** (2018)



	200 (2010)				ıα	<u> </u>
Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	<u>698</u>	3,4	58.
3	Revenue less expenses. Subtract line 2 from line 1	3				73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,	492	2,8	72.
5	Net unrealized gains (losses) on investments	5		-5'	7,3	90.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4,	279	9,3	09.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	·				Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	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	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		t [			
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	t F			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2018)

#### 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** EVERY MOTHER COUNTS 45-4102644 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

# 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)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1910994.	4162172.	2993074.	4529131.	3465794.	17061165.
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						
4	Total. Add lines 1 through 3	1910994.	4162172.	2993074.	4529131.	3465794.	17061165.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1868237.
6	Public support. Subtract line 5 from line 4.						15192928.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	1910994.	4162172.	2993074.	4529131.	3465794.	17061165.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	160,296.	37,624.	78,289.	84,539.	71,791.	432,539.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,288.		500.			6,788.
11	Total support. Add lines 7 through 10						17500492.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	305,873.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	86.81 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	78.68 <u>%</u>
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	is box and stop h	<b>iere.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s <b>&gt;</b>
					Scho	dule A (Form 990	or 000 E7\ 2019

Schedule A (Form 990 or 990-EZ) 2018



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						ļ
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				1		
	Total support. (Add lines 9, 10c, 11, and 12.)					1	1
14	First five years. If the Form 990 is for	•			•	. , . ,	·
90	check this box and stop here ction C. Computation of Publi						<b>P</b>
	Public support percentage for 2018 (li			polumn (f\)		15	0/
	, ,	, (,,	, ,	( //		15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					ן וט ן	%
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2018. If the						
136	more than 33 1/3%, check this box ar						<b>.</b> —
ŀ	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A (Form 990 or 990-EZ) 2018

Yes No

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No_
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
104		
10b		
n 990 or 99	0-EZ)	2018

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		
Sec	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	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			
	the supported organization(s).	1		
Sec	tion D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
Sec	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 instruction)	ons).		
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	instructions		
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. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

ER COUNTS

COPY

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must	complete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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	tion 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-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	8	
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 t	he organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part IV, Section A, I line 1; Part IV, Secti	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, on D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 5, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INC	COME
2014 AMOUNT: \$	5,563.
2015 AMOUNT: \$	0.
2016 AMOUNT: \$	0.
2017 AMOUNT: \$	0.
2018 AMOUNT: \$	0.
SCREENING AND FIL	LM.
2014 AMOUNT: \$	725.
2015 AMOUNT: \$	0.
2016 AMOUNT: \$	500.
2017 AMOUNT: \$	0.
2018 AMOUNT: \$	0.

# 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.

To Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization	Employer identification number
EVERY MOTHER COUNTS	45-4102644

Organization type (cneck one):						
Filers of	:	Section:				
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		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	Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 r, 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; line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
but it mu	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

# EVERY MOTHER COUNTS

45-4102644

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
1		\$581,396.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 360,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 304,484.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 250,000.	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
5		\$ 101,888.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 96,213.	Person X Payroll

Name of organization **Employer identification number** 

#### EVERY MOTHER COUNTS 45-4102644 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person **Payroll** 75,496. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for

823452 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions.)

Name of organization Employer identification number

# EVERY MOTHER COUNTS

45-4102644

Part II	Noncash Property (see instructions). Use duplicate copies of Part	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
		*	
(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
(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
823453 11-08			290 990-F7 or 990-PF\/2018\

Name of organization **Employer identification number** EVERY MOTHER COUNTS 45-4102644 Part III 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 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 (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 (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 (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 (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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EVERY MOTHER COUNTS

**Employer identification number** 45-4102644

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S Of Accounts. Complete if the
	Organization answered Tes On Form 990, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(L) Communication	(2)
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 w		sed funds
_	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	n of a 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 stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ation easements during the year
•	December 2015	477	2/1-1/4//D1/2)
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.	·	•
	conservation easements.	ion s imanciai statements that describes	s the organization's accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. or C	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi	•	·
	the text of the footnote to its financial statements that describ		, p, p,
b	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		3
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		<b>.</b>
а	Revenue included on Form 990, Part VIII, line 1		* \$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2018

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

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession								_	
	(check all that apply):	,	,	,	3	,	9			
а	Public exhibition	c		Loan or exc	hange progra	ams				
b	Scholarly research	e			9-  9					
c	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exer	not purpo:	se in Part	XIII.	
5	During the year, did the organization solicit o	•		•	ū					
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pai			3				, , .	,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for o	contribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
~	roo, oxplain are arrangement are arry and	and complete the le							Amount	·
С	Beginning balance						1c			-
	Additions during the year						. —			
e	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.	•								
Par	'- ·									
	·	(a) Current year		rior year	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance	(4.)	(-,-	<b>,</b>	(-) j		(=,		(-,	J
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·										
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end halance	e (line 1c	ı column (a	// pelq sc.					
a	Board designated or quasi-endowment		% %	,, oolallii (a	jj ricia as.					
b	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation tha	t are held ar	nd administer	red for th	e organiza	ation		
ou	by:	oolon of the organize	ation tha	are noid ai	ia aariiiiiotoi	00 101 11	io organiza	2011	ſ	Yes No
	(i) unrelated organizations								3a(i)	100 100
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	rhedule R2					3b	
4	Describe in Part XIII the intended uses of the								_ OD _	
	t VI Land, Buildings, and Equipm		WITICITE	urius.						
	Complete if the organization answere		) Part IV	line 11a S	See Form 990	Part X	line 10			
	Description of property	(a) Cost or o			t or other		ccumulate	24	(d) Bool	c value
	bescription of property	basis (investr			(other)		preciation		( <b>u</b> ) Dooi	Value
12	Land	· · · · · · · · · · · · · · · · · · ·		22010	, ,	30	,			
b	Land Buildings									
C	Buildings			2	0,380.		12,3	13.		3,067.
d					5,394.		42,3			3,031.
	Equipment Other				4,168.		10,4			3,710.
	. Add lines 1a through 1e. (Column (d) must e		Y colum			<u> </u>		•		4,808.
. J.u		quai i Oiiii 330, Fall	A, COIUII	וווויייטיייו	<i></i>					,

Schedule D (Form 990) 2018



Schedule D (Form 990) 2018 EVERY MOTHER	R COUNTS		45-	-4102644	Page
Part VII Investments - Other Securities.			-		, age
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" o				-6	
(a) Description of investment	(b) Book value	(c) Method of V	aluation: Cost or end-	of-year market v	/aiue
(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" of	on Form 990 Part IV	line 11d See Form 990	Dart Y line 15		
	Description	, lille 11d. See 1 offit 990,	Tart X, line 13.	(b) Book va	alue
(1)				(2) 233	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<b>•</b>		
Part X Other Liabilities.	10.)				
Complete if the organization answered "Yes" of	on Form 990, Part IV	·	990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED RENT	8,308.	
(3)	CAPITAL LEASE LIABILITY	236.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,544.	

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

Schedule D (Form 990) 2018



Scha	dule D (Form 990) 2018 EVERY MOTHER COUNTS			45-	4102644 <sub>Pa</sub>	.a. 4
Par		nents With F	Revenue per Re		1101011   1	igc -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		•			
1	Total various gains, and other curport pay audited financial statements			1	3,529,64	Į 5 <b>.</b>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				- 7 7 -	
	Net unrealized gains (losses) on investments	2a	-57,390.			
b	Donated services and use of facilities		2,350.	-		
	Recoveries of prior year grants	1 1				
	Other (Describe in Part XIII.)		55,274.	-		
			-	2e	23	34.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,529,41	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				3,323,11	
-		4a	12,874.			
	Investment expenses not included on Form 990, Part VIII, line 7b		12,074.	-		
	Other (Describe in Part XIII.)			4.	12,87	7 /
_	Add lines 4a and 4b			4c	3,542,28	
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XII Reconciliation of Expenses per Audited Financial Stater			5		· ·
Pai			Expenses per r	returi	11-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				2 742 20	
1	Total expenses and losses per audited financial statements			1	3,743,20	18.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	0 250			
	Donated services and use of facilities		2,350.	-		
b	Prior year adjustments	2b		_		
С	Other losses			_		
d	Other (Describe in Part XIII.)	2d	55,274.			
е	Add lines 2a through 2d			2e	57,62	
3	Subtract line 2e from line 1			3	3,685,58	<u> 34.</u>
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	12,874.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	12,87	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	3,698,45	8.
Par	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b a	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 ac	dditional inform	ation.			
PAR	T X, LINE 2:					
	11 11 11 11					
THE	ORGANIZATION PERFORMED AN EVALUATION OF	UNCERTA	IN TAX POS	ITI	ONS FOR	
THE	YEAR ENDED DECEMBER 31, 2018, AND DETERM	MINED TH	AT THERE W	ERE	NO	
rAM	TERS THAT WOULD REQUIRE RECOGNITION IN TH	HE FINAN	CIAL STATE	MEN	TS OR THAT	1
MAY	HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS	S.				
	T XI, LINE 2D - OTHER ADJUSTMENTS:					
r WL	TI VI' HINE ON - OIUEV WOODSHEWID:					
FIIN	IDRATSING EVENT EXPENSES				55 274	

PART XII, LINE 2D - OTHER ADJUSTMENTS:

55,274. FUNDRAISING EVENT EXPENSES

Schedule D (Form 990) 2018

832054 10-29-18

Schedule D (Form 990) 2018 EVERY MOTHER COUNTS	45-4102644 Page 5
Schedule D (Form 990) 2018 EVERY MOTHER COUNTS  Part XIII   Supplemental Information (continued)	
	Schedule D (Form 990) 2018

- -

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

Employer identification number

EVEDY MODITED CO.	TIME				45 41026	1 1
EVERY MOTHER CO	mation on A	ctivities Out	side the United States. Comple	te if the organ	45-410264	¥4 Yes" on
Form 990, Part I\			Comple		ization anoworda	
<del>-</del>	-		ds to substantiate the amount of its grar			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the o	grants or assis	tance? <u>X</u>	Yes No
2 For grantmakers. Description United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and otl	ner assistance out	side the
3 Activities per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is ne	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	GRANTMAKING			278,500.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			275,000.
SOUTH ASIA	0	0	GRANTMAKING			182,700.
EAST ASIA AND THE						
PACIFIC	0	0	GRANTMAKING			20,000.
3 a Subtotal	0	0				756,200.
b Total from continuation						1,=11.
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				756,200.

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

Schedule F (Form 990) 2018



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

1 (a) Name of organization	TIBLIES COME SECTION I		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO IMPROVE MATERNAL					
			HEALTH AND DECREASE					
		CENTRAL AMERICA	MATERNAL MORTALITY					
		AND THE CARIBBEAN	AND MORBIDITY IN	151,000.	WIRE	0.		
			THE PURPOSE OF THIS					
			GRANT IS TO PROVIDE					
			COMPREHENSIVE					
		SOUTH ASIA	PREGNANCY, POSTNATAL	132,000.	WIRE	0.		
			SUPPORTING PRENATAL	,				
			PROGRAMS AND					
		SUB-SAHARAN	SERVICES, LABOR &					
			DELIVERY SERVICES,	125,000.	WIRE	0.		
			SUPPORT TO BUILD A	,				
			NEW KIPOK HEALTH					
		SUB-SAHARAN	CLINIC IN RURAL					
		AFRICA	KITETO, THAT WILL	100,000.	WIRE	0.		
			SUPPORTING THE					
			RENOVATION AND					
		CENTRAL AMERICA	EXPANSION OF THE					
		AND THE CARIBBEAN	CORAZON DEL AGUA	96,000.	WIRE	0.		
			TO IMPROVE MATERNAL					
			HEALTH AND DECREASE					
			MATERNAL MORTALITY					
		SOUTH ASIA	AND MORBIDITY IN	50,700.	WIRE	0.		
			TO IMPROVE MATERNAL					
			HEALTH AND DECREASE					
		SUB-SAHARAN	MATERNAL MORTALITY					
		AFRICA	AND MORBIDITY IN	50,000.	WIRE	0.		
			SUPPORT FOR FAHM TO					
			ADVANCE MIDWIFERY IN					
		CENTRAL AMERICA	HAITI THROUGH					
		AND THE CARIBBEAN	CONFERENCES AND	30,000.	WIRE	0.		

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

**-**

Schedule F (Form 990) 2018

Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT FOR THE PALU AND DONGGALA REGIONS OF SULAWESI,					
			INDONESIA FOLLOWING	20,000.	WIRE	0.		

				ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.		
Part III can be duplicated if ac		(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Page 5

### Part V | Supplemental Information

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

#### PART I, LINE 2:

THE ORGANIZATION REQUIRES BIANNUAL REPORTING FROM ALL ITS GRANTEES OUTSIDE THE UNITED STATES. THE ORGANIZATION USES THESE REPORTS TO ENSURE 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 I, LINE 3:

IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED IN PARTS I AND II OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN OUR FINANCIAL STATEMENTS.

#### PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO IMPROVE MATERNAL HEALTH AND DECREASE MATERNAL MORTALITY AND MORBIDITY IN GUATEMALA THROUGH SUPPORT OF ACAM (ASSOCIATION OF MIDWIVES OF THE MAM SPEAKING AREA), AND THEIR PROVISION OF QUALITY MIDWIFERY SERVICES, TRAINING AND EDUCATION, SUPPLIES, AND MOBILE OUTREACH.

### REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: THE PURPOSE OF THIS GRANT IS TO PROVIDE COMPREHENSIVE PREGNANCY, POSTNATAL AND NEWBORN CARE; ACCESS TO EMERGENCY CARE; HEALTH EDUCATION AND COMMUNITY OUTREACH IN COX'S BAZAR, BANGLADESH.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING PRENATAL PROGRAMS AND SERVICES, LABOR &

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

DELIVERY SERVICES, INCLUDING EMERGENCY OBSTETRICS AND NEWBORN CARE (EMONC), OBSTETRIC TRAINING AND CONTINUING EDUCATION FOR STAFF, AND RE-CERTIFICATION FOR LABOR WARD NURSES, STRENGTHENING REFERRAL SYSTEMS BY VISITING LOCAL DISPENSARIES, PROVIDING OUTREACH AND EDUCATION FOR TBAS, AND INCENTIVIZING HIGH-RISK WOMEN TO COME FOR PRENATAL CARE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT TO BUILD A NEW KIPOK HEALTH CLINIC IN RURAL KITETO, THAT WILL PROVIDE WOMEN'S HEALTH CARE, INCLUDING PREGNANCY, POSTPARTUM, AND DELIVERY CARE, AND EMERGENCY OBSTETRIC CARE (EMOC), AS WELL AS TRAIN AND SUPPLY TRADITIONAL BIRTH ATTENDANTS AND COMMUNITY HEALTH WORKERS TO IDENTIFY COMPLICATIONS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: SUPPORTING THE RENOVATION AND EXPANSION OF THE CORAZON DEL AGUA CLINIC, TO PROVIDE QUALITY MEDICAL CARE TO LOW- AND MIDDLE-INCOME WOMEN, PROVIDE REVENUE TO SUPPORT CORAZON'S PROFESSIONAL MIDWIFERY SCHOOL, AND SERVE AS A TRAINING GROUND FOR MIDWIFERY STUDENTS. ALSO, SUPPORT DOCTOR AND MIDWIFE VISITS TO SHELTERS IN ESCUINTLA TO ASSIST WOMEN AND CHILDREN DISPLACED BY VOLCANO FUEGO ERUPTION IN JUNE 2018. THE GRANT WILL COVER SUPPORT FOR CRITICAL SUPPLIES, MEDICINES, AND VOLUNTEER HEALTH WORKERS' TRANSPORT, AS WELL AS OTHER RELATED NEEDS IDENTIFIED.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO IMPROVE MATERNAL HEALTH AND DECREASE MATERNAL MORTALITY AND MORBIDITY IN DELHI AND ASSAM, INDIA BY TRAINING WOMEN

Schedule F (Form 990) 2018

832075 10-31-18

Page 5

Part V | Supplemental Information

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

PARALEGALS, ACTIVISTS, AND LAWYERS TO MONITOR GOVERNMENT HEALTHCARE SERVICES, AND HOLD THEM ACCOUNTABLE FOR THEIR LEGAL REQUIREMENT TO PROVIDE QUALITY HEALTHCARE AND PROPER NUTRITION TO PREGNANT AND BREASTFEEDING WOMEN AND TO CHILDREN.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE MATERNAL HEALTH AND DECREASE MATERNAL MORTALITY AND MORBIDITY IN THREE DISTRICTS IN UGANDA THROUGH SUPPORT FOR BAYLOR UGANDA, TO ADMINISTER A COMMUNITY-BASED, COMMUNITY-LED MAMA SAVINGS AND LOAN (MSL) PROGRAM MODEL. THE PROGRAM WILL SERVE TO ASSIST IN THE TRANSITION FROM THE WINDING-DOWN BODA FOR MOTHERS PROGRAM.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: SUPPORT FOR FAHM TO ADVANCE MIDWIFERY IN HAITI THROUGH CONFERENCES AND TRAINING TO BUILD THE SKILLS OF HAITIAN MIDWIVES, AND OFFER THEM PROFESSIONAL DEVELOPMENT OPPORTUNITIES.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUPPORT FOR THE PALU AND DONGGALA REGIONS OF SULAWESI, INDONESIA FOLLOWING THE SEPTEMBER 28 7.5 MAGNITUDE EARTHQUAKE AND TSUNAMI. THE GRANT SUPPORTS THE PROVISION OF MEDICAL CARE TO PREGNANT AND POSTNATAL WOMEN AND THEIR BABIES, MEDICINE, WATER, SOLAR LIGHTS, AND OTHER SUPPLIES AS NEEDED.

Schedule F (Form 990) 2018

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Vame	of	the	organ	iz	ation

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number** 

EVERY M	OTHER COUNTS				45-4102	644
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P.</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	sed funds through any of the followin  e Solicitate  f Solicitate  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustodv	(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			<b></b>			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. 9	Schedule G (Form 9	90 or 990-EZ) 2018

45-4102644 Page 2 Schedule G (Form 990 or 990-EZ) 2018 EVERY MOTHER COUNTS Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events MPOWER LUNCH NONE (add col. (a) through **NEW YORK** col. (c)) (event type) (total number) (event type) 298,928. 298,928. Gross receipts 2 Less: Contributions 262,528. 262,528. 36,400. 36,400. Gross income (line 1 minus line 2) 4 Cash prizes 588. 588. 5 Noncash prizes Direct Expenses 22,908. 22,908. 6 Rent/facility costs 26,250. 26,250. 7 Food and beverages 8 Entertainment 5,528. 5,528. Other direct expenses 55,274. **10** Direct expense summary. Add lines 4 through 9 in column (d) -18,874.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2018

**b** If "Yes," explain:

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 EVERY MOTHER COUNTS	45-41	L02	<u>644</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		1	12-		07
	The organization's facility		13a		<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	3:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
а				Yes	□ No
	retain the state gaming license?		ш	162	NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
D-	organization's own exempt activities during the tax year > \$				
Ра	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G (Form 990 or 990-EZ)  Part IV Supplemental Inf	EVERY MOTHER COUNTS	45-4102644 Page 4
Part IV Supplemental Inf	formation (continued)	
		Schedule G (Form 990 or 990-EZ

COPY

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

EVERY MOT	HER COUNT	'S					45-4102644
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	วท
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments. C	complete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is neede		(c) Mathaul of		1
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 noncash assistance	(h) Purpose of grant or assistance
							PROVIDE COMPREHENSIVE
COMMONSENSE CHILDBIRTH							PREGNANCY AND POSTNATAL
213 S. DILLARD STREET, SUITE 340							CARE TO UNINSURED,
WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	150,000.	0.			UNDERINSURED,
							SUPPORTING THE TRAINING
SISTERWEB							AND MENTORSHIP OF A
12651 SAN PABLO AVENUE, UNIT 5473							NETWORK OF LATINX PEER
RICHMOND, CA 94805	46-1323531	501(C)(3)	5,400.	0.			DOULAS FROM WITHIN SAN
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table				<b>2.</b>
3 Enter total number of other organization	s listed in the line	1 table					<b>&gt;</b> 0.
							0

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

NAME OF ORGANIZATION OR GOVERNMENT: COMMONSENSE CHILDBIRTH

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information requ	uired in Part I, lind	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION REQUIRES BIANNUAL	REPORTIN	G FROM ALI	ITS GRANT	EES INSIDE	
THE UNITED STATES. THE ORGANIZATION	USES TH	ESE REPORT	TS TO INSUR	E THAT THE	
ENTITIES ARE COMPLYING WITH THE GRA	NT AGREE	MENT. FURT	THER, WHEN	POSSIBLE,	
THE ORGANIZATION'S EMPLOYEES TRAVEL	TO THE	GRANT SITE	E TO OBSERV	E FIRST-HAND	
THE USE OF THE GRANT FUNDS.					

Part IV   Supplemental Information
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE COMPREHENSIVE PREGNANCY AND
POSTNATAL CARE TO UNINSURED, UNDERINSURED, UNDOCUMENTED AND INDIGENT
WOMEN VIA A DEDICATED NURSE-PRACTITIONER; AND WAITING ROOM EDUCATION
SESSIONS FOR LOW-INCOME/INDIGENT PATIENTS.
NAME OF ORGANIZATION OR GOVERNMENT: SISTERWEB
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE TRAINING AND
MENTORSHIP OF A NETWORK OF LATINX PEER DOULAS FROM WITHIN SAN FRANCISCO'S
UNDERSERVED COMMUNITIES, SERVING LATINX FAMILIES.

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.

EVERY MOTHER COUNTS

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

45-4102644

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	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 (such as 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 on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1 11 504 70 504 74 1504 700 1 11 11 50			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		_
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		v
а	The organization?	6a		X
b	Any related organization?	6b		┢
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2018



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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	
(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 on prior Form 990
(1) ALEXANDER NEWBOLD	(i)	155,664.	0.	0.	4,134.	8,173.	167,971.	0.
CFO - UNTIL 12/15/2018	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WALLIS POST	(i)	141,368.	0.	0.	0.	13,089.	154,457.	0.
DIR. OF COMMUNICATIONS & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

EVERY MOTHER COUNTS

**Employer identification number** 45-4102644

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SAFE FOR EVERY MOTHER. THE ORGANIZATION INFORMS, ENGAGES, AND MOBILIZES NEW AUDIENCES TO TAKE ACTIONS AND RAISE FUNDS THAT SUPPORT MATERNAL HEALTH PROGRAMS AROUND THE WORLD.

DESCRIPTION OF ORGANIZATION MISSION: FORM 990 PART III, LINE 1, THE ORGANIZATION ENGAGES COMMUNITIES, MATERNITY CARE. THOUGHT LEADERS AND PARTNERS IN EFFORTS TO ACHIEVE QUALITY, RESPECTFUL, AND EQUITABLE MATERNITY CARE FOR ALL.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE WERE NO COMMITTEE MEETING MINUTES RECORDED DURING 2018.

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

DRAFT OF THE FEDERAL FORM 990 IS REVIEWED BY THE TREASURER AND CHAIR OF THE AUDIT/FINANCE COMMITTEE. THE FULL BOARD OF DIRECTORS REVIEWS AND APPROVES THE FILING OF THE FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

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

THE ORGANIZATION TAKES THE CONFLICT OF INTEREST POLICY INTO CONSIDERATION WHENEVER THERE IS THE POTENTIAL FOR A CONFLICT, PARTICULARLY WHEN SIGNING NEW CONTRACTS OR BEGINNING A NEW BUSINESS RELATIONSHIP. ANY POSSIBLE APPEARANCE OF CONFLICT OF INTEREST THAT ARISES IN THE COURSE OF BUSINESS IS RESEARCHED TO DETERMINE WHETHER A CONFLICT EXISTS. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE PRESIDENT OF THE BOARD OF DIRECTORS SHARES THIS

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  EVERY MOTHER COUNTS	Employer identification number 45-4102644
INFORMATION WITH THE BOARD FOR ITS ACTION. IF A POTENTIAL	CONFLICT INVOLVES
A BOARD MEMBER, THAT MEMBER IS PRECLUDED FROM VOTING ON TH	E MATTER.
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION DETERMINES THE COMPENSATION OF OFFICERS A	ND KEY EMPLOYEES
BY CAREFULLY EXAMINING A NUMBER OF FACTORS INCLUDING COMPA	RABILITY DATA FOR
SIMILAR POSITIONS ACROSS THE NGO SECTOR AND A CANDIDATE'S	PREVIOUS
EMPLOYMENT HISTORY AND COMPENSATION. FURTHER, IN THE CASE	OF THE EXECUTIVE
DIRECTOR, THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONS	IBLE FOR ENSURING
THAT COMPENSATION IS REASONABLE AND APPROPRIATE.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, O	R,PA,RI,SC,TN,UT
VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FEDERAL FORM 990 AND FINANCIAL STATEMENTS ARE UPLOADED	TO GUIDESTAR,
ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, AND ARE MADE	AVAILABLE UPON
REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	POLICY ARE MADE
AVAILABLE UPON REQUEST.	