

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EVERY MOTHER COUNTS		D Employer identification number 45-4102644
	Doing business as		E Telephone number (646) 918-6609
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 17,749,949.
	333 HUDSON STREET	1006	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10013		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JAMES BOYD SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.EVERYMOTHERCOUNTS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2011 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EVERY MOTHER COUNTS IS A NON-PROFIT ORGANIZATION DEDICATED TO MAKING PREGNANCY AND CHILDBIRTH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	42
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,052,561.	Current Year 7,454,952.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	194,544.	359,510.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-169,769.	-98,946.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,077,336.	7,715,516.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,263,052.
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)		1,820,832.	1,982,603.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		209,988.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,656,951.	2,905,915.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,740,835.	7,995,018.
19 Revenue less expenses. Subtract line 18 from line 12	336,501.	-279,502.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,284,734.	End of Year 12,285,362.
	21 Total liabilities (Part X, line 26)	1,287,826.	1,594,257.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,996,908.	10,691,105.

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	JAMES BOYD, DIRECTOR OF FINANCE Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	LYNNE JOHNSON			P00757336
Preparer Use Only	Firm's name	Firm's EIN		
	RSM US LLP	42-0714325		
Preparer Use Only	Firm's address	Phone no.		
	4 TIMES SQUARE NEW YORK, NY 10036	212-372-1000		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: EVERY MOTHER COUNTS IS A NON-PROFIT ORGANIZATION DEDICATED TO MAKING PREGNANCY AND CHILDBIRTH SAFE, RESPECTFUL, AND EQUITABLE FOR EVERYONE, EVERYWHERE. MOTIVATED BY THE BELIEF THAT MATERNAL HEALTH IS A HUMAN RIGHT, WE ADVANCE EVIDENCE-BASED STRATEGIES TO ADDRESS THE GLOBAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 \$ 5,155,301. including grants of \$ 3,106,500.) (Revenue \$) GRANTMAKING AND TRANSFORMATIVE INITIATIVES - IN 2023, EVERY MOTHER COUNTS COMMITTED GRANTS TO COMMUNITY-BASED ORGANIZATIONS WORKING TO IMPROVE ACCESS TO SAFE, RESPECTFUL, AND EQUITABLE MATERNITY CARE IN NINE CORE COUNTRIES (BANGLADESH, GUATEMALA, HAITI, INDIA, INDONESIA, KENYA, NEPAL, TANZANIA, AND THE UNITED STATES). THROUGH GENERAL OPERATING SUPPORT GRANTS, EMC INVESTS IN COMMUNITY-LED SOLUTIONS THAT EXPAND, STRENGTHEN, AND DIVERSIFY THE MATERNITY CARE WORKFORCE AND ADVANCE PROVEN, EVIDENCE-BASED MODELS OF CARE AND SUPPORT THROUGH DIRECT SERVICE PROVISION. IN ADDITION TO GENERAL OPERATING SUPPORT GRANTS, EMC ISSUED EMERGENCY GRANTS TO SUPPORT RESPONSE EFFORTS TO HUMANITARIAN CRISES AND NATURAL DISASTERS IN UKRAINE, GAZA, AND OTHER SETTINGS AND SUPPORTED PROJECT-SPECIFIC EFFORTS TO SCALE

4b (Code:) (Expenses \$ 826,642. including grants of \$) (Revenue \$) RAISING AWARENESS & EDUCATION - IN 2023, THE ORGANIZATION ENGAGED 273,924 PEOPLE THROUGH EVENTS, CAMPAIGNS, RACES, AND FILMS THAT HELPED SHINE A SPOTLIGHT ON MATERNAL HEALTH. BY AMPLIFYING WOMEN'S VOICES AND BIRTHING EXPERIENCES, WE EDUCATE THE PUBLIC ABOUT MATERNAL HEALTH CHALLENGES AND SOLUTIONS AROUND THE WORLD. THROUGH COMPELLING STORYTELLING AND ENGAGING ACTIVITIES SUCH AS OUR RUNNING AND FITNESS EVENTS, WE HAVE GROWN A COMMUNITY OF INFORMED SUPPORTERS AND INSPIRED THESE INDIVIDUALS TO BECOME ADVOCATES FOR THEMSELVES AND OTHERS.

4c (Code:) (Expenses \$ 701,744. including grants of \$) (Revenue \$) POLICY & ADVOCACY - TO IMPROVE MATERNAL HEALTH OUTCOMES, THE ORGANIZATION ADVOCATES FOR SYSTEMS CHANGE. IN 2023, IT SUPPORTED 24 PIECES OF LEGISLATION (INCLUDING 13 BILLS IN AN OMNIBUS PACKAGE) AT THE U.S. FEDERAL LEVEL TO ADVANCE MATERNAL HEALTH AND MOBILIZED OVER 2,400 ADVOCATES THROUGH EMC ADVOCACY TRAINING AND TAKE ACTION CAMPAIGNS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,683,687.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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 during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included on line 1a... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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) available 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 on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMES BOYD, DIRECTOR OF FINANCE - (646) 918-6609
333 HUDSON STREET, 1006, NEW YORK, NY 10013

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NAN STRAUSS, MANAGING DIR. OF POL., ADV. & GRAN (UNTIL 2/15/23)	40.00				X		158,066.	0.	12,821.	
(2) NINA R. BLECKER VP. COMMUNICATIONS & MARKETING	40.00				X		162,400.	0.	1,772.	
(3) COURTNEY YANNACCI CHIEF OF STAFF	40.00			X			142,818.	0.	18,413.	
(4) MELISSA GRADILLA DIRECTOR, GRANTMAKING	40.00				X		127,836.	0.	20,636.	
(5) GRACE KELLUM DIR. OF BRAND PARTNERSHIPS	40.00				X		132,500.	0.	5,573.	
(6) KATHARINE GRIMES, DIR. OF FIN. & OPS., SECRETARY (UNTIL 4/30/23)	40.00			X			35,236.	0.	5,801.	
(7) ALLISON GOLLUST DIRECTOR	2.00	X					0.	0.	0.	
(8) AUTUMN HUNTER DIRECTOR	2.00	X					0.	0.	0.	
(9) CHRISTIANE LEMIEUX DIRECTOR	2.00	X					0.	0.	0.	
(10) DR. SHARMILA MAKHIJA DIRECTOR	2.00	X					0.	0.	0.	
(11) ELIZABETH (LIZ) HOWELL DIRECTOR	2.00	X					0.	0.	0.	
(12) KIM THU-POSNETT DIRECTOR	2.00	X					0.	0.	0.	
(13) MARIAM NAFICY DIRECTOR	2.00	X					0.	0.	0.	
(14) CHRISTY TURLINGTON BURNS PRESIDENT AND FOUNDER	40.00	X		X			0.	0.	0.	
(15) ELIZABETH (LIZ) ROBINSON CHAIR, TREASURER (FROM 4/1/23)	2.00	X		X			0.	0.	0.	
(16) HILANI KERR DIRECTOR, TREASURER (UNTIL 3/1/23)	2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							758,856.	0.	65,016.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							758,856.	0.	65,016.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RSM US LLP, 151 W 42ND STREET, 19TH FLOOR, NEW YORK, NY 10036	ACCOUNTING	211,252.
PRIMARY MATERNITY CARE, LLC 67 HAUSER STREET, MILFORD, CT 06460	HEALTH SYSTEMS CONSULTING	180,720.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	218,657.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,236,295.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 17,305.				
	h	Total. Add lines 1a-1f		7,454,952.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		323,662.			323,662.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					9,953,102.			
	b	Less: cost or other basis and sales expenses	7b	9,917,254.				
	c	Gain or (loss)	7c	35,848.				
	d	Net gain or (loss)		35,848.			35,848.	
8 a	Gross income from fundraising events (not including \$ 218,657. of contributions reported on line 1c). See Part IV, line 18	8a		16,717.				
				117,179.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events		-100,462.			-100,462.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	900099	1,516.		1,516.	
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d			1,516.			
12	Total revenue. See instructions			7,715,516.	0.	0.	260,564.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,499,000.	2,499,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	607,500.	607,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	207,967.	207,967.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,467,460.	829,588.	492,524.	145,348.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,138.	9,298.	4,729.	2,111.
9 Other employee benefits	159,964.	113,221.	33,652.	13,091.
10 Payroll taxes	131,074.	84,889.	33,971.	12,214.
11 Fees for services (nonemployees):				
a Management				
b Legal	66,541.	31,749.	34,792.	
c Accounting	166,919.	5,773.	161,146.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,105.		6,105.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,112,453.	939,698.	169,535.	3,220.
12 Advertising and promotion	81,448.	81,043.	405.	
13 Office expenses	120,524.	87,872.	22,711.	9,941.
14 Information technology	82,823.	67,086.	10,422.	5,315.
15 Royalties				
16 Occupancy	159,384.	129,556.	17,095.	12,733.
17 Travel	145,872.	135,021.	10,851.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	110,703.	95,196.	14,232.	1,275.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,405.	9,249.	29,156.	
23 Insurance	7,821.	7,276.	139.	406.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MATERNAL HEALTH SUPPORT	638,770.	638,734.	36.	
b LICENSES AND FEES	85,896.	45,810.	39,232.	854.
c STAFF TRAINING	51,520.	38,218.	9,822.	3,480.
d EQUIPMENT & FURNITURE	4,655.	127.	4,528.	
e All other expenses	26,076.	19,816.	6,260.	
25 Total functional expenses. Add lines 1 through 24e	7,995,018.	6,683,687.	1,101,343.	209,988.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,049,788.	1	1,059,962.
	2 Savings and temporary cash investments	4,679,184.	2	375,660.
	3 Pledges and grants receivable, net	1,288,784.	3	2,103,315.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,643.	9	203,002.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 275,544.		
	b Less: accumulated depreciation	10b 178,205.	60,239.	10c 97,339.
	11 Investments - publicly traded securities	3,829,328.	11	8,283,738.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	324,768.	15	162,346.
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,284,734.	16	12,285,362.	
Liabilities	17 Accounts payable and accrued expenses	288,137.	17	717,271.
	18 Grants payable	710,000.	18	620,000.
	19 Deferred revenue		19	139,151.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	289,689.	25	117,835.
	26 Total liabilities. Add lines 17 through 25	1,287,826.	26	1,594,257.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,196,898.	27	8,325,251.
	28 Net assets with donor restrictions	1,800,010.	28	2,365,854.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,996,908.	32	10,691,105.
33 Total liabilities and net assets/fund balances	12,284,734.	33	12,285,362.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,715,516.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,995,018.
3	Revenue less expenses. Subtract line 2 from line 1	3	-279,502.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,996,908.
5	Net unrealized gains (losses) on investments	5	-26,301.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,691,105.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4217427.	8646430.	7529893.	8052561.	7454952.	35901263.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4217427.	8646430.	7529893.	8052561.	7454952.	35901263.
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)						4384809.
6 Public support. Subtract line 5 from line 4.						31516454.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4217427.	8646430.	7529893.	8052561.	7454952.	35901263.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	65,185.	88,043.	225,315.	179,558.	323,662.	881,763.
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.)				40,458.	18,233.	58,691.
11 Total support. Add lines 7 through 10						36841717.
12 Gross receipts from related activities, etc. (see instructions)					12	650,000.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	85.55	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	90.62	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

EVERY MOTHER COUNTS

Employer identification number

45-4102644

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization EVERY MOTHER COUNTS	Employer identification number 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	 <hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 177,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERY MOTHER COUNTS	Employer identification number 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
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization EVERY MOTHER COUNTS	Employer identification number 45-4102644
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		0.
e Publications, or published or broadcast statements?	X		9,062.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		13,259.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		509.
i Other activities?		X	
j Total. Add lines 1c through 1i			22,830.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION PARTICIPATES IN VARIOUS LOBBYING ACTIVITIES THROUGHOUT THE YEAR INCLUDING WORKING WITH FEDERAL AGENCIES TO KEEP EACH OTHER INFORMED, ENDORSING AND DISCUSSING FEDERAL & STATE LEGISLATION, ATTENDING SPEAKING ENGAGEMENTS AND CONFERENCES, AND PARTICIPATING IN OTHER POLICY & ADVOCACY ACTIVITIES.

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

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and several yes/no questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,320.	4,320.	0.
d Equipment		119,389.	83,912.	35,477.
e Other		151,835.	89,973.	61,862.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				97,339.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	117,835.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,800,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-26,301.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-26,301.
3	Subtract line 2e from line 1		3	7,826,590.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,105.	
b	Other (Describe in Part XIII.)	4b	-117,179.	
c	Add lines 4a and 4b		4c	-111,074.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,715,516.

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

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

1	Total expenses and losses per audited financial statements		1	8,106,092.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	117,179.	
e	Add lines 2a through 2d		2e	117,179.
3	Subtract line 2e from line 1		3	7,988,913.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,105.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	6,105.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7,995,018.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2023 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THE STATUTE OF LIMITATIONS GENERALLY REMAINS OPEN FOR THREE TAX YEARS WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE ORGANIZATION FILES TAX RETURNS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED ON FORM 990, PART VIII, LINE

8B

-117,179.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED ON FORM 990, PART VIII, LINE

8B 117,179.

**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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

EVERY MOTHER COUNTS

45-4102644

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		60,000.
EUROPE	0	0	GRANTMAKING		25,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		522,500.
3 a Subtotal	0	0			607,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			607,500.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMC'S GENERAL OPERATING SUPPORT GRANTS PROVIDE UNRESTRICTED SUPPORT	242,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMC'S EMERGENCY RESPONSE/DISASTER RELIEF GRANTS PROVIDE SUPPORT FOR	155,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMC'S IMPACT SCALER GRANTS PROVIDE RESTRICTED FUNDING FOR ORGANIZATIONS TO	100,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EMC'S GENERAL OPERATING SUPPORT GRANTS PROVIDE UNRESTRICTED SUPPORT	60,000.	WIRE	0.		
		EUROPE	THE GENERAL OPERATING SUPPORT GRANT WILL HELP SUSTAIN THE WORK OF THE HUNGARIAN	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMC'S GENERAL OPERATING SUPPORT GRANTS PROVIDE UNRESTRICTED SUPPORT	25,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 6

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

THE ORGANIZATION REQUIRES BIENNIAL REPORTING FROM ALL ITS GRANTEEES
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: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EMC'S GENERAL OPERATING SUPPORT GRANTS PROVIDE
UNRESTRICTED SUPPORT FOR ORGANIZATIONS TO PURSUE THEIR CHARITABLE
MISSION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EMC'S EMERGENCY RESPONSE/DISASTER RELIEF GRANTS
PROVIDE SUPPORT FOR ORGANIZATIONS THAT ARE PROVIDING MATERNAL
HEALTH-RELATED SERVICES IN CONNECTION WITH AN ONGOING EMERGENCY OR IN THE
IMMEDIATE AFTERMATH OF A DISASTER.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EMC'S IMPACT SCALAR GRANTS PROVIDE RESTRICTED
FUNDING FOR ORGANIZATIONS TO PURSUE SPECIFIC PROJECTS THAT WORK TO

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.

ELIMINATE DISPARITIES IN MATERNAL HEALTH AND ACHIEVE QUALITY, RESPECTFUL,
AND EQUITABLE MATERNITY CARE FOR ALL.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: EMC'S GENERAL OPERATING SUPPORT GRANTS PROVIDE
UNRESTRICTED SUPPORT FOR ORGANIZATIONS TO PURSUE THEIR CHARITABLE
MISSION.

REGION: EUROPE

(D) PURPOSE OF GRANT: THE GENERAL OPERATING SUPPORT GRANT WILL HELP
SUSTAIN THE WORK OF THE HUNGARIAN MIDWIVES' ASSOCIATION AND THE
INDPENDENT MIDWIVES ASSOCIATION OF ROMANIA IN NEIGHBORING COUNTRIES TO
UKRAINE TO PROVIDE EMERGENCY MATERNAL AND REPRODUCTIVE HEALTH CARE
SERVICES FOR UKRANIAN REFUGEES AND ASSISTANCE TO UKRAINE MIDWIVES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EMC'S GENERAL OPERATING SUPPORT GRANTS PROVIDE
UNRESTRICTED SUPPORT FOR ORGANIZATIONS TO PURSUE THEIR CHARITABLE
MISSION.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	235,374.		235,374.
	2	Less: Contributions	218,657.		218,657.
	3	Gross income (line 1 minus line 2)	16,717.		16,717.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	392.		392.
	6	Rent/facility costs	53,850.		53,850.
	7	Food and beverages			
	8	Entertainment	800.		800.
	9	Other direct expenses	62,137.		62,137.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			117,179.
11	Net income summary. Subtract line 10 from line 3, column (d)			-100,462.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" 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

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCOMPANY DOULA CARE, INC. 867 BOYLSTON STREET 5TH FLOOR, PMB BOSTON, MA 02116	85-4386027	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT TO ADVANCE THE ORGANIZATION'S MISSION TO ACCOMPANY BIRTHING
COMMONSENSE CHILDBIRTH, INC. (NAME: ANCIENT SONG DOULA SERVICES) - 375 STUYVESANT AVENUE - BROOKLYN, NY 11233	59-3479821	501(C)(3)	65,000.	0.			GENERAL OPERATING SUPPORT FOR ANCIENT SONG DOULA SERVICES TO SUPPORT THEIR MISSION TO ENSURE THAT
BABYCAKES AND BRUNCH (NAME: SHADES OF BLUE PROJECT) - 1222 IMPERIAL BEND DRIVE - HOUSTON, TX 77073	47-1005042	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT FOR THE SHADES OF BLUE PROJECT TO HELP WOMEN BEFORE, DURING AND AFTER
BLACK MAMAS MATTER ALLIANCE INC. 1237 RALPH DAVID ABERNATHY BOULEVAR ATLANTA, GA 30310	51-0544927	501(C)(3)	10,000.	0.			SPONSORSHIP FOR BLACK MATERNAL HEALTH WEEK THROUGH BLACK MAMAS MATTER ALLIANCE INC.
BUMI SEHAT FOUNDATION INTERNATIONAL - 25 COLBY STREET - BARRE, VT 05641	47-0944511	501(C)(3)	175,000.	0.			GENERAL OPERATING SUPPORT FOR BUMI SEHAT'S WORK TO IMPROVE ACCESS TO QUALITY HEALTHCARE, ESPECIALLY
CHANGING WOMEN INITIATIVE 460 SAINT MICHAEL DRIVE, SUITE 804 SANTE FE, NM 87505	81-1078799	501(C)(3)	90,000.	0.			GENERAL OPERATING SUPPORT TO ADVANCE CHANGING WOMAN INITIATIVE'S MISSION TO EMPOWER DIVERSE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **36.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONSENSE CHILDBIRTH, INC. 213 S DILLARD STREET SUITE 340 WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT FOR COMMONSENSE CHILDBIRTH TO ADVANCE THEIR EFFORTS TO
COMMUNITY FOR CHILDREN, INC. 2922 EMERALD LAKE DRIVE HARLINGEN, TX 78550	47-4494949	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT FOR THE ORGANIZATION TO PROVIDE PRENATAL AND POSTPARTUM CARE TO
COMMUNITY OF HOPE, INC. 4 ATLANTIC STREET SOUTHWEST WASHINGTON, DC 20032-2350	52-1184749	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT TO ADVANCE COMMUNITY OF HOPE'S EFFORTS TO PROVIDE HIGH-QUALITY, CULTURALLY
FOUNDATION FOR ADVANCEMENT OF HAITIAN MIDWIVES (FAHM) - 711 AMSTERDAM AVENUE, SUITE 3B - NEW YORK, NY 10025	46-5158314	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT FOR FAHM TO SUPPORT HAITIAN MIDWIVES, MIDWIFERY ASSOCIATIONS,
GRACE COMMUNITY BIRTH CENTER, INC. 530 WEST 11TH STREET TRAVERSE CITY, MI 49684	22-3883033	501(C)(3)	25,000.	0.			TO SUPPORT GRACE TO PROVIDE AFFORDABLE, ACCESSIBLE AND RESPECTFUL MATERNITY CARE FOR THE
GLOBAL BIRTHING HOME FOUNDATION (NAME: MAISON DE NAISSANCE) - 5000 W 134TH STREET - LEAWOOD, KS 66209	41-2156522	501(C)(3)	25,000.	0.			TO SUPPORT MAISON DE NAISSANCE TO PROVIDE CRITICAL MATERNAL AND INFANT HEALTH CARE
HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII - 245 NORTH KUKUI STREET #102A - HONOLULU, HI 96817	99-0299264	501(C)(3)	20,000.	0.			EMERGENCY GRANT SUPPORT AFTER THE WILDFIRES IN MAUI TO SET UP A MAKESHIFT CLINIC AND
HOPE FOUNDATION FOR WOMEN AND CHILDREN OF BANGLADESH - 16401 NW 2ND AVENUE, SUITE 202 - MIAMI, FL 33169	65-0925102	501(C)(3)	300,000.	0.			GENERAL OPERATING SUPPORT FOR THE HOPE FOUNDATION TO PROVIDE QUALITY HEALTH SERVICES TO THE MOST
INTERNATIONAL MOTHERBABY CHILDBIRTH INITIATIVE INC (NAME: INTERNATIONAL CHILDBIR - PO BOX 504 - PONTE VEDRA BEACH, FL 32004	80-0409828	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT TO ADVANCE ICI'S MISSION TO PROMOTE, SAFE, RESPECTFUL, EQUITABLE AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LWALA COMMUNITY ALLIANCE PO BOX 60688 NASHVILLE, TN 37206	26-1303951	501(C)(3)	150,000.	0.			PROJECT SUPPORT FOR THE SCALING OF LWALAS OBSTETRIC HEMORRHAGE INITIATIVE (OHI), WHICH
MAMATOTO VILLAGE 4315 SHERIFF ROAD NORTHEAST WASHINGTON, DC 20019	46-2564702	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT TO ADVANCE MAMATOTO'S EFFORTS TO PROVIDE ACCESSIBLE PERINATAL
MAYA MIDWIFERY INTERNATIONAL (NAME: ASOCIACION DE COMADRONAS DEL AREA MAM) - 308 S REGESTER - BALTIMORE, MD 21231	47-1215016	501(C)(3)	110,000.	0.			GENERAL OPERATING SUPPORT TO ADVANCE ACAM'S WORK TO IMPROVE MATERNAL CHILD HEALTH OUTCOMES BY
MEDGLOBAL, INC. 10604 SOUTHWEST HIGHWAY, SUITE 107 CHICAGO, IL 60415	82-2517347	501(C)(3)	30,000.	0.			EMERGENCY GRANT SUPPORT FOR MATERNAL HEALTH-RELATED EMERGENCY RESPONSE EFFORTS IN
MEMPHIS CENTER FOR REPRODUCTIVE HEALTH (NAME: CHOICES IN CHILDBIRTH) - 1203 POPLAR AVENUE - MEMPHIS, TN 38104	62-0931089	501(C)(3)	55,000.	0.			PROJECT SUPPORT FOR THE DESIGN, IMPLEMENTATION, AND ANALYSIS OF CHOICES IN CHILDBIRTH IN CLINICAL
NAZDEEK INC. 205 CLINTON AVENUE. APT 1F BROOKLYN, NY 11205	45-4706761	501(C)(3)	90,000.	0.			GENERAL OPERATING SUPPORT TO SUPPORT NAZDEEK'S WORK TO ADVANCE COMMUNITY JUSTICE AND LEGAL
ONE HEART WORLD WIDE 8141 EL EXTENSO COURT SAN DIEGO, CA 92119	30-1032421	501(C)(3)	100,000.	0.			PROJECT SUPPORT FOR ONE HEART WORLDWIDE'S EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING OF MOTHERS AND
OPENCOLLECTIVE FOUNDATION (NAME: SUENOS SIN FRONTERAS DE TEJAS) - 340 SOUTH LEMON AVENUE #3717 - WALNUT, CA 91789	81-4004928	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT FOR SUENOS SIN FRONTERAS DE TEJAS TO WORK WITH IMMIGRANT AND
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. (NAME: CHOICES IN CHILDBIRTH) - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	45,000.	0.			PROJECT SUPPORT FOR THE DESIGN, IMPLEMENTATION, AND ANALYSIS OF CHOICES IN CHILDBIRTH IN CLINICAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT MEDISHARE FOR HAITI 8260 NORTHEAST 2ND AVENUE MIAMI, FL 33138	65-0965848	501(C)(3)	25,000.	0.			TO SUPPORT PROJECT MEDISHARE'S MATERNAL HEALTH EFFORTS DURING TIMES OF ONGOING
PROJECT MOTHERPATH, INC. (NAME: ROOTS COMMUNITY BIRTH CENTER & MAGNOLIA BIRTH HO - 16821 NE 6TH AVENUE - NORTH MIAMI BEACH, FL	45-3192870	501(C)(3)	115,000.	0.			GENERAL OPERATING SUPPORT TO SUPPORT THE WORK OF TWO BIRTH CENTERS: ROOTS COMMUNITY BIRTH CENTER IN
PUBLIC HEALTH FOUNDATION (NAME: SISTERWEB) - 13300 CROSSROADS PARKWAY NORTH, SUITE 450 - CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	80,000.	0.			GENERAL OPERATING SUPPORT FOR SISTERWEB, A NETWORK OF CULTURALLY CONGRUENT COMMUNITY DOULAS AND
RESIST INC (NAME: NEIGHBORHOOD BIRTH CENTER) - PO BOX 301240 - BOSTON, MA 02139	04-2433182	501(C)(3)	50,000.	0.			TO SUPPORT NEIGHBORHOOD BIRTH CENTER IN THEIR WORK TO GROW CLINICAL OPERATIONAL
OPERATION RESTORATION (NAME: BIRTHMARK DOULA COLLECTIVE) - PO BOX 56894 - NEW ORLEANS, LA 70156	61-1791941	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT FOR BIRTHMARK TO IMPROVE PERINATAL OUTCOMES AND EXPERIENCES OF PREGNANT,
TEWA WOMEN UNITED PO BOX 397 SANTA CRUZ, NM 87567	85-0480836	501(C)(3)	55,000.	0.			TO ENHANCE THE CAPACITY OF TEWAS INDIGENOUS WOMENS HEALTH AND REPRODUCTIVE JUSTICE
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOUNDATION (NAME: PREGNANCY POP-UP VILLA - 2001 THE EMBARCADERO, 3RD FLOOR - SAN	94-2829914	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT FOR PREGNANCY POP-UP VILLAGE TO CREATE A SPACE THAT IS RESOURCEFUL AND
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL (NAME: CHOICES IN CHILDBIRTH) - PO BOX 402420 - ATLANTA, GA 30384-2420	56-6001393	501(C)(3)	55,000.	0.			PROJECT SUPPORT FOR THE DESIGN, IMPLEMENTATION, AND ANALYSIS OF CHOICES IN CHILDBIRTH IN CLINICAL
UZAZI VILLAGE 4232 TROOST AVENUE KANSAS CITY, MO 64110	46-0589830	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT TO SUPPORT UZAZI'S EFFORTS TO DECONSTRUCT ANTI-BLACK HEALTHCARE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE BIRTH INTERNATIONAL PO BOX 205 SYRACUSE, NY 13205	27-1297212	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT TO SUPPORT THE ORGANIZATION'S WORK TO FOSTER HUMANE BIRTH
WE CARE SOLAR 2140 SHATTUCK AVENUE, SUITE 305 BERKELEY, CA 94704	30-0627106	501(C)(3)	14,000.	0.			EMERGENCY GRANT TO SUPPORT BUMI SEHAT WITH FOUR SOLAR SUITCASES TO BE USED DURING AND AFTER
WOMEN'S JUSTICE INITIATIVE (NAME: COLECTIVO) - PO BOX 21540 - NEW YORK, NY 10087-1540	30-0681223	501(C)(3)	30,000.	0.			TO CONTRIBUTE TO THE WORK OF THE COLECTIVO, A GROUP COMPRISED OF MEMBERS FROM WOMENS JUSTICE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION REQUIRES BIANNUAL REPORTING FROM ALL ITS GRANTEES INSIDE THE UNITED STATES. THE ORGANIZATION USES THESE REPORTS TO INSURE THAT THE ENTITIES ARE COMPLYING WITH THE GRANT AGREEMENT. FURTHER, WHEN POSSIBLE, THE ORGANIZATION'S EMPLOYEES TRAVEL TO THE GRANT SITE TO OBSERVE FIRST-HAND THE USE OF THE GRANT FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACCOMPANY DOULA CARE, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO ADVANCE THE ORGANIZATION'S MISSION TO ACCOMPANY BIRTHING FAMILIES IN A WAY THAT INTEGRATES DOULA SUPPORT IN HEALTHCARE SYSTEMS TO ELEVATE THE FAMILYS VOICE, IMPROVE BIRTH OUTCOMES, REDUCE COSTS, AND STRENGTHEN THE COMMUNITY WORKFORCE.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMONSENSE CHILDBIRTH, INC. (NAME: ANCIENT SONG DOULA SERVICES)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR ANCIENT SONG DOULA SERVICES TO SUPPORT THEIR MISSION TO ENSURE THAT ALL PREGNANT, POSTPARTUM, AND PARENTING PEOPLE OF COLOR HAVE ACCESS TO HIGH-QUALITY, HOLISTIC DOULA CARE AND SERVICES REGARDLESS OF THEIR ABILITY TO PAY.

NAME OF ORGANIZATION OR GOVERNMENT:

BABYCAKES AND BRUNCH (NAME: SHADES OF BLUE PROJECT)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE SHADES OF BLUE PROJECT TO HELP WOMEN BEFORE, DURING AND AFTER CHILDBIRTH WITH COMMUNITY RESOURCES, MENTAL HEALTH ADVOCACY, TREATMENT AND SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: BUMI SEHAT FOUNDATION INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR BUMI SEHAT'S WORK TO IMPROVE ACCESS TO QUALITY HEALTHCARE, ESPECIALLY REPRODUCTIVE HEALTHCARE AND EDUCATION, A HUMAN RIGHT. IN ADDITION, A CAPACITY BUILDING GRANT TO SUPPORT THE ATTENDANCE OF BUMI SEHAT MIDWIVES AT THE 2023 ICM CONFERENCE IN BALI AND A SITE VISIT GRANT AFTER AN EMC LEARNING TRIP.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHANGING WOMEN INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO ADVANCE CHANGING WOMAN INITIATIVE'S MISSION TO EMPOWER DIVERSE INDIGENOUS COMMUNITIES TO PROTECT CULTURAL BIRTH RESILIENCY AND THE FUNDAMENTAL INDIGENOUS HUMAN RIGHT TO REPRODUCTIVE HEALTH, DIGNITY, AND JUSTICE.

NAME OF ORGANIZATION OR GOVERNMENT: COMMONSENSE CHILDBIRTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR COMMONSENSE CHILDBIRTH TO ADVANCE THEIR EFFORTS TO ERADICATE RACIAL DISPARITIES IN PERINATAL HEALTH BY RESTORING DEEPLY ROOTED NETWORKS OF CARE AND SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOR CHILDREN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE ORGANIZATION TO PROVIDE PRENATAL AND POSTPARTUM CARE TO MIGRANT WOMEN AND THEIR NEWBORNS AS WELL AS REFERRALS TO CASE MANAGERS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY OF HOPE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO ADVANCE COMMUNITY OF HOPE'S EFFORTS TO PROVIDE HIGH-QUALITY, CULTURALLY COMPETENT, AND AFFORDABLE MATERNAL AND CHILD HEALTH CARE TO IMPROVE OUTCOMES FOR PARENTS, INFANTS, AND CHILDREN, AND PARTICULARLY BLACK AND BROWN FAMILIES IN DC.

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR ADVANCEMENT OF HAITIAN MIDWIVES (FAHM)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR FAHM TO SUPPORT HAITIAN MIDWIVES, MIDWIFERY ASSOCIATIONS, AND MIDWIFERY

Part IV Supplemental Information

STUDENTS IN PROMOTING THE MIDWIFERY PROFESSION AND MODEL OF CARE IN HAITI TO POSITION MIDWIVES AS PUBLIC HEALTH LEADERS IN THEIR COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE COMMUNITY BIRTH CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRACE TO PROVIDE AFFORDABLE, ACCESSIBLE AND RESPECTFUL MATERNITY CARE FOR THE WOMEN, CHILDREN, AND FAMILIES OF HAITI.

NAME OF ORGANIZATION OR GOVERNMENT:

GLOBAL BIRTHING HOME FOUNDATION (NAME: MAISON DE NAISSANCE)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MAISON DE NAISSANCE TO PROVIDE CRITICAL MATERNAL AND INFANT HEALTH CARE SERVICES AT THEIR BIRTH CENTER IN TORBECK, AS WELL AS SUPPORT WITH EXPENSES RELATED TO FOOD, MEDICAL SUPPLIES, AND FUEL DURING A TIME OF ONGOING INSTABILITY IN HAITI.

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY GRANT SUPPORT AFTER THE WILDFIRES IN MAUI TO SET UP A MAKESHIFT CLINIC AND TRANSPORT A MOBILE UNIT TO PROVIDE IMMEDIATE ACCESS TO CRITICAL MEDICAL SUPPLIES AND ENABLE MIDWIVES AND BIRTH WORKERS TO REACH THE MOST AFFECTED COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

HOPE FOUNDATION FOR WOMEN AND CHILDREN OF BANGLADESH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR THE HOPE FOUNDATION TO PROVIDE QUALITY HEALTH SERVICES TO THE MOST UNDERSERVED POPULATIONS IN RURAL BANGLADESH USING EDUCATION, COMMUNITY OUTREACH, AND COMPASSIONATE HEALTH CARE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

INTERNATIONAL MOTHERBABY CHILDBIRTH INITIATIVE INC (NAME: INTERNATIONAL CHIL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO ADVANCE
ICI'S MISSION TO PROMOTE, SAFE, RESPECTFUL, EQUITABLE AND EVIDENCE-BASED
CARE FOR ALL FAMILIES DURING PREGNANCY, CHILDBIRTH, AND THE NEONATAL
PERIOD.

NAME OF ORGANIZATION OR GOVERNMENT: LWALA COMMUNITY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE SCALING OF
LWALAS OBSTETRIC HEMORRHAGE INITIATIVE (OHI), WHICH ADDRESSES THE LEADING
CAUSE OF MATERNAL DEATH IN KENYA BY ADVANCING A BUNDLE OF PROTOCOLS AND
TOOLS TO TREAT OBSTETRIC HEMORRHAGE AND THE TRAINING OF HEALTH CARE
PROVIDERS TO KNOW WHICH TOOLS TO DEPLOY AND WHEN, AND TO EXPAND THE
IMPLEMENTATION OF OHI ACTIVITIES TO ADDITIONAL COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: MAMATOTO VILLAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO ADVANCE
MAMATOTO'S EFFORTS TO PROVIDE ACCESSIBLE PERINATAL SUPPORT SERVICES
DESIGNED TO EQUIP WOMEN WITH THE NECESSARY TOOLS TO MAKE THE MOST
INFORMED DECISIONS IN THEIR MATERNITY CARE, PARENTING, AND LIVES AND THE
CREATION OF CAREER PATHWAYS IN MATERNAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT:

MAYA MIDWIFERY INTERNATIONAL (NAME: ASOCIACION DE COMADRONAS DEL AREA MAM)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO ADVANCE
ACAM'S WORK TO IMPROVE MATERNAL CHILD HEALTH OUTCOMES BY HELPING TO
PREPARE AND SUSTAIN LOCAL MIDWIVES IN THEIR COMMUNITIES AND SUPPORTING

Part IV Supplemental Information

THEM TO HAVE A VOICE IN LOCAL AND NATIONAL POLICIES.

NAME OF ORGANIZATION OR GOVERNMENT: MEDGLOBAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY GRANT SUPPORT FOR MATERNAL HEALTH-RELATED EMERGENCY RESPONSE EFFORTS IN CONNECTION WITH THE HUMANITARIAN CRISIS IN GAZA.

NAME OF ORGANIZATION OR GOVERNMENT:

MEMPHIS CENTER FOR REPRODUCTIVE HEALTH (NAME: CHOICES IN CHILDBIRTH)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE DESIGN, IMPLEMENTATION, AND ANALYSIS OF CHOICES IN CHILDBIRTH IN CLINICAL SETTINGS.

NAME OF ORGANIZATION OR GOVERNMENT: NAZDEEK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO SUPPORT NAZDEEK'S WORK TO ADVANCE COMMUNITY JUSTICE AND LEGAL EMPOWERMENT.

NAME OF ORGANIZATION OR GOVERNMENT: ONE HEART WORLD WIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR ONE HEART WORLDWIDE'S EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING OF MOTHERS AND NEWBORNS IN UNDERSERVED AREAS OF RURAL NEPAL BY CONTRIBUTING TO SCALING OF OHW'S NETWORK OF SAFETY MODEL IN ADDITIONAL DISTRICTS.

NAME OF ORGANIZATION OR GOVERNMENT:

OPENCOLLECTIVE FOUNDATION (NAME: SUENOS SIN FRONTERAS DE TEJAS)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR SUENOS SIN FRONTERAS DE TEJAS TO WORK WITH IMMIGRANT AND UNDOCUMENTED BIRTHING PEOPLE TO PROVIDE SUPPORT AND RESOURCES THEY NEED TO HOLISTICALLY SUPPORT

Part IV Supplemental Information

THEMSELVES AND THEIR FAMILIES NOT ONLY EXIST BUT ARE EQUITABLY
ACCESSIBLE.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. (NAME: CHOICES IN CHILDBIRT
(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE DESIGN,
IMPLEMENTATION, AND ANALYSIS OF CHOICES IN CHILDBIRTH IN CLINICAL
SETTINGS.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT MEDISHARE FOR HAITI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROJECT MEDISHARE'S
MATERNAL HEALTH EFFORTS DURING TIMES OF ONGOING INSTABILITY IN HAITI.

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT MOTHERPATH, INC. (NAME: ROOTS COMMUNITY BIRTH CENTER & MAGNOLIA BIRT
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO SUPPORT
THE WORK OF TWO BIRTH CENTERS: ROOTS COMMUNITY BIRTH CENTER IN
MINNEAPOLIS AND MAGNOLIA BIRTH HOUSE IN NORTH MIAMI BEACH TO PROVIDE
NON-REIMBURSABLE MIDWIFE-LED PRENATAL, CHILDBIRTH, AND POSTPARTUM CARE,
AS WELL AS WRAPAROUND SERVICES, REFERRALS, TRAINING FOR STAFF, AND
BROADER EDUCATION AND ADVOCACY EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT:

PUBLIC HEALTH FOUNDATION (NAME: SISTERWEB)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR
SISTERWEB, A NETWORK OF CULTURALLY CONGRUENT COMMUNITY DOULAS AND BIRTH
WORKERS FROM AND FOR BLACK COMMUNITIES, THAT WORKS TO DISMANTLE RACIST
HEALTH CARE SYSTEMS, STRENGTHEN COMMUNITY RESILIENCE, AND ADVANCE

Part IV Supplemental Information

ECONOMIC JUSTICE FOR BIRTHING FAMILIES AND DOULAS IN SAN FRANCISCO.

NAME OF ORGANIZATION OR GOVERNMENT:

RESIST INC (NAME: NEIGHBORHOOD BIRTH CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NEIGHBORHOOD BIRTH CENTER IN THEIR WORK TO GROW CLINICAL OPERATIONAL INFRASTRUCTURE, CREATE AND IMPLEMENT POLICIES, AND HIRE MORE STAFF TO MANAGE AND RUN THE BIRTH CENTER.

NAME OF ORGANIZATION OR GOVERNMENT:

OPERATION RESTORATION (NAME: BIRTHMARK DOULA COLLECTIVE)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR BIRTHMARK TO IMPROVE PERINATAL OUTCOMES AND EXPERIENCES OF PREGNANT, BIRTHING AND POSTPARTUM PEOPLE AND THEIR FAMILIES THROUGH DIRECT PERINATAL, BIRTH AND LACTATION SUPPORT FOR FAMILIES, LOCAL AND STATEWIDE ORGANIZING AND CULTURE CHANGE WORK WITH COMMUNITIES AND HEALTH CARE PROVIDERS AND POLICY ADVOCACY.

NAME OF ORGANIZATION OR GOVERNMENT: TEWA WOMEN UNITED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENHANCE THE CAPACITY OF TEWAS INDIGENOUS WOMENS HEALTH AND REPRODUCTIVE JUSTICE PROGRAM TO PROVIDE DIRECT SERVICES; STRENGTHEN THE TRAINING AND KNOWLEDGE BASE OF COMMUNITY DOULAS IN THEIR REGION; AND INCREASE THE PROGRAMS CAPACITY TO ENGAGE WITH OTHER BIRTH JUSTICE ADVOCATES, ORGANIZATIONS AND HEALTH CARE PROVIDERS TO ENSURE BEST CARE PRACTICES ACROSS NEW MEXICO.

NAME OF ORGANIZATION OR GOVERNMENT:

THE JOHNS HOPKINS UNIVERSITY (NAME: INTERNATIONAL MATERNAL NEWBORN HEALTH CO

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP FOR THE INTERNATIONAL MATERNAL NEWBORN HEALTH CONFERENCE 2023 IN CAPE TOWN, SOUTH AFRICA.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOUNDATION (NAME: PREGNANCY POP-UP V

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR PREGNANCY POP-UP VILLAGE TO CREATE A SPACE THAT IS RESOURCEFUL AND UPLIFTING, BUILDS COMMUNITY BETWEEN SERVICE PROVIDERS, PREGNANT PEOPLE AND THEIR FAMILIES, AND IS DESIGNED IN RESPONSE TO COMMUNITY NEEDS AND WANTS, PROMOTING HEALING, TRUST, RELATIONSHIP BUILDING AND CLIENT GUIDED LEARNING AND EMPOWERMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL (NAME: CHOICES IN CHILDBIRTH)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SUPPORT FOR THE DESIGN, IMPLEMENTATION, AND ANALYSIS OF CHOICES IN CHILDBIRTH IN CLINICAL SETTINGS.

NAME OF ORGANIZATION OR GOVERNMENT: UZAZI VILLAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO SUPPORT UZAZI'S EFFORTS TO DECONSTRUCT ANTI-BLACK HEALTHCARE SYSTEMS AND THE RE-CONSTRUCTION OF EQUITABLE AND JUST SYSTEMS OF CARE FOR BLACK AND BROWN CHILDBEARING FAMILIES AND COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE BIRTH INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO SUPPORT THE ORGANIZATION'S WORK TO FOSTER HUMANE BIRTH PRACTICES AND INCREASE ACCESS TO MATERNAL AND INFANT HEALTH THROUGH COLLABORATIVE AND EQUITABLE

Part IV Supplemental Information

INTERNATIONAL PARTNERSHIPS AND TRAININGS.

NAME OF ORGANIZATION OR GOVERNMENT: WE CARE SOLAR

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY GRANT TO SUPPORT BUMI SEHAT WITH FOUR SOLAR SUITCASES TO BE USED DURING AND AFTER EMERGENCIES IN INDONESIA.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S JUSTICE INITIATIVE (NAME: COLECTIVO)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTRIBUTE TO THE WORK OF THE COLECTIVO, A GROUP COMPRISED OF MEMBERS FROM WOMENS JUSTICE INITIATIVE, MAYA HEALTH ALLIANCE, MAIA, WINGS, AND OTHERS FOCUSED ON CAPACITY BUILDING OF LOCAL INDIGENOUS WOMEN AS LEADERS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

EVERY MOTHER COUNT'S

Employer identification number

45-4102644

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NAN STRAUSS, MANAGING DIR. OF POL., ADV. & GRAN (UNTIL 2/15/23)	(i)	97,586.	0.	60,480.	3,942.	8,879.	170,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NINA R. BLECKER VP. COMMUNICATIONS & MARKETING	(i)	162,400.	0.	0.	1,499.	273.	164,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) COURTNEY YANNACCI CHIEF OF STAFF	(i)	142,818.	0.	0.	4,285.	14,128.	161,231.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

NAN STRAUSS, MANAGING DIRECTOR, LEFT THE POSITION FEBRUARY 15, 2023. SHE RECEIVED A SEVERANCE PAYMENT OF \$60,480 UNDER A SEPARATION AGREEMENT DURING THE CALENDAR YEAR 2023 AND IT IS REPORTED IN PART II, COLUMN (B)(III).

PART I, LINE 7:

MELISSA GRADILLA, DIRECTOR, RECEIVED A BONUS OF \$5,000.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

EVERY MOTHER COUNTS

Employer identification number

45-4102644

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

SAFE, RESPECTFUL, AND EQUITABLE FOR EVERYONE, EVERYWHERE. MOTIVATED BY
THE BELIEF THAT MATERNAL HEALTH IS A HUMAN RIGHT, WE ADVANCE
EVIDENCE-BASED STRATEGIES TO ADDRESS THE GLOBAL MATERNAL HEALTH CRISIS
AND IMPROVE MATERNAL HEALTH OUTCOMES AND THE EXPERIENCE OF CARE FOR
ALL, FOCUSING SPECIFICALLY ON SUPPORTING COMMUNITY-CENTERED CARE AND
WORKFORCE DEVELOPMENT. WE DO THIS BY RAISING AWARENESS ABOUT THE
MATERNAL HEALTH CRISIS, INVESTING IN COMMUNITY-LED SOLUTIONS, AND
ADVOCATING FOR CRITICAL SYSTEMS CHANGE.

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

MATERNAL HEALTH CRISIS AND IMPROVE MATERNAL HEALTH OUTCOMES AND THE
EXPERIENCE OF CARE FOR ALL, FOCUSING SPECIFICALLY ON SUPPORTING
COMMUNITY-CENTERED CARE AND WORKFORCE DEVELOPMENT. WE DO THIS BY
RAISING AWARENESS ABOUT THE MATERNAL HEALTH CRISIS, INVESTING IN
COMMUNITY-LED SOLUTIONS, AND ADVOCATING FOR CRITICAL SYSTEMS CHANGE.

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

EVIDENCE-BASED, INNOVATIVE MODELS OF CARE AND SUPPORT, INCLUDING
JUSTBIRTH SPACE AND CHOICES IN CHILDBIRTH, TWO INITIATIVES THAT OFFER
FREE VIRTUAL SUPPORT AND EDUCATIONAL RESOURCES TO INDIVIDUALS DURING
PREGNANCY, CHILDBIRTH, AND BEYOND.

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

A 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

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

Schedule O (Form 990) 2023

Name of the organization

EVERY MOTHER COUNTS

Employer identification number

45-4102644

APPROVES THE FILING OF THE FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

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 INFORMATION WITH THE BOARD FOR ITS ACTION. IF A POTENTIAL CONFLICT INVOLVES A BOARD MEMBER, THAT MEMBER IS PRECLUDED FROM VOTING ON THE MATTER.

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

THE ORGANIZATION DETERMINES THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES BY CAREFULLY EXAMINING A NUMBER OF FACTORS INCLUDING COMPARABILITY DATA FOR SIMILAR POSITIONS ACROSS THE NGO SECTOR AND A CANDIDATE'S PREVIOUS EMPLOYMENT HISTORY AND COMPENSATION. FURTHER, IN THE CASE OF THE EXECUTIVE LEADER, THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE 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, OR, 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

Name of the organization EVERY MOTHER COUNTS	Employer identification number 45-4102644
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REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	898,457.
MANAGEMENT AND GENERAL EXPENSES	169,535.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,067,992.

GRAPHIC DESIGN:

PROGRAM SERVICE EXPENSES	38,891.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,220.
TOTAL EXPENSES	42,111.

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	2,350.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,350.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,112,453.
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