

Form **990**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** 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 \$ 8,894,014.
	333 HUDSON STREET		1006
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10013		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
F Name and address of principal officer: KAT GRIMES SAME AS C ABOVE			
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 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 16
	6 Total number of volunteers (estimate if necessary) 6 75
	7a 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) 4,217,427. Prior Year 8,646,430. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 87,983. 127,827.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 95,962. 18,407.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,401,372. 8,792,664.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,056,000. 1,952,000.
	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) 1,255,299. 1,444,288.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 248,657.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,306,422. 1,288,543.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,617,721. 4,684,831.	
19 Revenue less expenses. Subtract line 18 from line 12 783,651. 4,107,833.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 5,487,853. Beginning of Current Year 9,776,999. End of Year
	21 Total liabilities (Part X, line 26) 402,696. 402,696. 651,581.
	22 Net assets or fund balances. Subtract line 21 from line 20 5,085,157. 5,085,157. 9,125,418.

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			
	KAT GRIMES, DIRECTOR OF OPERATIONS & FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature <i>Aaron M. Fox</i>	Date 11/12/21	Check if self-employed <input type="checkbox"/>	PTIN P01365820
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323	Phone no. (202) 227-4000		
Firm's address ▶ 1899 L STREET, NW, SUITE 850		WASHINGTON, DC 20036			

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 (THE ORGANIZATION) IS A NON-PROFIT ORGANIZATION DEDICATED TO MAKING PREGNANCY AND CHILDBIRTH SAFE FOR EVERY MOTHER, EVERYWHERE. THE ORGANIZATION EDUCATES THE PUBLIC ABOUT MATERNAL HEALTH AND INVESTS IN COMMUNITY-LED PROGRAMS TO IMPROVE ACCESS TO ESSENTIAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] 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 \$ 2,006,664. including grants of \$ 1,952,000.) (Revenue \$) GRANTMAKING IN 2020, THE ORGANIZATION AWARDED 38 GRANTS TO 29 GRANTEEES ACROSS 9 COUNTRIES (BANGLADESH, GUATEMALA, HAITI, INDIA, INDONESIA, NEPAL, MEXICO, TANZANIA, AND THE UNITED STATES). EACH GRANT, INCLUDING EMERGENCY GRANTS MADE TO AREAS AFFECTED BY HUMANITARIAN CRISES, THE COVID-19 PANDEMIC, AND NATURAL DISASTERS, SUPPORTS WORK TO IMPROVE ACCESS TO QUALITY, RESPECTFUL AND EQUITABLE MATERNITY CARE. THE ORGANIZATION INVESTS IN PARTNERS AND SOLUTIONS THAT EXPAND, STRENGTHEN, AND DIVERSIFY THE HEALTH CARE WORKFORCE; ADVANCE PROVEN, EVIDENCE-BASED MODELS OF CARE; FACILITATE ACCESS TO RESOURCES AND CARE IN UNDERSERVED COMMUNITIES; PROMOTE HUMAN RIGHTS, EQUITY, AND BIRTH JUSTICE; AND PLACE MOTHERS AT THE CENTER.

4b (Code:) (Expenses \$ 937,831. including grants of \$) (Revenue \$) DRIVING ACTION PART OF THE ORGANIZATION'S CORE MISSION IS TO MOBILIZE THE PUBLIC TO TAKE ACTIONS THAT RESULT IN POSITIVE CHANGE FOR MOTHERS AND BIRTHING PEOPLE IN THE U.S. AND GLOBALLY. DUE TO THE PANDEMIC, EMC HOSTED A VIRTUAL "RACE FOR BIRTH JUSTICE" IN WHICH NEARLY 1,000 RUNNERS PARTICIPATED FROM 12 COUNTRIES, TO RAISE AWARENESS FOR MATERNAL HEALTH IMPROVEMENTS AROUND THE WORLD. IN 2020, THE ORGANIZATION USED THE "TAKE ACTION" PLATFORM ON ITS WEBSITE TO ENGAGE 14,681 COMMUNITY MEMBERS TO TAKE 17,655 ACTIONS TO UPLIFT POLICY CHANGE TO IMPROVE MATERNAL HEALTH OUTCOMES AND EXPERIENCES OF CARE IN THE UNITED STATES. "TAKE ACTION" CAMPAIGNS IN 2020 FOCUSED ON BIRTH JUSTICE, THE BLACK MATERNAL HEALTH MOMNIBUS, AND PRIORITIZING POLICIES TO SUPPORT MATERNAL HEALTH AS PART OF COVID-19 PANDEMIC RESPONSE.

4c (Code:) (Expenses \$ 719,830. including grants of \$) (Revenue \$) EDUCATION AND OUTREACH THE ORGANIZATION BUILDS AND ELEVATES MATERNAL HEALTH AWARENESS THROUGH FILMS, PRESENTATIONS, PANELS, SOCIAL MEDIA, AND PUBLIC CONVERSATIONS. IN 2020, THE ORGANIZATION GAVE MORE THAN 30 PRESENTATIONS ON MATERNAL HEALTH, DISPARITIES, AND THE IMPACT OF COVID-19 ON MATERNAL HEALTH, VIA IN-PERSON PANELS, TALKS, WEBINARS, SOCIAL MEDIA CONVERSATIONS, AND PODCAST RECORDINGS. THE ORGANIZATION ALSO LAUNCHED A 12-EPISODE INSTAGRAM LIVE SERIES CALLED "MATERNAL JUSTICE MONDAYS," WHICH BROUGHT TOGETHER LEADERS, ACTIVISTS, AND ADVOCATES WORKING IN THE FIELDS OF BIRTH JUSTICE AND MATERNAL HEALTH. IN THE SAME YEAR, THE ORGANIZATION PRODUCED AND PREMIERED ITS THIRD FILM SERIES, 'DELIVERING HOPE: MATERNAL HEALTH HEROES.' THE SERIES OFFERS A GLOBAL PERSPECTIVE PROVIDING A PLATFORM FOR MIDWIVES,

4d Other program services (Describe on Schedule O.) (Expenses \$ 250,565. including grants of \$) (Revenue \$)

4e Total program service expenses 3,914,890.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated 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... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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

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? 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? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 KAT GRIMES - (646) 918-6609 333 HUDSON STREET, NO. 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SABRINA DUPRE MANAGING DIR. OF COMM., DEVELOPMENT	30.00					X	210,522.	0.	25,453.	
(2) NAN STRAUSS MANAGING DIR. OF POLICY, ADV. & GRAN	40.00					X	161,969.	0.	17,095.	
(3) JENNY CHANG DIR. OF STRATEGY & DEVELOPMENT	40.00					X	142,449.	0.	16,439.	
(4) GRACE KELLUM DIR. OF BRAND PARTNERSHIPS	40.00					X	117,958.	0.	4,265.	
(5) KAT GRIMES DIR. OF FIN. AND OPS., SEC.	40.00			X			105,686.	0.	5,015.	
(6) ELIZABETH GRAYER INTERIM EXEC. DIR., UNTIL JAN. 2020	40.00			X			6,988.	0.	700.	
(7) CHRISTY TURLINGTON BURNS PRESIDENT AND FOUNDER	40.00	X		X			0.	0.	0.	
(8) ELIZABETH E. ROBINSON CHAIR	2.00	X		X			0.	0.	0.	
(9) HILANI KERR DIRECTOR, TREASURER	2.00	X		X			0.	0.	0.	
(10) HEATHER B. ARMSTRONG DIRECTOR, UNTIL MAY 2020	2.00	X					0.	0.	0.	
(11) LESLIE BLODGETT DIRECTOR	2.00	X					0.	0.	0.	
(12) ALLISON GOLLUST DIRECTOR	2.00	X					0.	0.	0.	
(13) LIZ HOWELL DIRECTOR	2.00	X					0.	0.	0.	
(14) CHRISTIANE LEMIEUX DIRECTOR	2.00	X					0.	0.	0.	
(15) SHARMILA MAKHIJA DIRECTOR	2.00	X					0.	0.	0.	
(16) MARIAM NAFICY DIRECTOR	2.00	X					0.	0.	0.	

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 335,685.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 8,310,745.					
	g Noncash contributions included in lines 1a-1f	1g \$ 100,866.					
	h Total. Add lines 1a-1f		8,646,430.				
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)		88,043.			88,043.	
	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	39,784.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
c Gain or (loss)	7c	39,784.					
d Net gain or (loss)		39,784.			39,784.		
8 a Gross income from fundraising events (not including \$ 335,685. of contributions reported on line 1c). See Part IV, line 18	8a		24,233.				
		8b	101,350.				
c Net income or (loss) from fundraising events			-77,117.		-77,117.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a REIMBURSED EXPENSES	Business Code	95,524.			95,524.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		95,524.				
12 Total revenue. See instructions		8,792,664.	0.	0.	146,234.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,080,000.	1,080,000.		
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	872,000.	872,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,389.	41,436.	76,953.	
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	1,105,653.	842,765.	187,049.	75,839.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,831.	16,854.	3,444.	1,533.
9 Other employee benefits	109,650.	80,200.	22,492.	6,958.
10 Payroll taxes	88,765.	64,256.	18,986.	5,523.
11 Fees for services (nonemployees):				
a Management				
b Legal	410.		410.	
c Accounting	90,627.		90,627.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,971.		11,971.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	438,816.	410,673.	23,851.	4,292.
12 Advertising and promotion	84,989.	79,539.	4,620.	830.
13 Office expenses	154,425.	128,303.	17,636.	8,486.
14 Information technology	26,889.	25,165.	1,462.	262.
15 Royalties				
16 Occupancy	112,598.	93,551.	12,859.	6,188.
17 Travel	124,606.	70,302.	12,553.	41,751.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	177,293.	54,917.	28,287.	94,089.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,223.	23,610.	3,779.	834.
23 Insurance	3,066.	2,547.	350.	169.
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 DUES & SUBSCRIPTIONS	31,469.	26,146.	3,594.	1,729.
b TAXES AND FEES	3,161.	2,626.	361.	174.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,684,831.	3,914,890.	521,284.	248,657.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance 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	419,659.	1	2,037,103.
	2 Savings and temporary cash investments	2,015,473.	2	1,204,584.
	3 Pledges and grants receivable, net	463,949.	3	2,427,338.
	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	136,289.	9	55,357.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 122,163.		
	b Less: accumulated depreciation	10b 96,926.	10c	25,237.
	11 Investments - publicly traded securities	2,329,268.	11	3,976,419.
	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	76,492.	15	50,961.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,487,853.	16	9,776,999.	
Liabilities	17 Accounts payable and accrued expenses	108,200.	17	118,396.
	18 Grants payable	201,000.	18	303,000.
	19 Deferred revenue	78,000.	19	0.
	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	0.	24	209,151.
	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	15,496.	25	21,034.
	26 Total liabilities. Add lines 17 through 25	402,696.	26	651,581.
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	4,867,035.	27	7,144,447.
	28 Net assets with donor restrictions	218,122.	28	1,980,971.
	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	5,085,157.	32	9,125,418.
	33 Total liabilities and net assets/fund balances	5,487,853.	33	9,776,999.

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	8,792,664.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,684,831.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,107,833.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,085,157.
5	Net unrealized gains (losses) on investments	5	-67,572.
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	9,125,418.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2993074.	4529131.	3465794.	4217427.	8646430.	23851856.
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	2993074.	4529131.	3465794.	4217427.	8646430.	23851856.
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)						2753606.
6 Public support. Subtract line 5 from line 4.						21098250.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2993074.	4529131.	3465794.	4217427.	8646430.	23851856.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	78,289.	84,539.	71,791.	65,185.	88,043.	387,847.
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.)	500.					500.
11 Total support. Add lines 7 through 10						24240203.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2020 (line 6, column (f), divided by line 11, column (f))	14	87.04 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	88.54 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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>		

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>		

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 in 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>		

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>	Yes	No
b Did the activities described in 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>		

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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

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

SCREENING AND FILM

2016 AMOUNT: \$ 500.

Multiple horizontal lines for providing additional information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization EVERY MOTHER COUNTS	Employer identification number 45-4102644
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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/>	\$ <u>1,549,980.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,273,874.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>746,233.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	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
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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
7	<hr/> <hr/> <hr/>	\$ 251,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 254,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from 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
_____	_____
_____	_____
_____	_____



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

2020

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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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COPY

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 on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c 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? <input type="checkbox"/> | 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		8,641.	6,121.	2,520.
d Equipment		59,354.	44,093.	15,261.
e Other		54,168.	46,712.	7,456.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,237.



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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	21,034.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,034.

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	8,816,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-67,572.
b	Donated services and use of facilities	2b	103,510.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	35,938.
3	Subtract line 2e from line 1	3	8,780,693.
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	11,971.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	11,971.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,792,664.

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	4,776,370.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	103,510.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	103,510.
3	Subtract line 2e from line 1	3	4,672,860.
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	11,971.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	11,971.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,684,831.

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, 2020 AND DETERMINED THAT THERE WERE NO MATTERS THAN WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

**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

2020

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		352,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		180,000.
SOUTH ASIA	0	0	GRANTMAKING		310,000.
NORTH AMERICA	0	0	GRANTMAKING		30,000.
3 a Subtotal	0	0			872,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			872,000.

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

Schedule F (Form 990) 2020

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)
		CENTRAL AMERICA AND THE CARIBBEAN	TO TRAIN PROFESSIONAL INDIGENOUS MIDWIVES WITH A 3-YEAR UNIVERSITY-LEVEL	66,000.	WIRE	0.		
		SOUTH ASIA	TO SUPPORT THE ANGEL HIROMI BUMI SEHAT PAPUA CLINIC IN SENTANI BY COVERING	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT FAHM'S WORK TO ELEVATE AND STRENGTHEN THE MIDWIFERY PROFESSION	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE HEALTH AND WELLBEING OF WOMEN IN KARATU, TANZANIA, THROUGH THE	120,000.	WIRE	0.		
		SOUTH ASIA	TO IMPROVE THE HEALTH AND WELLBEING OF WOMEN IN COXS BAZAR THROUGH THE PROVISION	200,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE ACCESS TO QUALITY, RESPECTFUL MATERNITY CARE IN THE KITETO DISTRICT OF	60,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT THE DELIVERY OFQUALITYMATERNALAND REPRODUCTIVE HEALTH	95,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO TRAIN SKILLED BIRTH ATTENDANTS AND MIDWIVES IN HAITIS CENTRAL PLATEAU TO	160,000.	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 **12**

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

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TO IMPROVE THE HEALTH AND WELLBEING OF WOMEN IN INDIA BY TRAINING AND	80,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TOPROVIDE SOLAR SUITCASES TOFOUR CLINICS IN RURAL HAITI (IDENTIFIED BY	11,000.	WIRE	0.		
		SOUTH ASIA	TO PROVIDE EMERGENCY SUPPORT TO ONE HEART WORLDWIDE (OHW) IN RESPONSE TO THE	10,000.	WIRE	0.		
		NORTH AMERICA	TO SUPPORT THE ORGANIZATION'S OB/GYN CLINIC IN MATAMOROS, INCLUDING THE	30,000.	WIRE	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO TRAIN PROFESSIONAL INDIGENOUS MIDWIVES WITH A 3-YEAR UNIVERSITY-LEVEL DEGREE PROGRAM, SUPPORT THE BUILDING OF A NETWORK OF MIDWIVES THROUGHOUT GUATEMALA, AND ADVOCATE FOR THE PROFESSION OF MIDWIFERY TO BE RECOGNIZED AND INTEGRATED INTO THE HEALTH CARE

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT THE ANGEL HIROMI BUMI SEHAT PAPUA CLINIC IN SENTANI BY COVERING COSTS RELATED TO STAFFING, PURCHASING OF PPE, AND COVID-19 RAPID TESTS. IN ADDITION, TO SUPPORT THE BUILDING OF AN ISOLATION BIRTH ROOM TO PROVIDE CARE TO PAPUAN MOTHERS WHO RECEIV

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO SUPPORT FAHM'S WORK TO ELEVATE AND STRENGTHEN



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.

THE MIDWIFERY PROFESSION IN HAITI THROUGH AWARENESS RAISING, NETWORK BUILDING, AND STRATEGIC PARTNERSHIPS. IN ADDITION, TO CONTINUE THE PROVISION OF PSYCHOSOCIAL SUPPORT TO MIDWIVES AND SUPPORT THE ORGANIZ

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE HEALTH AND WELLBEING OF WOMEN IN KARATU, TANZANIA, THROUGH THE PROVISION OF COMPREHENSIVE FACILITY-BASED REPRODUCTIVE AND MATERNAL HEALTH CARE SERVICES, TRAINING OF HEALTH CARE WORKERS, AND EDUCATION FOR PREGNANT WOMEN AND FAMILIES. IN ADDI

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO IMPROVE THE HEALTH AND WELLBEING OF WOMEN IN COXS BAZAR THROUGH THE PROVISION OF QUALITY PRENATAL, CHILDBIRTH, AND POSTPARTUM CARE AT HOPE HEALTH FACILITES; COMMUNITY OUTREACH AND EDUCATION THROUGH MOTHERS CLUBS; THE STRENGTHENING AND BUILDING OF THE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE ACCESS TO QUALITY, RESPECTFUL MATERNITY CARE IN THE KITETO DISTRICT OF TANZANIA BY SUPPORTING MWEDO IN THEIR WORK TO PROVIDE HIGH QUALITY MATERNAL AND REPRODUCTIVE HEALTH CARE SERVICES AT THE KIPOK HEALTH FACILITY, EFFORTS TO TRAIN COMMUNITY BIR

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO SUPPORT THE DELIVERY OFQUALITYMATERNALAND REPRODUCTIVE HEALTH CARE SERVICESAT THE ACAM BIRTH CENTER AND THROUGH ACAMS MOBILE CLINICS, THE CONTINUING EDUCATION, TRAINING, AND MENTORSHIP FORACAMMIDWIVES AND AFFILIATED HEALTHCAREWORKERS, ANDADVO



Part V Supplemental Information

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO TRAIN SKILLED BIRTH ATTENDANTS AND MIDWIVES IN HAITIS CENTRAL PLATEAU TO INCREASE THE NUMBER OF SKILLED MATERNITY CARE PROVIDERS SERVING RURAL AND UNDERSERVED AREAS. IN ADDITION, TO SUPPORT THE PROVISION OF MATERNAL AND INFANT HEALTH SERVICES IN RURAL

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO IMPROVE THE HEALTH AND WELLBEING OF WOMEN IN INDIA BY TRAINING AND DEPLOYING COMMUNITY PARALEGALS AND ACTIVISTS IN DELHI AND ASSAM TO HELP WOMEN UNDERSTAND THEIR CONSTITUTIONAL RIGHTS AND HELP THEM IDENTIFY, MONITOR, AND REPORT VIOLATIONS RELATED TO TH

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO PROVIDE SOLAR SUITCASES TO FOUR CLINICS IN RURAL HAITI (IDENTIFIED BY AND AFFILIATED WITH MIDWIVES FOR HAITI) TO SUPPORT CONSISTENT ELECTRICITY THAT WILL PROVIDE LIGHT, CHARGING CAPABILITIES FOR MOBILE PHONES, LAPTOPS, AND TABLETS, AND POWER FOR SMALL

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO PROVIDE EMERGENCY SUPPORT TO ONE HEART WORLDWIDE (OHW) IN RESPONSE TO THE COVID-19 CRISIS IN NEPAL. SPECIFICALLY, TO SUPPORT OHW IN THEIR EFFORTS TO PURCHASE AND DISTRIBUTE PERSONAL PROTECTIVE EQUIPMENT (PPE) TO MIDWIVES AND ADDITIONAL HEALTH CARE WORK

REGION: NORTH AMERICA



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.

(D) PURPOSE OF GRANT: TO SUPPORT THE ORGANIZATION'S OB/GYN CLINIC IN MATAMOROS, INCLUDING THE PROVISION OF PRENATAL AND POSTPARTUM CARE, ONSITE ULTRASOUNDS, PREGNANCY AND STI TESTING, AND REFERRALS TO ASYLUM-SEEKING INDIVIDUALS. IN ADDITION, TO SUPPORT EXPANSION PROJECTS, INCL

Multiple horizontal lines for supplemental information.

COPY

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))	
		MOTHER OF ALL COMEDY (event type)	LOVEEMC (event type)	1 (total number)		
Revenue	1	Gross receipts	257,434.	90,430.	12,054.	359,918.
	2	Less: Contributions	245,434.	83,350.	6,901.	335,685.
	3	Gross income (line 1 minus line 2)	12,000.	7,080.	5,153.	24,233.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	18,000.			18,000.
	8	Entertainment		5,000.		5,000.
	9	Other direct expenses		78,350.		78,350.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-77,117.

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

9 Enter the state(s) in which the organization 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

2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANCIENT SONG DOULA SERVICES 521 HALSEY STREET BROOKLYN, NY 11233	82-4487201		60,000.	0.			TO IMPROVE PERINATAL OUTCOMES AND EXPERIENCES OF UNDERSERVED PREGNANT, BIRTHING, AND POSTPARTUM
THE BOSTON ASSOCIATION FOR CHILDBIRTH EDUCATION, INC. - 69 COURT STREET - NEWTON, MA 02458	23-7001480	501(C)(3)	30,000.	0.			TO SUPPORT ACCOMPANY DOULA CARE'S EFFORTS TO ADDRESS RACISM AND INEQUITIES IN CHILDBIRTH
CALIFORNIA BREASTFEEDING COALITION 5100 BEAUMONT AVENUE PACIFIC GROVE, CA 93950	45-2688965	501(C)(3)	50,000.	0.			TO CONTRIBUTE TO THE COVID-19 BIRTH WORKER RELIEF FUND'S NATIONAL EFFORTS TO PROVIDE
CHANGING WOMAN INITIATIVE 460 SAINT MICHAELS DR. STE 804 SANTA FE, NM 87505	81-1078799	501(C)(3)	170,000.	0.			TO IMPROVE THE HEALTH AND WELLBEING OF INDIGENOUS WOMEN IN NEW MEXICO THROUGH SUPPORT FOR
CIRCLE OF HEALTH INTL 411 W MONROE STREET AUSTIN, TX 78704	65-1213326	501(C)(3)	30,000.	0.			TO SUPPORT SUEOS SIN FRONTERAS DE TEJAS IN THEIR WORK TO ASSIST ASYLUM-SEEKING MIGRANT
COMMONSENSE CHILDBIRTH, INC. 213 S. DILLARD STREET, SUITE 340 WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	165,000.	0.			TO SUPPORT COMMONSENSE CHILDBIRTH IN THEIR WORK TO IMPROVE THE HEALTH AND WELLBEING OF WOMEN IN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 16.

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

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

Schedule I (Form 990) 2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOR CHILDREN, INC. 1314 W SAINT CHARLES STREET BROWNSVILLE, TX 78520	47-4494949	501(C)(3)	50,000.	0.			TO ENABLE THE PROVISION OF MIDWIFERY-LED CARE AT THE RIO GRANDE VALLEY HUMANITARIAN RESPITE
ELEPHANT CIRCLE 8930 WEST 80TH DRIVE ARVADA, CO 80005	47-1648218	501(C)(3)	30,000.	0.			TO HELP INCREASE ELEPHANT CIRCLE'S CAPACITY TO CARRY OUT BIRTH JUSTICE WORK BY PROVIDING
HELUNA HEALTH 13300 CROSSROADS PARKWAY NORTH SUITE 450 - CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	100,000.	0.			TO ADVANCE SISTERWEBS GOAL TO IMPROVE MATERNAL HEALTH IN BLACK AND BROWN MOTHERS AND FAMILIES IN
BABYCAKES AND BRUNCH 1222 IMPERIAL BEND DRIVE HOUSTON, TX 77073	47-1005042	501(C)(3)	30,000.	0.			TO SUPPORT THE WORK OF THE SHADES OF BLUE PROJECT DURING COVID-19 BYINCREASING ACCESS TO
MAMATOTO VILLAGE 4315 SHERIFF RD NE WASHINGTON, DC 20019	46-2564702	501(C)(3)	30,000.	0.			TO SUPPORT MAMATOTO'S MOTHERS RISING HOME VISITATION (MRHV) PROGRAM AS THE ORGANIZATION PLANS
PROJECT MOTHERPATH 16821 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162	45-3192870	501(C)(3)	40,000.	0.			TO SUPPORT THE WORK OF SEED COMMUNITY FUND, THE CHARITABLE ARM OF ROOTS COMMUNITY BIRTH CENTER,
SISTER SONG INC. 1237 RALPH DAVID ABERNATHY BLVD. ATLANTA, GA 30310	51-0544927	501(C)(3)	50,000.	0.			TO SUPPORT THE BLACK MAMAS MATTER ALLIANCE IN WORKING TOWARDS THEIR GOAL OF BECOMING A
SOCIAL & ENVIRONMENTAL ENTREPRENEURS - 23432 CALABASAS RD SUITE A - CALABASAS, CA 91302	95-4116679	501(C)(3)	30,000.	0.			TO SUPPORT BIRTHMARK DOULA COLLECTIVE'S ONGOING COVID-19 RESPONSE EFFORTS TOSERVE
TEWA WOMEN UNITED P.O. BOX 397 SANTA CRUZ, NM 87567	85-0480836	501(C)(3)	30,000.	0.			TO SUPPORT THE PROVISION OF CULTURALLY CONGRUENT PRENATAL, BIRTHING AND POSTPARTUM DOULA SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN BIRTHING CENTER 2183 OCEAN AVENUE BROOKLYN, NY 11229	11-3248129		100,000.	0.			TO IMPROVE ACCESS TO THE MIDWIFERY AND BIRTH CENTER MODEL OF CARE AT THE JAZZ BIRTH CENTER IN
UZAZI VILLAGE 4232 TROOST AVENUE KANSAS CITY, MO 64110	46-0589830	501(C)(3)	30,000.	0.			TO CONTRIBUTE TO THE ORGANIZATIONS RESPONSE EFFORTS TO THE COVID-19 PANDEMIC, INCLUDING
VILLAGE BIRTH INTERNATIONAL 58 MILL ROAD LAMBERTVILLE, NJ 08530	27-1297212	501(C)(3)	50,000.	0.			TO HELP TRAIN COMMUNITY-BASED DOULAS TO PROVIDE REMOTE AND LIMITED IN-PERSON SUPPORT
BLACK MAMAS MATTERS ALLIANCE 1237 RALPH DAVID ABERNATHY BLVD. ATLANTA, GA 30310	51-0544927		5,000.	0.			TO SPONSOR THE BLACK MATERNAL HEALTH CONFERENCE, AN ANNUAL CONFERENCE HOSTED BY THE

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: ANCIENT SONG DOULA SERVICES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE PERINATAL OUTCOMES AND EXPERIENCES OF UNDERSERVED PREGNANT, BIRTHING, AND POSTPARTUM PEOPLE IN NEW YORK CITY AND NORTHERN NEW JERSEY. SPECIFICALLY, TO SUPPORT COMMUNITY-BASED DOULAS WITH STIPENDS TO PROVIDE VIRTUAL AND IN-PERSON SERVICES DURING

NAME OF ORGANIZATION OR GOVERNMENT:
THE BOSTON ASSOCIATION FOR CHILDBIRTH EDUCATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ACCOMPANY DOULA CARE'S EFFORTS TO ADDRESS RACISM AND INEQUITIES IN CHILDBIRTH BY OFFERING DOULA SUPPORT TO FAMILIES WITH THE GREATEST NEEDS. SPECIFICALLY, TO SUPPORT THE TRANSITION OF DOULAS TO TELEHEALTH DURING COVID-19, THE PROVISION OF SERVI

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA BREASTFEEDING COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTRIBUTE TO THE COVID-19 BIRTH WORKER RELIEF FUND'S NATIONAL EFFORTS TO PROVIDE ONE-TIME, SMALL GRANTS TO BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC) LACTATION SUPPORT PERSONS AND BIRTH WORKERS, AS WELL AS TO BIPOC LED PUBLIC HEALTH AND COMMUNITY-

NAME OF ORGANIZATION OR GOVERNMENT: CHANGING WOMAN INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE HEALTH AND WELLBEING OF INDIGENOUS WOMEN IN NEW MEXICO THROUGH SUPPORT FOR CHANGING WOMAN INITIATIVES CORE OPERATIONS, INCLUDING THE DAY-TO-DAY MANAGEMENT OF THE CORN MOTHER EASY ACCESS HEALTH CLINIC, AND TO PROVIDE BIRTH ASSISTANCE AND SU



Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CIRCLE OF HEALTH INTL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SUEOS SIN FRONTERAS DE TEJAS IN THEIR WORK TO ASSIST ASYLUM-SEEKING MIGRANT WOMEN AND FAMILIES IN TEXAS WITH SAFE, COMPASSIONATE, AND CULTURALLY-APPROPRIATE HEALTH CARE MANAGEMENT, SOCIAL SUPPORT, REFERRAL SERVICES, AND OTHER BASIC NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMONSENSE CHILDBIRTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMONSENSE CHILDBIRTH IN THEIR WORK TO IMPROVE THE HEALTH AND WELLBEING OF WOMEN IN CENTRAL FLORIDA, AND IN THE UNITED STATES, THROUGH A GRANT TO SUPPORT CORE OPERATIONS, INCLUDING IN-PERSON AND VIRTUAL CLINICAL SERVICES DURING COVID-19. ADDIT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENABLE THE PROVISION OF MIDWIFERY-LED CARE AT THE RIO GRANDE VALLEY HUMANITARIAN RESPITE CENTER (HRC) IN TEXAS TO PROVIDE PRENATAL AND POSTPARTUM CARE TO MIGRANT WOMEN AND THEIR NEWBORNS AS WELL AS REFERRALS TO CASE MANAGERS AT THE MIGRANT CLINICIAN NE

NAME OF ORGANIZATION OR GOVERNMENT: ELEPHANT CIRCLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP INCREASE ELEPHANT CIRCLE'S CAPACITY TO CARRY OUT BIRTH JUSTICE WORK BY PROVIDING IMMEDIATE OR SHORT-TERM SUPPORT FOR COMMUNITY BIRTH WORKERS, AND EXPECTANT AND NEW PARENTS, AS WELL AS TO ADDRESS LONG-TERM BARRIERS IN THE HEALTH AND LEGAL SYSTEMS T

NAME OF ORGANIZATION OR GOVERNMENT: HELUNA HEALTH



Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE SISTERWEBS GOAL TO IMPROVE MATERNAL HEALTH IN BLACK AND BROWN MOTHERS AND FAMILIES IN SAN FRANCISCO BY BUILDING A WORKFORCE OF CULTURALLY CONGRUENT DOULAS, PROVIDING MENTORSHIP FOR DOULAS TO SEE BIRTH WORK AS A VIABLE PROFESSION, AND SEEKING S

NAME OF ORGANIZATION OR GOVERNMENT: BABYCAKES AND BRUNCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WORK OF THE SHADES OF BLUE PROJECT DURING COVID-19 BY INCREASING ACCESS TO CULTURALLY RESPONSIVE SERVICES RELATED TO MATERNAL AND MENTAL HEALTH, SUPPORTING THE DEVELOPMENT OF MATERNAL MENTAL HEALTH CURRICULUM FOR HEALTH CARE WORKERS, DOULAS

NAME OF ORGANIZATION OR GOVERNMENT: MAMATOTO VILLAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MAMATOTO'S MOTHERS RISING HOME VISITATION (MRHV) PROGRAM AS THE ORGANIZATION PLANS TO MOVE INTO A NEW FACILITY AND INCREASES THEIR CAPACITY TO PROVIDE PERINATAL HEALTH SERVICES TO UNDERSERVED COMMUNITIES IN D.C. IN ADDITION, TO SUPPORT THE INTE

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT MOTHERPATH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WORK OF SEED COMMUNITY FUND, THE CHARITABLE ARM OF ROOTS COMMUNITY BIRTH CENTER, IN THEIR COVID-19 RESPONSE EFFORTS, INCLUDING INCREASING THE CAPACITY OF THE PROGRAMS COMMUNITY HEALTH WORKER, INCREASING AWARENESS OF CULTURALLY CONGRUENT HE

NAME OF ORGANIZATION OR GOVERNMENT: SISTER SONG INC.



Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BLACK MAMAS MATTER ALLIANCE IN WORKING TOWARDS THEIR GOAL OF BECOMING A CLEARINGHOUSE OF INFORMATION, TOOLS, AND TECHNICAL ASSISTANCE FOR MEMBER ORGANIZATIONS, HEALTH CARE AND PUBLIC HEALTH SYSTEMS, POLICYMAKERS, AND OTHER DECISION-MAKERS T

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL & ENVIRONMENTAL ENTREPRENEURS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BIRTHMARK DOULA COLLECTIVE'S ONGOING COVID-19 RESPONSE EFFORTS TOSERVE INDIVIDUAL FAMILIES DIRECTLY WITH COMPREHENSIVE IN-PERSON AND VIRTUAL PERINATAL SUPPORT INCLUDING CHILDBIRTH EDUCATION, BIRTH DOULA SUPPORT, POSTPARTUM AND LACTATION CARE,

NAME OF ORGANIZATION OR GOVERNMENT: TEWA WOMEN UNITED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PROVISION OF CULTURALLY CONGRUENT PRENATAL, BIRTHING AND POSTPARTUM DOULA SUPPORT SERVICES FOR FAMILIES IN A MULTI-ETHNIC, RURAL AND UNDERSERVED AREA OF NORTHERN NEW MEXICO, PRIMARILY FOR INDIGENOUS WOMEN IN TEWA-SPEAKING PUEBLOS.

NAME OF ORGANIZATION OR GOVERNMENT: BROOKLYN BIRTHING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE ACCESS TO THE MIDWIFERY AND BIRTH CENTER MODEL OF CARE AT THE JAZZ BIRTH CENTER IN NEW YORK CITY DURING THE COVID-19 PANDEMIC BY SUPPORTING WITH COMMUNITY OUTREACH, EDUCATION, AND SUPPORT EFFORTS FOR INDIVIDUALS TO ACCESS SERVICES AT JAZZ, AS W

NAME OF ORGANIZATION OR GOVERNMENT: UZAZI VILLAGE



Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTRIBUTE TO THE ORGANIZATIONS RESPONSE EFFORTS TO THE COVID-19 PANDEMIC, INCLUDING SERVING CLIENTS REMOTELY FOR PRENATAL, BIRTH, AND POSTPARTUM SUPPORT, SUPPORTING IBCLCS TO CONDUCT BREASTFEEDING APPOINTMENTS AND THE CHOCOLATE MILK CAF BREASTFEEDIN

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE BIRTH INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP TRAIN COMMUNITY-BASED DOULAS TO PROVIDE REMOTE AND LIMITED IN-PERSON SUPPORT TO CLIENTS DURING COVID-19, PROVIDE DOULAS WITH STIPENDS FOR DIRECT SERVICES BENEFITTING PREGNANT AND CHILDBEARING PEOPLE, AND ESTABLISH A FAMILY RELIEF FUND TO SUPPORT F

NAME OF ORGANIZATION OR GOVERNMENT: BLACK MAMAS MATTERS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SPONSOR THE BLACK MATERNAL HEALTH CONFERENCE, AN ANNUAL CONFERENCE HOSTED BY THE BLACK MAMAS MATTER ALLIANCE AND AFFILIATED PARTNERS.



**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

2020

Open to Public Inspection

Name of the organization

EVERY MOTHER COUNTS

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		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SABRINA DUPRE MANAGING DIR. OF COMM., DEVELOPMENT	(i)	210,522.	0.	0.	0.	25,453.	235,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NAN STRAUSS MANAGING DIR. OF POLICY, ADV. & GRAN	(i)	161,969.	0.	0.	5,261.	11,834.	179,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNY CHANG DIR. OF STRATEGY & DEVELOPMENT	(i)	141,449.	1,000.	0.	4,605.	11,834.	158,888.	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)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		53,936.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	5	46,930.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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 FOR EVERY MOTHER. THE ORGANIZATION INFORMS, ENGAGES, AND MOBILIZES
NEW AUDIENCES TO TAKE ACTIONS AND RAISE FUNDS THAT SUPPORT MATERNAL
HEALTH PROGRAMS AROUND THE WORLD.

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

MATERNITY CARE. THE ORGANIZATION ENGAGES COMMUNITIES, THOUGHT LEADERS,
AND PARTNERS IN EFFORTS TO ACHIEVE QUALITY, RESPECTFUL, AND EQUITABLE
MATERNITY CARE FOR ALL.

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

COMMUNITY LEADERS, ACTIVISTS, AND MOTHERS IN GUATEMALA, INDIA, AND
BANGLADESH, TO EDUCATE THE PUBLIC ON ISSUES IN GLOBAL MATERNAL HEALTH.
THE ORGANIZATION ALSO COLLABORATED WITH BLOGGING PLATFORM SCARY MOMMY
TO PRODUCE A SERIES OF FIVE SHORT FILMS HIGHLIGHTING KEY INITIATIVES
ADDRESSING THE MATERNAL HEALTH CRISIS IN THE UNITED STATES. LASTLY, THE
ORGANIZATION CREATED TWO EDUCATIONAL FILMS AIMED AT SPREADING AWARENESS
ON SOCIAL MEDIA AROUND MATERNAL HEALTH.

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

STRATEGIC INITIATIVES IN 2020, THE ORGANIZATION ADDED A NEW AREA OF
WORK TO FOSTER TRANSFORMATION OF MATERNITY CARE EXPERIENCES AND
OUTCOMES FOR ALL, THROUGH CATALYTIC, MULTI-DIMENSIONAL, AND
COLLABORATIVE INITIATIVES THAT BRIDGE AND BUILD UPON EMC'S CORE WORK.
IN 2020, THE ORGANIZATION INITIATED A PARTNERSHIP WITH 3 OTHER

NONPROFIT ORGANIZATIONS TO LAUNCH "JUSTBIRTH SPACE," A VIRTUAL,

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization EVERY MOTHER COUNTS	Employer identification number 45-4102644
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PERINATAL SUPPORT PROGRAM FOR BIRTHING FAMILIES THAT PUTS BIRTH JUSTICE PRINCIPLES INTO PRACTICE BY OFFERING VIRTUAL DOULA CARE, EDUCATION, AND SUPPORT GROUPS THAT ARE INCLUSIVE AND SAFE FOR ALL IDENTITIES AND ADDRESSES GAPS IN THE CARE SYSTEM.

EXPENSES \$ 250,565. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 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 DIRECTOR, THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENSURING



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

COPY