Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 333 SEVENTH AVENUE, 6TH FLOOR — Room/suite

City or town, state or country, and ZIP + 4: NEW YORK, NY 10001

D Employer identification number: 23-7378153

E Telephone number: 212-979-8500

G Gross receipts $ 6,160,263.

F Name and address of principal officer: ADRIENNE GERMAIN
333 SEVENTH AVENUE, 6TH FLOOR, NEW YORK, NY

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.IWHC.ORG

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1984 M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: INTERNATIONAL WOMEN'S HEALTH COALITION (IWHC) IS MAKING EVERY WOMAN'S RIGHT TO A JUST AND HEALTHY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of employees (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	1
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,739,699.	6,007,606.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,938.	15,629.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	358.	<3,417.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,807,995.	6,019,818.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,129,701.	1,652,182.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,339,451.	2,833,389.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	34,077.	37,928.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 526,037.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,998,173.	1,563,002.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,501,402.	6,086,501.
	19	Revenue less expenses. Subtract line 18 from line 12	1,306,593.	<66,683.>

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,179,893.	5,642,880.
	21	Total liabilities (Part X, line 26)	1,977,121.	1,472,157.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,202,772.	4,170,723.

SCANNED JUL 12 2010

RECEIVED MAY 19 2010 OGDEN, UT IRS-OSC

COPY

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 ▶ Adrienne Germain — Signature of officer — Date 5-13-10

▶ ADRIENNE GERMAIN, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Alan M Zahty CPA — Date 5/11/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00140777

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HOLTZ RUBENSTEIN REMINICK LLP
125 BAYLIS ROAD
MELVILLE, NY 11747-3823

EIN ▶ 11-2355064

Phone no. ▶ 631-752-7400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

GILO 6

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

IWHC PROMOTES AND PROTECTS THE SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH (SRRH) OF ALL WOMEN AND YOUNG PEOPLE, PARTICULARLY IN AFRICA, ASIA, AND LATIN AMERICA, BY HELPING TO DEVELOP EFFECTIVE HEALTH AND POPULATION POLICIES, PROGRAMS, AND FUNDING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 2,911,057. including grants of $ 1,652,182.) (Revenue $)

REGIONAL PROGRAMS - IN AFRICA, ASIA AND LATIN AMERICA, IWHC WORKS WITH HUNDREDS OF COURAGEOUS PARTNERS TO END DISCRIMINATION, SEXUAL COERSION AND VIOLENCE AGAINST WOMEN AND GIRLS AND TO ENSURE ACCESS TO INFORMATION AND SERVICES. IN FY2009 IWHC PROVIDED FINANCIAL SUPPORT AND TECHNICAL ASSISTANCE TO ORGANIZATIONS IN 18 COUNTRIES.

4b (Code:) (Expenses $ 1,060,556. including grants of $) (Revenue $)

INTERNATIONAL POLICY - BY MOBILIZING WOMEN AND YOUNG PEOPLE TO ACT, INFORMING POWERBROKERS AND ADVOCATING FOR WOMEN IN NATION'S CAPITALS, INCLUDING WASHINGTON, DC, AND THE UNITED NATIONS, IWHC SHAPES INTERNATIONAL POLICY AND BUDGETS. WITH WOMEN WORLDWIDE TO END HIV/AIDS IS A MAJOR INITIATIVE THAT AIMS TO IMPROVE NATIONAL AND INTERNATIONAL RESPONSES TO HIV/AIDS PREVENTION, CARE AND TREATMENT, THROUGH GREATER SUPPORT FOR SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH. THROUGH ADVOCACY IN PRACTICE TRAINING SESSIONS IWHC STRENGTHENS THE ABILITY OF EMERGING LEADERS TO ADVOCATE EFFECTIVELY.

4c (Code:) (Expenses $ 936,025. including grants of $) (Revenue $)

COMMUNICATIONS - IWHC IS WIDELY RECOGNIZED AS A THOUGHT LEADER IN SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH; A RESOURCE FOR PARTNERS, ADVOCATES, MEDIA, OPINION LEADERS AND THE PUBLIC ON BEST PRACTICES AND POLICY-RELEVANT INFORMATION; AND A STIMULUS FOR ACTION ON NATIONAL AND FOREIGN POLICY AND PROGRAM DEVELOPMENT. IN FY2009 COMMUNICATIONS, FOCUSED ON STRENGTHENING OUR TECHNOLOGICAL CAPACITY AND OUR OUTREACH TO ENGAGE AND ENCOURAGE ACTION ON OUR ISSUES AMONG EXISTING AND NEW CONSTITUENCIES.

4d Other program services (Describe in Schedule O)

(Expenses $ 214,183. including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 5,121,821. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S.? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	X	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	20		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body 1a 22			
b	Enter the number of voting members that are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY, CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

ROSEMARY E. COLUCCIO - 212-979-8500

333 SEVENTH AVENUE, 6TH FLOOR, NEW YORK, NY 10001

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
ADRIENNE GERMAIN PRESIDENT	35.00	X		X				208,109.	0.	29,997.
BRIAN A. BRINK, MD CHAIR	1.50	X		X				0.	0.	0.
MABEL BIANCO, MD VICE CHAIR	1.50	X		X				0.	0.	0.
ANN UNTERBERG VICE CHAIR	1.50	X		X				0.	0.	0.
DIANA L. TAYLOR, MBA, MP SECRETARY/TREASURER	1.50	X		X				0.	0.	0.
BISI ADELEYE-FAYEMI BOARD MEMBER	1.00	X						0.	0.	0.
STUART C BURDEN BOARD MEMBER	1.50	X						0.	0.	0.
JOHN E. CRAIG, JR.,MPA BOARD MEMBER	1.50	X						0.	0.	0.
MAJA DARUWALA BOARD MEMBER	1.00	X						0.	0.	0.
ANGELA DIAZ, MD, MPH BOARD MEMBER	1.50	X						0.	0.	0.
DEBORA DINIZ BOARD MEMBER	1.00	X						0.	0.	0.
JOAN B. DUNLOP BOARD MEMBER	1.00	X						0.	0.	0.
CATHERINE A. GELLERT BOARD MEMBER	1.00	X						0.	0.	0.
MARLENE HESS BOARD MEMBER	1.00	X						0.	0.	0.
VIRGINIA RYAN JOFFE BOARD MEMBER	1.00	X						0.	0.	0.
JOSINA Z. MACHEL BOARD MEMBER	1.00	X						0.	0.	0.
KATI MARTON BOARD MEMBER	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
THOMAS W. MERRICK, PHD BOARD MEMBER	1.50	X						0.	0.	0.
SUSAN NITZE BOARD MEMBER	1.50	X						0.	0.	0.
MARNIE S. PILLSBURY BOARD MEMBER	1.00	X						0.	0.	0.
MARIA ISABEL PLATA BOARD MEMBER	1.00	X						0.	0.	0.
MAUREEN WHITE BOARD MEMBER	1.00	X						0.	0.	0.
PAUL S. ZUCKERMAN, PHD BOARD MEMBER	1.00	X						0.	0.	0.
ROSEMARY E. COLUCCIO DIRECT OF FIN & ADM	35.00			X				108,407.	0.	17,444.
BETH FREDRICK EXECUTIVE VICE PRESIDENT	35.00				X			181,504.	0.	21,837.
KATHERINE BOURNE VICE PRESIDENT PROGRAMS	35.00				X			162,606.	0.	30,768.
1b Total ▶								660,626.	0.	100,046.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GOODWORKS GROUP 1430 FRONT STREET, LOUISVILLE, CO 80027	U.S. FRGN POLICY ADV	175,109.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 883,213.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1956848.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3167545.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		6,007,606.			
Program Service Revenue		Business Code				
	2 a					
	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) ▶		15,629.			15,629.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including $ 883,213. of contributions reported on line 1c) See Part IV, line 18	a 134,426.				
	b Less direct expenses	b 140,445.				
	c Net income or (loss) from fundraising events ▶		<6,019.>	<6,019.>		
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a MISCELLANEOUS INCOME	900099	2,602.			2,602.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		2,602.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		6,019,818.	<6,019.>	0.	18,231.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	5,000.	5,000.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	2,081.	2,081.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16	1,645,101.	1,645,101.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	776,147.	621,927.	104,253.	49,967.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,521,511.	1,238,173.	33,088.	250,250.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	119,554.	96,787.	7,146.	15,621.
9 Other employee benefits	256,290.	207,484.	15,319.	33,487.
10 Payroll taxes	159,887.	129,439.	9,557.	20,891.
11 Fees for services (non-employees):				
a Management	51,234.	39,688.	11,546.	
b Legal	99,196.	36,965.	62,231.	
c Accounting	57,250.	18,000.	39,250.	
d Lobbying	2,022.	2,022.		
e Professional fundraising services. See Part IV, line 17	37,928.			37,928.
f Investment management fees				
g Other	394,446.	373,731.	4,045.	16,670.
12 Advertising and promotion	5,930.	5,930.		
13 Office expenses	154,881.	106,630.	14,970.	33,281.
14 Information technology				
15 Royalties				
16 Occupancy	320,564.	263,916.	22,487.	34,161.
17 Travel	245,772.	172,238.	69,707.	3,827.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,171.	26,048.	5,779.	344.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,877.	55,830.	4,782.	7,265.
23 Insurance	31,858.	11,771.	20,087.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a STAFF DEVELOPMENT	31,997.	24,342.	5,745.	1,910.
b MISCELLANEOUS	23,948.	7,469.	7,488.	8,991.
c DUE AND SUBSCRIPTIONS	19,290.	18,074.	1,054.	162.
d SPECIAL EVENT EXPENSES	15,878.	7,332.		8,546.
e LICENSES AND PERMITS	8,688.	5,843.	109.	2,736.
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	6,086,501.	5,121,821.	438,643.	526,037.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		474,337.	1	675,833.
	2	Savings and temporary cash investments		747,724.	2	1,952,887.
	3	Pledges and grants receivable, net		3,156,730.	3	2,179,498.
	4	Accounts receivable, net		12,418.	4	17,852.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		76,465.	9	33,760.
	10a	Land, buildings, and equipment cost basis	10a 380,735.			
	b	Less. accumulated depreciation Complete Part VI of Schedule D	10b 297,367.	114,423.	10c	83,368.
	11	Investments - publicly traded securities		1,597,796.	11	699,682.
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,179,893.	16	5,642,880.
Liabilities	17	Accounts payable and accrued expenses		442,776.	17	414,052.
	18	Grants payable		1,202,506.	18	1,058,105.
	19	Deferred revenue		331,839.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,977,121.	26	1,472,157.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,394,086.	27	1,688,086.
	28	Temporarily restricted net assets		2,808,686.	28	2,482,637.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,202,772.	33	4,170,723.
	34	Total liabilities and net assets/fund balances		6,179,893.	34	5,642,880.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number: 23-7378153

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

832021 12-17-08

16180504 712813 IWH8500.0 2008.05060 INTERNATIONAL WOMEN'S HEALT IWH85001

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6407878.	4163270.	5398022.	7739699.	6007606.	29716475.
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 - 3	6407878.	4163270.	5398022.	7739699.	6007606.	29716475.
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)						6503616.
6 **Public Support.** Subtract line 5 from line 4						23212859.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6407878.	4163270.	5398022.	7739699.	6007606.	29716475.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,604.	48,540.	89,471.	67,938.	15,629.	244,182.
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 IV)			13,805.	358.	2,602.	16,765.
11 **Total support.** Add lines 7 through 10						29977422.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five 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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 77.43 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 83.57 %

16a **33 1/3% support test - 2008.** 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 ▶ [X]

b **33 1/3% support test - 2007.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five 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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. (see instructions)

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

OTHER REVENUE

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
INTERNATIONAL WOMEN'S HEALTH COALITION	23-7378153

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule C (Form 990 or 990-EZ) 2008**

832041 12-18-08

16180504 712813 IWH8500.0 2008.05060 INTERNATIONAL WOMEN'S HEALT IWH85001

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	6,500.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	61,226.	
c Total lobbying expenditures (add lines 1a and 1b)	67,726.	
d Other exempt purpose expenditures	6,018,775.	
e Total exempt purpose expenditures (add lines 1c and 1d)	6,086,501.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	454,325.	
g Grassroots nontaxable amount (enter 25% of line 1f)	113,581.	
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.	
i Subtract line 1f from line 1c Enter -0- if line f is more than line c	0.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	418,473.	427,925.	475,070.	454,325.	1,775,793.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,663,690.
c Total lobbying expenditures	115,187.	118,252.	129,192.	67,726.	430,357.
d Grassroots non-taxable amount	104,618.	106,981.	118,768.	113,581.	443,948.
e Grassroots ceiling amount (150% of line 2d, column (e))					665,922.
f Grassroots lobbying expenditures	2,879.	29,563.	32,298.	6,500.	71,240.

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

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

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number: 23-7378153

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a-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 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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as:

a Board designated or quasi-endowment ▶ _____%

b Permanent endowment ▶ _____%

c Term endowment ▶ _____%

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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		98,274.	81,895.	16,379.
d Equipment		282,461.	215,472.	66,989.
e Other				0.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				83,368.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,019,818.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,086,501.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<66,683.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	34,634.
9	Total adjustments (net). Add lines 4-8	9	34,634.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<32,049.>

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

1	Total revenue, gains, and other support per audited financial statements			1	6,019,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,019,818.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	6,019,818.

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

1	Total expenses and losses per audited financial statements			1	6,086,501.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,086,501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	6,086,501.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART X: UNCERTAIN TAX POSITIONS - AS OF SEPTEMBER 30, 2009,

THE COALITION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THAT

WOULD REQUIRE EITHER RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING

FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION GAIN: 34634.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number: 23-7378153

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

1 **For grantmakers.** 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? [X] Yes [ ] No

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

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA & THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	22,759.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	108,069.
NORTH AMERICA (NOT US)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	28,316.
CENTRAL AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	4,001.
MIDDLE EAST/NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	1,171.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	591,041.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	200,528.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	689,216.
Totals ▶					1,645,101.

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

Schedule F (Form 990) 2008

832071
12-18-08

16180504 712813 IWH8500.0 2008.05060 INTERNATIONAL WOMEN'S HEALT IWH85001

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ [X]

Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	FOR FAIZ ALAM TO MOBILIZE YOUTH ADVOCACY AT TWO REGIONAL CONFERENCES:	7,219.	WIRE TRANSFER	0.		BOOK
		EAST ASIA AND THE PACIFIC	PREVENT BUDGET CUTS IN FY2010, ALLOWING CONTINUATION OF YOUTH-FRIENDLY HEALTH	30,000.	WIRE TRANSFER	0.		BOOK
		EAST ASIA AND THE PACIFIC	CONCLUDE, DOCUMENT AND EVALUATE ACPCS MULTI-YEAR TRAINING PROGRAM ON MATERNAL	30,000.	WIRE TRANSFER	0.		BOOK
		NORTH AMERICA	PREVENT BUDGET CUTS IN FY2010, ALLOWING AIA STAFF TO MAINTAIN CURRENT SALARY LEVELS	6,000.	WIRE TRANSFER	0.		BOOK
		NORTH AMERICA	STRENGTHEN THE PROVISION OF COMPREHENSIVE SEXUALITY EDUCATION	38,192.	WIRE TRANSFER	0.		BOOK
		NORTH AMERICA	MAINTAIN SERVICES TO SURVIVORS OF VIOLENCE AGAINST WOMEN IN TWO DISTRICTS IN	41,202.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	EMPOWER SURVIVORS OF EARLY AND FORCED MARRIAGE THROUGH SRRH EDUCATION AND	8,130.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	GENERAL SUPPORT TO THE ASTRA SECRETARIAT TO UNDERTAKE SRRH ADVOCACY.	40,000.	WIRE TRANSFER	0.		BOOK

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 58.

3 Enter total number of other organizations or entities ▶ 0

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTS TO RECIPIENTS LOCATED IN REGION	EAST ASIA AND THE PACIFIC	2	15,401.	CHECK	0.		BOOK
GRANTS TO RECIPIENTS LOCATED IN REGION	EUROPE	2	5,128.	CHECK	0.		BOOK
GRANTS TO RECIPIENTS LOCATED IN REGION	SOUTH AMERICA	2	6,349.	CHECK	0.		BOOK
GRANTS TO RECIPIENTS LOCATED IN REGION	SUB-SAHARAN AFRICA	11	23,019.	CHECK	0.		BOOK

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

SCHEDULE F, PART I, LINE 2: INSTITUTIONAL GRANTS-PROGRAM OFFICERS WILL GENERALLY VISIT INSTITUTIONAL GRANTEES AT LEAST ONCE DURING A GRANT PERIOD TO ENSURE IMPLEMENTATION OF THE APPROVED PROJECT, PROGRESS ON APPROVED ACTIVITIES AND TO HELP THE GRANTEE ADDRESS ANY DIFFICULTIES. BETWEEN VISITS THERE IS FREQUENT CORRESPONDENCE BY EMAIL AND TELEPHONE BETWEEN IWHC STAFF AND THE GRANTEE.

INSTITUTIONAL GRANTEES ARE REQUIRED TO SUBMIT INTERIM AND FINAL FINANCIAL AND NARRATIVE REPORTS ACCORDING TO A SCHEDULE ESTABLISHED IN THE GRANT LETTER. THESE REPORTS ARE REVIEWED BY THE PROGRAM OFFICERS AND MAY ALSO BE REVIEWED BY FINANCE STAFF AND THE VICE PRESIDENT, PROGRAMS. ADDITIONAL INFORMATION OR CLARIFICATION MAY BE REQUESTED FROM THE GRANTEE. WHEN AN INTERIM REPORT IS ACCEPTED, A WIRE TRANSFER REQUEST IS MADE FOR THE SECOND INSTALLMENT. WHEN A FINAL REPORT IS ACCEPTED, FINAL PAYMENT ON THE GRANT IS SENT VIA WIRE TRANSFER. RECEIPT OF ALL WIRE TRANSFERS IS CONFIRMED BY EMAIL. IN A FEW CASES SUCH AS WITH COMPLEX PROJECTS OR LONGER TIMELINES TWO INTERIM REPORTS ARE REQUIRED BEFORE THE SECOND INSTALLMENT IS TRANSFERRED.

WIRE TRANSFERS ARE SENT FOR ALL PAYMENTS TO INTERNATIONAL RECIPIENTS. IWHC UTILIZES JP MORGAN CHASE'S ACCESS SYSTEM TO SEND AND MONITOR WIRE TRANSFERS.

GRANTEES THAT ARE SUBJECT TO ANNUAL INDEPENDENT AUDITS BASED ON THEIR COUNTRY'S LAWS ARE REQUIRED TO SEND THOSE AUDITS TO IWHC UPON COMPLETION AND APPROVAL BY THEIR BOARDS OF DIRECTORS. IWHC RESERVES THE RIGHT TO ASK FOR FURTHER CLARIFICATION FROM GRANTEES ON ANY REPORTS OR AUDITS SUBMITTED TO IWHC. IN SOME CASES, GRANTEES WILL BE ASKED TO SUBMIT

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

RECEIPTS, SUB-CONTRACTING AGREEMENTS OR OTHER DOCUMENTS TO SUBSTANTIATE A REPORT. IWHC RESERVES THE RIGHT TO PERFORM ON-SITE INSPECTIONS OF FINANCIAL RECORDS WHILE VISITING GRANTEES.

INDIVIDUALS-IWHC DOES NOT GIVE PROJECT-BASED GRANTS TO INDIVIDUALS. IWHC WILL AWARD A TRAVEL GRANT TO AN INDIVIDUAL TO ATTEND A CONFERENCE, MEETING OR TRAINING THAT IS RELEVANT TO THE IWHC'S WORK. IWHC GENERALLY AWARDS TRAVEL GRANTS TO INDIVIDUALS WITH WHOM IWHC HAS DEVELOPED A RELATIONSHIP AND IN WHOM IWHC RECOGNIZES A CURRENT OR FUTURE LEADER.

TRAVEL GRANTS USUALLY COVER AIRFARE, LODGING, VISA COSTS, AIRPORT TRANSFERS, MEDICAL INSURANCE, PER DIEM AND SOME INCIDENTALS. WHEN POSSIBLE ,IWHC PREFERS TO PAY FOR AIRFARE LODGING AND MEDICAL INSURANCE DIRECTLY. IWHC WILL SEND ADVANCE PAYMENTS FOR OUT-OF-POCKET EXPENSES OR REIMBURSEMENTS TO THE INDIVIDUAL BASED ON APPROVED BUDGETS AND ITINERARIES OR THE SUBMISSION AND APPROVAL OF RECEIPTS.

IWHC REQUIRES ALL TRAVEL GRANT RECIPIENTS TO SUBMIT BOARDING PASSES, HOTEL ROOM STATEMENTS, COPIES OF VISAS AND OTHER RECEIPTS AS PROOF OF TRAVEL. IWHC ALSO ASKS TRAVEL GRANT RECIPIENTS TO WRITE A BRIEF REPORT DETAILING LESSONS LEARNED AND HOW THEY WILL IMPLEMENT THOSE LESSONS IN THEIR OWN ,WORK. WITH RARE EXCEPTION IWHC DOES NOT REIMBURSE EXPENSES WITHOUT RECEIPTS.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: FOR FAIZ ALAM TO MOBILIZE YOUTH ADVOCACY AT TWO REGIONAL CONFERENCES: THE 9TH INTERNATIONAL CONGRESS ON AIDS IN ASIA AND

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

THE PACIFIC (ICAAP IX) AND THE 5TH ASIA PACIFIC CONFERENCE ON REPRODUCTIVE AND SEXUAL HEALTH AND RIGHTS (5TH APCRSHR).

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: PREVENT BUDGET CUTS IN FY2010, ALLOWING CONTINUATION OF YOUTH-FRIENDLY HEALTH SERVICES PILOT PROJECT, DATA COLLECTION AND ADVOCACY WITH THE MINISTRY OF HEALTH.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: CONCLUDE, DOCUMENT AND EVALUATE ACPCS MULTI-YEAR TRAINING PROGRAM ON MATERNAL HEALTH FOR ASHANINKA WOMEN HEALTH PROMOTERS.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: PREVENT BUDGET CUTS IN FY2010, ALLOWING AIA STAFF TO MAINTAIN CURRENT SALARY LEVELS AND FULL FUNDING OF COMPREHENSIVE SEXUALITY EDUCATION PROGRAM AND OUTREACH.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: STRENGTHEN THE PROVISION OF COMPREHENSIVE SEXUALITY EDUCATION TO 6 - 19 YEAR OLDS IN POOR, URBAN AREAS OF CAMEROUN.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: MAINTAIN SERVICES TO SURVIVORS OF VIOLENCE AGAINST WOMEN IN TWO DISTRICTS IN CAMEROUN, ADVOCACY, AND FUNDRAISING.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: EMPOWER SURVIVORS OF EARLY AND FORCED MARRIAGE THROUGH SRRH EDUCATION AND ECONOMIC ACTIVITIES AND ADVOCATE AGAINST EARLY

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

AND FORCED MARRIAGE IN THE COMMUNITY.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENSURE THAT HIV/AIDS POLICIES AND LEGISLATION RESPECT AND UPHOLD THE HUMAN RIGHTS OF WOMEN AND CHILDREN LIVING WITH HIV AND AIDS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: BROADEN PUBLIC SUPPORT FOR ABORTION LEGISLATION REFORM AND REPRODUCTIVE HEALTH AND RIGHTS IN NIGERIA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: GRANT TO THE BRAZILIAN CENTER FOR PLANNING AND ANALYSIS (CEBRAP) ACTING AS FISCAL AGENT FOR THE NATIONAL COMMISSION ON CITIZENSHIP AND REPRODUCTION (COMISSAO NACIONAL DE CIDADANIA E REPRODUCAO) TO ENGAGE THE PRIVATE SECTOR TO CONTRIBUTE TO REPRODUCTIVE RIGHTS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: GRANT TO FLORA TRISTAN ACTING AS FISCAL AGENT OF THE CAMPAIGN FOR AN INTER AMERICAN CONVENTION ON SEXUAL AND REPRODUCTIVE RIGHTS TO STRENGTHEN ALLIANCES AND ADVOCATE WITH THE ORGANIZATION OF AMERICAN STATES (OAS) FOR THE ADOPTION OF AN INTER AMERICAN CONVENTION ON SEXUAL AND REPRODUCTIVE RIGHTS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: STRENGTHEN INDIGENOUS WOMEN LEADERS CAPACITY TO ADVOCATE FOR CULTURALLY SENSITIVE SEXUAL AND REPRODUCTIVE HEALTH POLICIES

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

IN PERU.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPLEMENT AND MODIFICATION TO CIIN-2008-020 TO PAY TWO YEARS' RENT ON CURRENT OFFICE AND NEW ANNEX.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPLEMENT AND MODIFICATION TO CIIN-2008-020 TO FINISH CIINSTRID PROJECTS AND CLOSE OFFICE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: A SUPPLEMENTAL GRANT TO ENSURE A STRONG VOICE AND VIBRANT DIALOGUE ON SEXUAL RIGHTS WITHIN PUBLIC DISCOURSE, SCHOLARSHIP, DEVELOPMENT PROGRAMMING, POLICIES IN INDIA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENSURE A STRONG VOICE AND VIBRANT DIALOG ON SEXUAL RIGHTS WITHIN PUBLIC DISCOURSE, SCHOLARSHIP, DEVELOPMENT PROGRAMMING, AND POLICIES.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: FOR TWO REGIONAL YOUTH LEADERS, RACHEL ARINII AND MEL ROSE DINGAL, TO ATTEND CREA'S SEXUALITY, GENDER AND RIGHTS INSTITUTE IN ISTANBUL, JUNE 2009.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: REDUCE MATERNAL MORTALITY IN THE STATE OF PARAIBA BY ADVOCATING FOR THE IMPROVEMENT OF MATERNAL HEALTH SERVICES AT THE

Part IV **Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information.

LOCAL, STATE, AND NATIONAL LEVELS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: CREATE AN ADVOCACY ALLIANCE FOR COMPREHENSIVE SEXUALITY EDUCATION POLICIES WITHIN THE BRAZILIAN EDUCATION SECTOR.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: INCREASE YOUTH LEADERSHIP AMONG WOMEN'S RIGHTS ADVOCATES BY ENSURING YOUTH PARTICIPATION AT THE XI LATIN AMERICA AND THE CARIBBEAN FEMINIST MEETING.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: ASSESS POLICY ENVIRONMENT FOR LEGISLATION ON SEXUAL ABUSE TO INFORM THE DEVELOPMENT OF AN ADVOCACY PLAN TO EITHER IMPLEMENT CURRENT LEGISLATION OR DEVELOP NEW LEGISLATION.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PREVENT BUDGET CUTS IN FY2010 ALLOWING INCORPORATION OF SYSTEMATIC MONITORING AND EVALUATION OF COMPREHENSIVE SEXUALITY EDUCATION CURRICULUM AND MORE INTENSIVE TEACHER TRAINING.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IMPLEMENT COMPREHENSIVE SEXUALITY EDUCATION CURRICULUM IN TWO SCHOOL DISTRICTS AND ADVOCATE FOR NATIONAL ADOPTION AND IMPLEMENTATION.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: BUILD A STRONG LEGAL AND INSTITUTIONAL FOUNDATION

Part IV **Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information.

FOR THE FIRST BRAZILIAN FUND FOR SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PROMOTE AND PROTECT GENDER EQUALITY, SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND HUMAN RIGHTS FOR GIRLS IN TWO STATES OF NIGERIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: STRENGTHEN INSTITUTIONAL CAPACITY ON FUNDRAISING AND ENHANCE ABILITY TO MULTIPLY YOUTH PROGRAM TO REACH MORE YOUTH AND BUILD THEIR CAPACITY AS SRRH ADVOCATES.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GRANT TO GRUPO CURUMIM ACTING AS FISCAL AGENT FOR THE BRAZILIAN INITIATIVE FOR THE RIGHT TO LEGAL AND SAFE ABORTION (JORNADAS) TO STRENGTHEN ADVOCACY AND EXPAND POPULAR SUPPORT FOR THE LEGALIZATION OF ABORTION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONTRIBUTE TO A LEGAL FRAMEWORK FACILITATING THE ACCESS OF ADOLESCENTS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN PERU.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHEN INCRESE STAFF AND CORE ORGANIZATIONAL CAPACITIES WHILE CONTINUING ADVOCACY AND CORE PROGRAM ACTIVITIES.

REGION: SUB-SAHARAN AFRICA

Part IV **Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information

(D) PURPOSE OF GRANT: EXTENSION AND SUPPLEMENT TO GRANT 358-60-21-654.006 FOR SEXUAL AND REPRODUCTIVE RIGHTS RESEARCH.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: USE HUMAN RIGHTS STANDARDS TO IMPROVE ACCESS OF WOMEN AND ADOLESCENTS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN ARGENTINA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FOSTERING PUBLIC DEBATE ON SAFE ABORTION AND HIV FEMINIZATION THROUGH MORE EXTENSIVE AND DIVERSIFIED MEDIA COVERAGE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SECURE THE AFRICAN UNIONS COMMITMENT TO PARTICIPATING IN THE 4TH AFRICAN CONFERENCE ON SEXUAL HEALTH AND RIGHTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVOCATE AND TRAIN ACTIVISTS TO PROMOTE PUBLIC POLICIES AND MODELS IN SUPPORT OF THE AFRO-PERUVIAN POPULATION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MONITOR AND ADVOCATE FOR THE IMPLEMENTATION OF PUBLIC POLICIES ON COMPREHENSIVE SEXUALITY EDUCATION IN PERU.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FOSTERING DEBATE ON DECRIMINALIZATION OF ABORTION IN THE 2009 PRESIDENTIAL ELECTIONS IN URUGUAY.

Part IV **Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TRAIN 15 INDIGENOUS AMAZON WOMEN TO BE LEADERS IN THEIR COMMUNITIES AND PROVIDE INFORMATION ON SRRH, INCLUDING HIV/AIDS PREVENTION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TRAIN WOMEN MEMBERS OF SOUTH AFRICA'S TREATMENT ACTION CAMPAIGN (TAC) IN FEMINIST AND RIGHTS PRINCIPLES AND ADVOCACY SKILLS TO INFLUENCE TAC'S PRIORITIES AND ADVOCACY AGENDA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROMOTE A PROGRESSIVE WOMEN'S RIGHTS ADVOCACY AGENDA AT THE 45TH SESSION OF THE AFRICA COMMISSION ON HUMAN AND PEOPLE'S RIGHTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROMOTE THE ACTIVE PARTICIPATION OF YOUTH AND ADOLESCENTS IN THE LIVING ADOLESCENCE WEBSITE THROUGH DISCUSSION, INFORMATION SHARING AND DEVELOPMENT OF ADVOCACY STRATEGIES THAT, CONTRIBUTE TO EFFECTIVE SEXUAL AND REPRODUCTIVE HEALTH POLICIES FOR ADOLESCENTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DURING THE XIV BRAZILIAN NATIONAL MEETING OF ADOLESCENTS, STRENGTHEN THE CAPACITY OF YOUTH AND ADOLESCENTS TO USE NEW TECHNOLOGIES TO ADVANCE SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH.

REGION: SUB-SAHARAN AFRICA

Part IV **Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information.

(D) PURPOSE OF GRANT: PROMOTE THE PARTICIPATION OF RURAL WOMEN, SEX WORKERS, HIV POSITIVE WOMEN, MIGRANTS, AND OTHER VULNERABLE GROUPS IN STATE AND NATIONAL HIV POLICY AND PROGRAMS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EXPAND ALLIANCES IN BRAZIL AND LATIN AMERICA FOR ADVOCACY FOR HIV/AIDS POLICIES ADDRESSING WOMEN'S NEEDS AND VULNERABILITIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PREVENT BUDGET CUTS IN FY 2010, ALLOWING STAFF TO MAINTAIN CURRENT SALARY LEVELS AND CONTINUE MONITORING AND EVALUATING COMPREHENSIVE SEXUALITY EDUCATION AND FEMALE CONDOM DISTRIBUTION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DEVELOP ADVOCACY CAPACITY TO STRENGTHEN NATIONAL COMMITMENT TO YOUTH-FRIENDLY HEALTH SERVICES AND ABOLISH OR IMPROVE LEGISLATION CRIMINALIZING THE TRANSMISSION OF HIV.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVOCATE FOR CREATION OF NATIONAL STRATEGIC PLAN TO ACQUIRE, PROMOTE, AND DISTRIBUTE FEMALE CONDOMS AND PROVIDE COMPREHENSIVE SEXUALITY EDUCATION AND SRRH INFORMATION IN SIX PROVINCES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DEVELOP ADVOCACY CAPACITY TO STRENGTHEN NATIONAL COMMITMENT TO YOUTH-FRIENDLY HEALTH SERVICES AND ABOLISH OR IMPROVE LEGISLATION CRIMINALIZING THE TRANSMISSION OF HIV.

Part IV **Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FOR ISHITA CHAUDHRY AND ISHITA SHARMA TO MOBILIZE YOUTH ADVOCACY AT TWO REGIONAL CONFERENCES: THE 9TH INTERNATIONAL CONGRESS ON AIDS IN ASIA AND THE PACIFIC (ICAAP IX) AND THE 5TH ASIA PACIFIC CONFERENCE ON REPRODUCTIVE AND SEXUAL HEALTH AND RIGHTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DEVELOP GREATER YOUTH-LED ADVOCACY CAPACITY FOR PROMOTING COMPREHENSIVE SEXUALITY EDUCATION IN INDIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVANCE SEXUAL, REPRODUCTIVE, AND BODILY RIGHTS IN MUSLIM SOCIETIES THROUGH NATIONAL AND INTERNATIONAL CAPACITY BUILDING, RESEARCH, AND ADVOCACY BY COALITION.

Part II **Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ENSURE THAT HIV/AIDS POLICIES AND LEGISLATION RESPECT AND UPHOLD THE HUMAN	35,979.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	BROADEN PUBLIC SUPPORT FOR ABORTION LEGISLATION REFORM AND REPRODUCTIVE	65,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	GRANT TO THE BRAZILIAN CENTER FOR PLANNING AND ANALYSIS (CEBRAP) ACTING AS	25,760.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	GRANT TO FLORA TRISTAN ACTING AS FISCAL AGENT OF THE CAMPAIGN FOR AN INTER	20,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	ADVOCACY FOR SEXUAL AND REPRODUCTIVE RIGHTS AT THE BRAZILIAN CONGRESS.	37,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	STRENGTHEN INDIGENOUS WOMEN LEADERS CAPACITY TO ADVOCATE FOR CULTURALLY	23,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	SUPPLEMENT AND MODIFICATION TO CIIN-2008-020 TO PAY TWO YEARS' RENT ON	6,326.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	SUPPLEMENT AND MODIFICATION TO CIIN-2008-020 TO FINISH CIINSTRID	16,389.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	A SUPPLEMENTAL GRANT TO ENSURE A STRONG VOICE AND VIBRANT DIALOGUE ON SEXUAL	30,000.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ENSURE A STRONG VOICE AND VIBRANT DIALOG ON SEXUAL RIGHTS WITHIN PUBLIC DISCOURSE.	65,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	FOR TWO REGIONAL YOUTH LEADERS, RACHEL ARINII AND MEL ROSE DINGAL, TO ATTEND	9,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	REDUCE MATERNAL MORTALITY IN THE STATE OF PARAIBA BY ADVOCATING FOR THE	40,000.	WIRE TRANSFER	0.		BOOK
		SOUTH AMERICA	CREATE AN ADVOCACY ALLIANCE FOR COMPREHENSIVE SEXUALITY EDUCATION	20,000.	WIRE TRANSFER	0.		BOOK
		SOUTH ASIA	INCREASE YOUTH LEADERSHIP AMONG WOMEN'S RIGHTS ADVOCATES BY ENSURING	20,000.	WIRE TRANSFER	0.		BOOK
		SOUTH ASIA	ASSESS POLICY ENVIRONMENT FOR LEGISLATION ON SEXUAL ABUSE TO INFORM THE	5,556.	WIRE TRANSFER	0.		BOOK
		SOUTH ASIA	PREVENT BUDGET CUTS IN FY2010, ALLOWING INCORPORATION OF SYSTEMATIC MONITORING	20,000.	WIRE TRANSFER	0.		BOOK
		SOUTH ASIA	IMPLEMENT COMPREHENSIVE SEXUALITY EDUCATION CURRICULUM IN TWO	77,761.	WIRE TRANSFER	0.		BOOK
		SOUTH ASIA	BUILD A STRONG LEGAL AND INSTITUTIONAL FOUNDATION FOR THE FIRST BRAZILIAN FUND	20,000.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

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	PROMOTE AND PROTECT GENDER EQUALITY, SEXUAL AND REPRODUCTIVE HEALTH	40,000.	WIRE TRANSFER	0.		BOOK
		SOUTH ASIA	STRENGTHEN INSTITUTIONAL CAPACITY ON FUNDRAISING AND	38,000.	WIRE TRANSFER	0.		BOOK
		SOUTH ASIA	GRANT TO GRUPO CURUMIM ACTING AS FISCAL AGENT FOR THE BRAZILIAN INITIATIVE	45,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	CONTRIBUTE TO A LEGAL FRAMEWORK FACILITATING THE ACCESS OF ADOLESCENTS	27,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	STRENGTHEN INCRESE STAFF AND CORE ORGANIZATIONAL CAPACITIES WHILE	65,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	EXTENSION AND SUPPLEMENT TO GRANT 358-60-21-654.006 FOR SEXUAL AND	17,299.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	USE HUMAN RIGHTS STANDARDS TO IMPROVE ACCESS OF WOMEN AND ADOLESCENTS TO SEXUAL	30,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	FOSTERING PUBLIC DEBATE ON SAFE ABORTION AND HIV FEMINIZATION THROUGH	36,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	SECURE THE AFRICAN UNIONS COMMITMENT TO PARTICIPATING IN THE 4TH AFRICAN	9,900.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ADVOCATE AND TRAIN ACTIVISTS TO PROMOTE PUBLIC POLICIES AND MODELS IN SUPPORT OF	30,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	MONITOR AND ADVOCATE FOR THE IMPLEMENTATION OF PUBLIC POLICIES ON	20,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	FOSTERING DEBATE ON DECRIMINALIZATION OF ABORTION IN THE 2009 PRESIDENTIAL	35,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TRAIN 15 INDIGENOUS AMAZON WOMEN TO BE LEADERS IN THEIR COMMUNITIES AND	22,860.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	TRAIN WOMEN MEMBERS OF SOUTH AFRICA'S TREATMENT ACTION CAMPAIGN (TAC) IN	30,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	PROMOTE A PROGRESSIVE WOMEN'S RIGHTS ADVOCACY AGENDA AT THE 45TH SESSION OF	16,235.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	PROMOTE THE ACTIVE PARTICIPATION OF YOUTH AND ADOLESCENTS IN THE LIVING	30,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	DURING THE XIV BRAZILIAN NATIONAL MEETING OF ADOLESCENTS,	6,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	PROMOTE THE PARTICIPATION OF RURAL WOMEN, SEX WORKERS, HIV POSITIVE	50,000.	WIRE TRANSFER	0.		BOOK

Part II **Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EXPAND ALLIANCES IN BRAZIL AND LATIN AMERICA FOR ADVOCACY FOR HIV/AIDS POLICIES	30,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	PREVENT BUDGET CUTS IN FY 2010, ALLOWING STAFF TO MAINTAIN CURRENT SALARY LEVELS	10,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	DEVELOP ADVOCACY CAPACITY TO STRENGTHEN NATIONAL COMMITMENT TO	14,730.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	ADVOCATE FOR CREATION OF NATIONAL STRATEGIC PLAN TO ACQUIRE, PROMOTE, AND	76,083.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	DEVELOP ADVOCACY CAPACITY TO STRENGTHEN NATIONAL COMMITMENT TO	9,820.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	FOR ISHITA CHAUDHRY AND ISHITA SHARMA TO MOBILIZE YOUTH ADVOCACY AT TWO	10,742.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	DEVELOP GREATER YOUTH-LED ADVOCACY CAPACITY FOR PROMOTING	15,000.	WIRE TRANSFER	0.		BOOK
		SUB-SAHARAN AFRICA	ADVANCE SEXUAL, REPRODUCTIVE, AND BODILY RIGHTS IN MUSLIM SOCIETIES	60,000.	WIRE TRANSFER	0.		BOOK

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number: 23-7378153

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
LIZ HINDEN, RUTH SCHWARTZ & CO.	EVENTS		X	1,017,639.	37,928.	0.
Total ▶				1,017,639.	37,928.	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

NY, CA

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

Schedule G (Form 990 or 990-EZ) 2008

832081 12-18-08

16180504 712813 IWH8500.0 2008.05060 INTERNATIONAL WOMEN'S HEALT IWH85001

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	1,017,639.			1,017,639.
	2 Less: Charitable contributions	883,213.			883,213.
	3 Gross revenue (line 1 minus line 2)	134,426.			134,426.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	126,985.			126,985.
	7 Other direct expenses	13,460.			13,460.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(140,445.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				<6,019.>

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

		(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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," Explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," Explain			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c If "Yes," enter name and address				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions.				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number: 23-7378153

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? [X] 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [X]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMITTEE TO PROTECT JOURNALISTS 330 SEVENTH AVENUE - 11TH FLOOR NEW YORK, NY 10001	13-3081500	501(C)(3)	5,000.	0.	BOOK	0	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 1.

3 Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) 2008

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Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance
TRAVEL GRANT TO ATTEND INTERNATIONAL WOMEN'S HEALTH COALITION MEETING IN NEW YORK	4	2,081.	0.	BOOK	

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANT MONITORING PROCEDURES- INSTITUTIONAL GRANTEES

IWHC GENERALLY DOES NOT AWARD INSTITUTIONAL GRANTS TO US-BASED ORGANIZATIONS. IN MOST CASES AWARDS OF INSTITUTIONAL GRANTS TO US-BASED ORGANIZATIONS WOULD BE FOR GENERAL SUPPORT, AND NOT PROJECT SPECIFIC. SUCH GRANTS WOULD NOT REQUIRE SITE VISITS FROM IWHC STAFF.

US-BASED INSTITUTIONAL GRANTEES ARE REQUIRED TO SUBMIT FINAL FINANCIAL AND NARRATIVE REPORTS ACCORDING TO A SCHEDULE ESTABLISHED IN THE GRANT LETTER. THESE REPORTS ARE REVIEWED BY THE PROGRAM OFFICERS AND MAY

Part IV Supplemental Information

ALSO BE REVIEWED BY FINANCE STAFF AND THE VICE PRESIDENT, PROGRAMS. ADDITIONAL INFORMATION OR CLARIFICATION MAY BE REQUESTED FROM THE GRANTEE. FULL PAYMENT IS MADE ONCE THE GRANT LETTER IS COUNTER-SIGNED BY THE GRANTEE. IN MOST CASES PAYMENT IS MADE VIA CHECK.

US-BASED GRANTEES ARE REQUIRED TO PROVIDE IWHC WITH THEIR MOST CURRENT INDEPENDENT AUDIT BEFORE THE GRANT IS FINALIZED AND PAYMENT IS MADE. IWHC RESERVES THE RIGHT TO ASK FOR FURTHER CLARIFICATION FROM GRANTEES ON ANY REPORTS OR AUDITS SUBMITTED TO IWHC. IN SOME CASES, GRANTEES WILL BE ASKED TO SUBMIT RECEIPTS SUB-CONTRACTING AGREEMENTS OR OTHER DOCUMENTS TO SUBSTANTIATE A REPORT. IWHC RESERVES THE RIGHT TO PERFORM ON-SITE INSPECTIONS OF FINANCIAL RECORDS WHILE VISITING GRANTEES.

GRANT MONITORING PROCEDURES- INDIVIDUALS

IWHC DOES NOT GIVE PROJECT-BASED GRANTS TO INDIVIDUALS. IWHC WILL AWARD A TRAVEL GRANT TO AN INDIVIDUAL TO ATTEND A CONFERENCE, MEETING OR TRAINING THAT IS RELEVANT TO THE IWHC'S WORK. IWHC GENERALLY AWARDS TRAVEL GRANTS TO INDIVIDUALS WITH WHOM IWHC HAS DEVELOPED A RELATIONSHIP AND IN WHOM IWHC RECOGNIZES A CURRENT OR FUTURE LEADER.

TRAVEL GRANTS USUALLY COVER AIRFARE LODGING VISA COSTS AIRPORT TRANSFERS MEDICAL INSURANCE PER DIEM AND SOME INCIDENTALS. , WHEN POSSIBLE, IWHC PREFERS TO PAY FOR AIRFARE, LODGING AND MEDICAL INSURANCE DIRECTLY. IWHC WILL SEND ADVANCE PAYMENTS FOR OUT-OF-POCKET EXPENSES OR REIMBURSEMENTS TO THE INDIVIDUAL BASED ON APPROVED BUDGETS AND ITINERARIES OR THE SUBMISSION AND APPROVAL OF RECEIPTS.

IWHC REQUIRES ALL TRAVEL GRANT RECIPIENTS TO SUBMIT BOARDING PASSES,

Part IV Supplemental Information

HOTEL ROOM STATEMENTS, COPIES OF VISAS AND OTHER RECEIPTS AS PROOF OF TRAVEL. IWHC ALSO ASKS TRAVEL GRANT RECIPIENTS TO WRITE A BRIEF REPORT DETAILING LESSONS LEARNED AND HOW THEY WILL IMPLEMENT THOSE LESSONS IN THEIR OWN WORK. WITH RARE EXCEPTION, IWHC DOES NOT REIMBURSE EXPENSES WITHOUT RECEIPTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number: 23-7378153

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items [X] First-class or charter travel [ ] Travel for companions [ ] Tax indemnification and gross-up payments [ ] Discretionary spending account [ ] Housing allowance or residence for personal use [ ] Payments for business use of personal residence [ ] Health or social club dues or initiation fees [ ] Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply [X] Compensation committee [X] Independent compensation consultant [X] Form 990 of other organizations [ ] Written employment contract [X] Compensation survey or study [X] Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

Schedule J (Form 990) 2008

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Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ADRIENNE GERMAIN	(i)	208,109.	0.	0.	0.	29,997.	238,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BETH FREDRICK	(i)	179,504.	2,000.	0.	0.	21,837.	203,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHERINE BOURNE	(i)	160,606.	2,000.	0.	0.	30,768.	193,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7: BETH FREDRICK AND KATHERINE BOURNE RECIEVED BONUSES ON 10/12/08 OF $2,000 EACH.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number: 23-7378153

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
MAJA DARUWALA	IWHC BOARD MEMBER	TRAVEL GRANT, $282
MABEL BIANCO(THROUGH FEIM)	IWHC BOARD MEMBER/EX DIR FEIM	TRAVEL GRANT, $957

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

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

Schedule L (Form 990 or 990-EZ) 2008

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16180504 712813 IWH8500.0 2008.05060 INTERNATIONAL WOMEN'S HEALT IWH85001

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number: 23-7378153

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

LIFE A GLOBAL REALITY. IWHC SHAPES INTERNATIONAL POLICY AND BUDGETS, AND BUILDS LOCAL CAPACITY FOR WOMEN'S HEALTH AND HUMAN RIGHTS. WE LEVERAGE OUR WORK IN THESE TWO VERY DIFFERENT BUT CRITICALLY LINKED WORLDS, TO CHANGE THINKING, REDIRECT FUNDING AND MOTIVATE ACTION BY PEOPLE AND INSTITUTIONS THAT CAN SECURE RIGHTS AND HEALTH FOR WOMEN AND GIRLS. THIS REQUIRES A STRATEGY IN WHICH WE EMPOWER LOCAL ORGANIZATIONS MOBILIZE WOMEN AND YOUNG PEOPLE TO ACT INFORM POWERBROKERS AND ADVOCATE FOR WOMEN IN NATIONS' CAPITALS AND THE UNITED NATIONS. FOR 25 YEARS, IWHC HAS WORKED WITH HUNDREDS OF PARTNERS WORLDWIDE PRIMARILY IN AFRICA ASIA AND LATIN AMERICA TO END DISCRIMINATION, SEXUAL COERCION AND VIOLENCE AGAINST WOMEN AND GIRLS, AND TO ENSURE ACCESS TO HEALTH SERVICES AND INFORMATION.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS DISTRIBUTED TO THE FULL BOARD AFTER IT IS REVIEWED AND ACCEPTED BY THE AUDIT COMMITTEE. THE FULL BOARD REVIEWS THE 990 AND COMMENTS BEFORE IT IS SIGNED AND SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, AT THE JUNE BOARD MEETING ,THE STAFF BOARD LIAISON WILL COLLECT ALL DISCLOSURE STATEMENTS AND GIVE THEM TO THE AUDIT COMMITTEE CHAIR WHO WILL REVIEW THEM FOR REPORTED OR POTENTIAL CONFLICTS. FOR ANY REPORTED AND POTENTIAL CONFLICTS INVOLVING INTERESTED PERSONS OTHER THAN EMPLOYEES, THE AUDIT COMMITTEE CHAIR WILL ASK THE AUDIT COMMITTEE TO REVIEW AND TO DETERMINE APPROPRIATE ACTION. THE MINUTES OF THE AUDIT COMMITTEE MEETING WILL RECORD ALL DETERMINATIONS AND

DECISIONS. THE AUDIT COMMITTEE CHAIR WILL THEN RETURN THE DISCLOSURE STATEMENTS TO THE BOARD LIAISON WHO WILL STORE THEM IN A LOCKED FILE IN THE INTERNATIONAL WOMEN'S HEALTH COALITION'S FILE ROOM.

UPON HIRE, AND THEN ANNUALLY, UPON COMPLETION OF THE PERFORMANCE EVALUATIONS, THE STAFF BOARD LIAISON WILL COLLECT ALL EMPLOYEE DISCLOSURE STATEMENTS AND GIVE THEM TO THE PRESIDENT WHO WILL REVIEW THEM FOR REPORTED OR POTENTIAL CONFLICTS.

CONFLICTS OF INTEREST MAY ARISE DURING THE YEAR IN CONNECTION WITH AN EXISTING OR NEW TRANSACTION, OR ARRANGEMENT. IN SUCH CASES THE INTERESTED PERSON(S) WILL DISCLOSE IN WRITING THE ACTUAL OR POSSIBLE CONFLICT AND ALL MATERIAL FACTS TO THE AUDIT COMMITTEE CHAIR (OR PRESIDENT, IN THE CASE OF EMPLOYEES) WHO WILL FOLLOW THE PROCEDURES ABOVE.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD DECIDES THE COMPENSATION OF THE CEO. PRIOR TO THE DECISION THE BOARD WILL ASK FOR COMPARABILITY DATA THAT THE DIRECTOR OF FINANCE AND ADMINISTRATION AND HUMAN RESOURCES GENERALIST COMPILE DURING THE YEAR. MINUTES OF THE MEETING ARE WRITTEN.

THE PRESIDENT DECIDES THE STAFF OF KEY EMPLOYEES ALSO BASED ON INDEPENDENT RESEARCH AND COMPARABILITY DATA. FOR THOSE KEY EMPLOYEE'S WITH SALARIES OVER $150K, THE PRESIDENT WILL BRING RECOMMENDATIONS AND JUSTIFICATION FOR INCREASES TO THE HUMAN RESOURCES COMMITTEE OF THE BOARD FOR DISCUSSION AND COMMENTS. MINUTES OF THE HR COMMITTEE ARE DOCUMENTED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: INTERNATIONAL WOMEN'S HEALTH COALITION

Employer identification number: 23-7378153

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE POSTED ON THE INTERNATIONAL WOMEN'S HEALTH COALITION'S (IWHC) WEBSITE, SUBMITTING TO CHARITY WATCHDOGS FOR PUBLIC VIEWING AND AVAILABLE UPON REQUEST.

THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990 PART XI LINE 2C

OVERSIGHT OF THE AUDIT

THE PROCESS OF SELECTING AN AUDITOR AND OVERSEEING THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
INTERNATIONAL WOMEN'S HEALTH COALITION	FORM 990 PAGE 10	23-7378153

Part I **Election To Expense Certain Property Under Section 179** **Note:** *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	67,877.

Part III **MACRS Depreciation (Do not** include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	67,877.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year.					
43 Amortization of costs that began before your 2008 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	