

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4847(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **and ending**

B Check or copy as applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.		D Employer identification number 20-2029170
	Doing business as		E Telephone number 202-204-0324
	Number and street (or P.O. box - mail is not delivered to street address)	Room/suite	G Gross receipts 7,543,261.
	1901 PENNSYLVANIA AVENUE NW City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
F Name and address of principal officer: BETSY MCCALLON SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 527(a)() or <input type="checkbox"/> 527			
J Website: WWW.WHITERIBBONALLIANCE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2005 M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VII, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VII, line 1b)	1	6
	5 Total number of individuals employed in calendar year 2018 (Part VII, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	7
	7 Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-B, line 32	7b	17,183.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,546,229.	Current Year 7,544,308.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	409.	626.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10a, and 11a)	-1,218.	-1,673.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,545,420.	7,543,261.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,444,947.	1,127,403.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,496,811.	1,723,314.
	16a Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
	b Total fundraising expenses (Part IX, column (A), line 2)	107,036.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11-24g)	986,663.	1,108,571.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,928,421.	3,959,288.	
19 Revenue less expenses. Subtract line 18 from line 12	2,383,001.	3,583,973.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,099,542.	End of Year 5,205,123.
	21 Total liabilities (Part X, line 26)	635,200.	156,808.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,464,342.	5,048,315.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 06/26/2019			
	BETSY MCCALLON, CHIEF EXECUTIVE OFFICER Type or print name and title				
Preparer Use Only	Print/preparer's name Richard J. Lozano	Preparer's signature 	Date 6/15/19	U.S. Preparer ID No. <input type="checkbox"/>	PTIN R0298314
	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008			
	Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930		Phone no. (301) 951-9090		

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

WHITE RIBBON ALLIANCE FOR SAFE
MOTHERHOOD, INC.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ACTIVATE A PEOPLE-LED MOVEMENT FOR REPRODUCTIVE, MATERNAL AND NEWBORN HEALTH AND RIGHTS.

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, new or ongoing, any program services? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (expenses \$ 2,948,049. including grants of \$ 921,531.) (revenue \$)

GLOBAL ADVOCACY AND ACCOUNTABILITY: TO CONNECT AND RAISE THE VOICES OF ADVOCATES, IN COMMUNITIES, AT THE NATIONAL AND INTERNATIONAL LEVELS, AND BACK AGAIN.

4b (Code:) (expenses \$ 393,195. including grants of \$ 205,872.) (revenue \$)

SOCIAL & COMMUNITY MOBILIZATION: TO HOLD GOVERNMENTS ACCOUNTABLE AND ENSURE THAT THEIR PROMISES AND COMMITMENTS ARE KEPT. TO INFLUENCE NATIONAL LEVEL POLICIES AND TO ADVOCATE FOR CHANGE AT THE DISTRICT, HEALTH CARE FACILITY, COMMUNITY AND HOUSEHOLD LEVEL THAT HAVE A POSITIVE IMPACT ON THE QUALITY OF MATERNAL AND NEONATAL CARE SERVICES.

4c (Code:) (expenses \$ 98,537. including grants of \$) (revenue \$)

BUILDING & STRENGTHENING NATIONAL ALLIANCES: TO CULTIVATE AND SUSTAIN STAKEHOLDERS FOR SAFE MOTHERHOOD THROUGH THE SUPPORT OF NATIONAL, REGIONAL AND GLOBAL ALLIANCES.

4d Other program services (Describe in Schedule O):

(expenses \$) (including grants of \$) (revenue \$)

4e Total program service expenses **3,339,781.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(2) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(c)(3) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(1), 501(c)(5), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for income or custodial account liability, serve as a custodian for annuities not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 14 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under Rev. Rul. 2001-50 (2001-1 CB 187)? If "Yes," complete Schedule D, Part XI	X	
12a Did the organization obtain separate, independent, audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XII and XIII	X	
b Was the organization included in consolidated, independent, audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XII and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (j), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (j), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (a), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VII, lines 1c and 5a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VII, line 5a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$1,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 4, or to a profit concession of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year that was issued after December 31, 2007? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defuse any tax-exempt bonds?		
d Did the organization act as an "or behalf" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E? If "Yes," complete Schedule I, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 77 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part II		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 171(b)(1)(C)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 171(b)(1)(B)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VII, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-2, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a <u>17</u>		
b	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 2a and 2b is greater than 200, you may be required to file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-E for this year? If "No," to line 2b, 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: UNITED KINGDOM (See instructions for filing requirements for Form 114, Report of Foreign Bank and Financial Accounts (FBAR).)		
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 line 5a or 5b, did the organization file Form 8856-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payee? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 920? 7c		X
d	If "Yes," indicate the number of Forms 920 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Do a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 N/A			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4958? 9a N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b N/A		
10 Section 501(c)(7) organizations. Enter:			
a	Initial or fees and capital contributions included on Part VII, line 12. 10a N/A		
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders. 11a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a			
b	If "Yes," enter the amount of tax exempt interest received or accrued during the year. 12b N/A		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? 13a N/A		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 990 to report these payments? If "No," provide an explanation in Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4906 excess tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 9n below, and for a "No" response to line 8a, 8b, or 10n below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		7
	If there are non-voting members (including officials and non-members of the governing body, or if the governing body delegates broad authority to an executive committee or similar committee, explain in Schedule O)		
b	Enter the number of voting members included in line 1a, above, who are independent		5
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to or subject to approval by members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18 Section 5104 requires an organization to make its Form 1022 (1022-A if applicable), 990, and 991 (Section 5104(c)(3) or (4) available to public inspection). Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
BETSY MCCALLON - 202-204-0324
1901 PENNSYLVANIA AVENUE NW STE 800, WASHINGTON, DC 20006

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check one box only. If more than one box is checked, enter "multiple positions")						(D) Reportable compensation from the organization (W-2/C99-MISC)	(E) Reportable compensation from related organizations (W-2/C99-MISC)	(F) Estimate amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE CRACK CHAIR	1.00	X		X			0.	0.	0.	
(2) RONALD GIBBY TREASURER	1.00	X		X			0.	0.	0.	
(3) TIMOTHY FLEMING SECRETARY	1.00	X		X			0.	0.	0.	
(4) LYNN ALDEMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(5) NOLA CONNORS BOARD MEMBER	1.00	X					0.	0.	0.	
(6) YANIELLA WATHMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(7) KELLY HOGAN CRIBZ EXECUTIVE OFFICER	40.00	X		X			178,100.	0.	16,599.	
(8) COLIN P. CRON CRIBZ FINANCIAL OFFICER	40.00			X			171,056.	0.	16,669.	
(9) KATHY KATT DIRECTOR OF ADVOCACY & PROGRAMS	40.00				X		155,099.	0.	8,782.	
(10) STEPHANIE FORTM DIRECTOR OF COMMUNICATIONS	40.00					X	115,572.	0.	21,572.	
(11) ANDREA STOPS DIRECTOR OF PARTNERSHIPS	40.00					X	111,139.	0.	13,180.	

WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.

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

(A) Name and title	(D) Average hours per week (not any hours for related organizations below line)	(C) Position (report stock or other benefits to each person in Part VII C if so and a related organization)						(F) Reportable compensation from the organization (W-2/1099-MISC)	(G) Reportable compensation from related organizations (W-2/1099-MISC)	(H) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Other			
1b Sub-total							730,966.	0.	76,802.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							730,966.	0.	76,802.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for each individual		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 \$100,000? If "Yes," complete Schedule J for each individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.

Form 990 (2018)

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or unrelated business revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	887,678.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,656,630.			
	g	Nonexcess business assets (see Part II 2)					
	h	Total. Add lines 1a-1f		7,544,308.			
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)		626.		626.	
	4	Income from investment or tax-exempt bond proceeds					
	5	Dividends					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			b	Less: direct expenses			
			c	Net rental income or (loss)			
	7 a	Gross amount from sales of assets other than inventory	(i) Sec. 125				
			(ii) Other				
			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 3) of contributions reported on the form See Part IV line 12	a				
			b	Less: direct expenses			
			c	Net income or (loss) from fundraising events			
9 a	Gross income from gaming activities See Part IV line 12	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory less returns and allowances	a					
		b	Less: cost or goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a	EXCHANGE RATE LOSS	900099	1,673.		1,673.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,673.				
12	Total revenue. See instructions		7,543,261.	0.	0.	-1,047.	

WHITE RIBBON ALLIANCE FOR SAFE
MOTHERHOOD, INC.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 8b, 9c, 10b, and 10c of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 2f	57,986.	57,986.		
2 Grants and other assistance to domestic individuals. See Part IV, line 2g				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,069,417.	1,069,417.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	546,305.	315,518.	175,808.	54,979.
6 Compensation not included above, to disqualified persons (as defined under section 4959(j)(1)) and persons described in section 4959(c)(3)(B)				
7 Other salaries and wages	642,596.	550,982.	86,386.	5,228.
8 Pension plan accruals and contributions (include section 401(k) and 408(k) employer contributions)	43,310.	36,596.	6,031.	683.
9 Other employee benefits	377,960.	286,420.	74,635.	16,905.
10 Payroll taxes	113,143.	84,548.	23,274.	5,321.
11 Fees for services (non-employees):				
a Management				
b Legal	2,000.		2,000.	
c Accounting	22,518.	16,528.	3,190.	2,800.
d Lobbying				
e Professional fundraising services. See Part IV, line 1f				
f Investment management fees				
g Other. If line 11g amount exceeds 1% of line 25, column (A) amount, list line 11g expenses on Sch. C.	366,915.	345,386.	18,303.	3,226.
12 Advertising and promotion	1,591.	1,501.	90.	
13 Office expenses	70,702.	44,060.	21,907.	4,735.
14 Information technology	76,666.	61,312.	13,734.	1,620.
15 Rentals				
16 Copying	170,383.	128,491.	41,892.	
17 Travel	282,158.	277,691.	3,219.	1,248.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,528.	40,415.	1,942.	171.
20 Interest	2,153.		2,153.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	13,163.		13,163.	
24 Other expenses (for example, professional fees, travel, and miscellaneous expenses in line 24e. If line 24e amount exceeds 1% of line 25, column (A) amount, list line 24e expenses on Sch. C.)				
a SUBSCRIPTIONS	35,564.	21,500.	3,944.	10,120.
b PAYROLL PROCESSING FEES	18,780.		18,780.	
c STAFF DEVELOPMENT	1,390.	1,390.		
d REPAIRS & MAINTENANCE	464.		464.	
e All other expenses	1,596.	40.	1,556.	
25 Total functional expenses. Add lines 1 through 24e	3,959,288.	3,339,781.	512,471.	107,036.
26 Joint costs. Complete this line only if the other section reported in column (B) direct costs from a combined educational campaign and fundraising coalition.				

Check box if following SOP 20-7 (ASC 950-720)

WHITE RIBBON ALLIANCE FOR SAFE
MOTHERHOOD, INC.

Form 990 (2018)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	90,339.	1	195,062.
	2	Savings and temporary cash investments	108,247.	2	1,647,206.
	3	Refuges and grants receivable, net	1,764,482.	3	3,130,988.
	4	Accounts receivable, net	2,865.	4	2,378.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule D		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(j)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(19) voluntary employees' beneficiary organizations (see note). Complete Part I of Subchapter C		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	31,201.	9	34,278.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D		10a	
	b	Less: accumulated depreciation		10b	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part V 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	102,408.	15	195,211.
16	Total assets. Add lines 1 through 15 (or 16a and 16b) (must equal line 34)	2,099,542.	16	5,205,123.	
Liabilities	17	Accounts payable and accrued expenses	152,227.	17	124,675.
	18	Grants payable	2,140.	18	3,002.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Reverse or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D		22	
	23	Secured mortgages and notes payable to unrelated third parties	450,000.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part III of Schedule D	30,833.	25	29,131.	
26	Total liabilities. Add lines 17 through 25	635,200.	26	156,808.	
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-351,804.	27	-335,527.
	28	Temporarily restricted net assets	1,816,146.	28	5,383,842.
	29	Permanently restricted net assets		29	
	30	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 31. Capital stock or trust principal or common funds		30	
	31	Part-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, or equivalent, accumulated income, or other funds		32	
	33	Other net assets or fund balances	1,464,342.	33	5,048,315.
	34	Total liabilities and net assets/fund balances	2,099,542.	34	5,205,123.

Form 990 (2018)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VII, column (A), line 12)	1	7,543,261.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,559,288.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,983,973.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,464,342.
5	Net unrealized gains (losses) on investments	5	
6	Donative services and use of facilities	6	
7	Investment expenses	7	
8	Prepared adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule C)	9	C.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,048,315.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.**

Employer identification number
20-2029170

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: (For lines 1 through 12, check only one box.)

- 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 F (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital 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 I.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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 I.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) - Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions), and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(b)(1) or section 509(a)(2). See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s); (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an annual verbiage requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check the box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations: _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (describe as in 11b-11d above (see instructions))	(iv) Separation of funds (see instructions)		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

WHITE RIBBON ALLIANCE FOR SAFE

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 7, or 8 of Part I for if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "usual grants.")	1,459,794	2,735,175	1,914,319	1,546,225	2,544,338	20,201,825
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,459,794	2,735,175	1,914,319	1,546,225	2,544,338	20,201,825
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 (c)						14,469,873
6 Public support. Subtract line 5 from line 4						6,872,155

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,459,794	2,735,175	1,914,319	1,546,225	2,544,338	20,201,825
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	297	444	525	409	626	2,301
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 (report on Part VII)	-18,025	-8,568	-6,361	-1,218	1,673	-35,845
11 Total support. Add lines 7 through 10						20,168,281
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f), divided by line 11, column (f))	14	34.07	%
15 Public support percentage from 2017 Schedule A, Part I, line 14	15	45.22	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% facts-and-circumstances test - 2018. 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 VII how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% facts-and-circumstances test - 2017. 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 VII how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2015	(d) 2017	(e) 2015	(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 revenue levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the gross amount of \$5,000 or 1% of the value of the 13th calendar year						
c Add lines 7a and 7b						
8 Public support. (See instructions.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 8						
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 10c, 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 VII.)						
13 Total support. (See instructions.)						
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 8	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2a. Did the organization have a supported organization described in section 501(c)(1), (b), or (c)? If "Yes," answer (b) and (c) below.		
b. Did the organization confirm that each supported organization qualified under section 501(c)(1), (b), or (c) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion (describe being controlled or supervised by or in connection with its supported organizations).		
c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing documents authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to a person other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) one or more supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4959(j)(3)(C)), a family member of a substantial contributor, or a 50% controlled entity with regard to a substantial contributor? If "Yes," complete Part I or Schedule L (Form 990 or 990-EZ).		
8. Did the organization make a loan to a disqualified person (as defined in section 4959) not described in line 7? If "Yes," complete Part I or Schedule L (Form 990 or 990-EZ).		
9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 1346 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in Part VI.		
b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization has an interest? If "Yes," provide detail in Part VI.		
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a. Was the organization subject to the excess business holdings rules of section 1913 because of section 4930? (Regarding certain Type I supporting organizations, and all Type II non-functionally integrated supporting organizations.) If "Yes," answer 10b below.		
b. Did the organization have any excess business holdings in the tax year? (Also Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year: (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how their activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

WHITE RIBBON ALLIANCE FOR SAFE

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

1 Check here if the organization satisfied the "integrating" Part Test as a qualifying trust or Nov. 20, 1990 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for a change of other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1.125% of line 3 (or greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.85	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 95% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

WHITE RIBBON ALLIANCE FOR SAFE

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified sub-subsidie amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to alternative supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required; explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7.	\$		
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 2. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

WHITE RIBBON ALLIANCE FOR SAFE

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 19; Part IV, Section A, lines 1, 2, 3b, 5a, 1a, 1c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1a, 2a, 2b, 5a, and 5b; Part V, line 1; Part V, Section D, line 1a; Part V, Section E, lines 1, 6, and 8; and Part V, Section F, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.	Employer identification number 20-2029170
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Organization type (check one):

- | | | |
|--------------------|--|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust (treated as a private foundation) | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

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

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 25-1/3% support test of the regulations under sections 509(a)(1) and 170(c)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ) Part II, line 13, 13a, or 13b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on line 1 on Form 990, 13c or 13d on Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-PF that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year: ▶ \$ _____

Caution: A 1 organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part V, line 2, of its Form 990, or check the box on line 1c of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.	Employer identification number 20-2029170
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>6,063,574.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part I for noncash contributions.)
2		\$ <u>328,756.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>887,678.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WHITE RIBBON ALLIANCE FOR SAFE
MOTHERHOOD, INC.

Employer identification number

20-2029170

Part II Noncash Property (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.	Employer identification number 20 2029170
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following information. For organizations exempt for Part I, enter the total of such gifts (with a check box, etc., indicating a total of \$1,000 or less for the year) in the amount **\$** _____
Use duplicate copies of Part III if so much space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP - 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP - 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP - 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP - 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 48 (Political Campaign Activities), then

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

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

- Section 501(c)(3) organizations that have filed Form 5758 (election under section 501(h)): Complete Part II-A. Do not complete Part I-B.
- Section 501(c)(3) organizations that have NOT filed Form 5758 (election under section 501(h)): Complete Part II-B. Do not complete Part I-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 36c (Proxy Tax) (see separate instructions), then

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

Name of organization **WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.** Employer identification number **20-2029170**

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

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

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

1. Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
2. Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
3. If the organization incurred a section 4955 tax, did it file Form 4990 for this year? Yes No
- 4a. Was a correction made? Yes No
- b. If "yes," describe in Part IV.

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

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
4. Did the filing organization file Form 1120-POL for this year? Yes No
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly collected 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.

WHITE RIBBON ALLIANCE FOR SAFE

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	3,959,288.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,959,288.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	347,964.													
<table border="1"> <thead> <tr> <th>1. The amount on line 1c, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1c.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 10% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,500,000.</td> </tr> </tbody> </table>		1. The amount on line 1c, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1c.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 10% 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	\$1,500,000.		
1. The amount on line 1c, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1c.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 10% 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	\$1,500,000.														
g	Grassroots nontaxable amount (enter 25% of line 1c)	86,991.													
h	Subtract line 1g from line 1e. If zero or less, enter 0	0.													
i	Subtract line 1f from line 1c. If zero or less, enter 0	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that make a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2017	(d) 2018	(e) Total	
2a	Lobbying nontaxable amount	308,590.	318,040.	346,421.	347,964.	1,321,015.
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,981,523.
c	Total lobbying expenditures					
d	Grassroots nontaxable amount	77,148.	79,510.	86,605.	86,991.	330,254.
e	Grassroots ceiling amount (150% of line 2d, column (e))					495,381.
f	Grassroots lobbying expenditures					

WHITE RIBBON ALLIANCE FOR SAFE

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

	(a)		(b)
	Yes	No	Amount
1. During the year, did the filing organization attempt to influence foreign, national, state, or local legislation (including any attempt to influence public opinion on a legislative matter or referendum) through the use of:			
a. Volunteers?			
b. Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
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 legislative body?			
h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar incident?			
i. Other activities?			
j. Total. Add lines 1a 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1. Dues, assessments and similar amounts from members	1
2. Section 527(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):	
a. Current year	2a
b. Carryover from last year	2b
c. Total	2c
3. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 527(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 dues 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 (see instructions)	5

Part IV Supplemental Information

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

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.**

Employer identification number
20-2029170

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

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

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

1 Purposes of conservation easements held by the organization (check all that apply):

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(e)(4)(D)(i) and section 170(e)(4)(F)(i)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part V, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2018

432001 10-09-18

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 2.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization disclose an amount on Form 990, Part X, line 2, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year-end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment: %
 - b Permanent endowment: %
 - c Temporarily restricted endowment: %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b			

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leased improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 14.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 26.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	29,131.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

WHITE RIBBON ALLIANCE FOR SAFE

Schedule D (Form 990) 2018

MOTHERHOOD, INC.

20-2029170 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,587,902.
2	Amounts included on line 1 but not on Form 990, Part VII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	44,641.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	44,641.
3	Subtract line 2e from line 1	3	7,543,261.
4	Amounts included on Form 990, Part VI, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,543,261.

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

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

1	Total expenses and losses per audited financial statements	1	4,003,929.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	44,641.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	44,641.
3	Subtract line 2e from line 1	3	3,959,288.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VI, line 7c	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,959,288.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, WRA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

**WHITE RIBBON ALLIANCE FOR SAFER
MOTHERHOOD, INC.**

Employer identification number

20-2029170

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe each type of service(s) in the region	(f) Total expenditures for and investments in the region
PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		30,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		13,918.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		245,921.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		779,578.
3a Subtotal	0	0			1,069,417.
b Total from continuation sheets to 3a	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,069,417.

WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.

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

(a) Name of organization	(b) EIN, DUNS number and E.O. 12813 applicable	(c) Region	(d) Purpose of grant	(e) Amount of each grant	(f) Number of cash disbursements	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	25,500,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	20,480,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	25,500,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	20,500,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	20,500,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	20,500,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	40,500,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	20,500,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	20,500,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	20,500,000	MIBB TRANSFER	0		
		SUB-SAHARAN AFRICA	MATERNAL MORTALITY ADVISORY PROGRAM	20,500,000	MIBB TRANSFER	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the taxing authority. Use "0" if not applicable. **15**

3 Enter total number of other organizations or entities. **1**

WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.

Schedule F (Form 990)

20-2029170

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) Is the section 501(c)(3) organization?	(c) Program	(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)
		SIFE SAFARIY AFRICA	WATERMIL HEALTH ADVOCACY PROGRAM	22,820,000	MILK TRANSFER	0		
		SIFE SAFARIY AFRICA	WATERMIL HEALTH ADVOCACY PROGRAM	10,295,000	MILK TRANSFER	0		
		SIFE SAFARIY AFRICA	WATERMIL HEALTH ADVOCACY PROGRAM	5,387,000	MILK TRANSFER	0		
		SIFE SAFARIY AFRICA	WATERMIL HEALTH ADVOCACY PROGRAM	5,072,000	MILK TRANSFER	0		
		SOUTH ASIA	WATERMIL HEALTH ADVOCACY PROGRAM	158,581,000	MILK TRANSFER	0		
		SOUTH ASIA	WATERMIL HEALTH ADVOCACY PROGRAM	28,351,000	MILK TRANSFER	0		
		SOUTH ASIA	WATERMIL HEALTH ADVOCACY PROGRAM	5,187,000	MILK TRANSFER	0		
		SOUTH ASIA	WATERMIL HEALTH ADVOCACY PROGRAM	52,203,000	MILK TRANSFER	0		
		SOUTH AMERICA	WATERMIL HEALTH ADVOCACY PROGRAM	13,213,000	MILK TRANSFER	0		

WEITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.

Schedule E (Form 990)

20-2029170

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule E (Form 990), Part II, Inc.)

1 (a) Name of organization	(b) EIN, unless the organization is a public charity	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Amount of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Value of valuation (book, FV, appraiser, other)
		WASH STATE AMERICAN INDIAN HEALTH SERVICES	FRATERNITY PROGRAM	50,000	HEALTH SERVICES			

WHITE RIBBON ASSISTANCE FOR SAFE

Schedule F (Form 990) 2018

20-2029170

Page 3

MOTHERHOOD, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part V, line 15.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Maximum cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of evaluation (such as FVV appraisal, other)

WHITE RIBBON ALLIANCE FOR SAFE

Part IV Foreign Forms

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

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

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

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

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8878, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see instructions for Form 8878) Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 9712, International Boycott Report (see instructions for Form 9712; don't file with Form 990) Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of 1,000); Part I, line 3, column (b) (accounting method); amounts of investments vs. expenditures per region); Part I, line 4 (accounting method); Part III (accounting method), and Part II, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

WRA SUB GRANT MONITORING PROCESS IS DESIGNED TO PROVIDE REASONABLE ASSURANCE THAT SUB-GRANT ACTIVITIES ARE BEING CONDUCTED AS AGREED ON AND THE SUB-GRANT ORGANIZATION IS COMPLYING WITH U.S. GOVERNMENT REGULATIONS. WRA WILL USE A QUARTERLY AND ANNUAL MONITORING CHECKLIST FOR ALL SUB GRANT ORGANIZATIONS. ANY AREAS NOT COMPLETED SATISFACTORILY ARE FOLLOWED-UP. NON-COMPLIANCE WITH SUBGRANT REQUIREMENTS RESULTS IN SUBGRANT PAYMENTS BEING HELD UNTIL ALL OUTSTANDING REQUIREMENTS ARE RESOLVED.

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

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

▶ Attach to Form 990.

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

Open to Public
Inspection

Name of the organization: **WHITE RIBSON ALLIANCE FOR SAFE MOTHERHOOD, INC.** Employer identification number: **20-2029170**

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 allocation criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22, for any recipient that received more than \$5,000. Part I can be duplicated if additional space is needed.

1 (a) Name and address of organization or government:	(b) EIN	(c) EIN section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance:
MANAGEMENT SCIENCE FOR HEALTH 45 BROADWAY, SUITE 120 NEW YORK, NY 10006	04-3452266	20-1011501	57,526.				EMERGING MOTHERHOOD COMMUNITY UNDER THE CAPACITY & GRANTS

2 Enter total number of section 501(c)(3) or government organizations listed in the line 1 table: **1**

3 Enter total number of other organizations listed in the line 1 table: **0**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)

WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.

20-2029170

Page 2

Schedule I (Form 990) (2018)

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

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

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

PART I, LINE 2:

WRA SJE GRANT MONITORING PROCESS IS DESIGNED TO PROVIDE REASONABLE ASSURANCE THAT SUB-GRANT ACTIVITIES ARE BEING CONDUCTED AS AGREED ON AND THE SUB GRANT ORGANIZATION IS COMPLYING WITH U.S. GOVERNMENT REGULATIONS. WRA WILL USE A QUARTERLY AND ANNUAL MONITORING CHECKLIST FOR ALL SUB GRANT ORGANIZATIONS. ANY AREAS NOT COMPLETED SATISFACTORILY ARE FOLLOWED UP. NON COMPLIANCE WITH SUBGRANT REQUIREMENTS RESULTS IN SUBGRANT PAYMENTS BEING HELD UNTIL ALL OUTSTANDING REQUIREMENTS ARE RESOLVED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OVRN: 12-11-2017

2018

Open to Public Inspection

Name of the organization

WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.

Employer identification number

20-2029170

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate boxes if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chef, chauffeur)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement for provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate whether, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 4 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4959-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

1 HA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J (Form 990) 2018

WHITE RIBBON ALLIANCE FOR SAFE

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Schedule J (Form 990) 2018

MOTHERHOOD, INC.

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

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

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

Table with 7 columns: (A) Name and Title, (B) Base compensation, (C) Bonus & nonfixed compensation, (D) Other reportable compensation, (E) Retirement and other deferred compensation, (F) Taxable benefits, (G) Tax-exempt benefits, (H) Compensation in column (G) allocated as deferred on prior Form 990.

WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.

Part III Supplemental Information

Provide the name of the organization, explanation, or description required for Part I, lines 1a, 1b, 2, 4a, 4b, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, INC.	Employer identification number 20-2029170
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FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF FINANCIAL OFFICER RECEIVES A DRAFT COPY OF THE 990 AND COMPARES THE COMPILED FINANCIAL DATA WITH THE AUDITED FINANCIAL STATEMENTS TO ENSURE THAT THE INFORMATION IS CORRECT, ACCURATE AND THAT IT RECONCILES WITH ALL THE SCHEDULES SUBMITTED TO THE PREPARER. THE CHIEF FINANCIAL OFFICER THEN PROVIDES COPY OF THE 990 TO THE CHIEF EXECUTIVE OFFICER FOR REVIEW AND DISCUSSION. AFTER INTERNAL REVIEW IS COMPLETED, THE CHIEF FINANCIAL OFFICER SENDS COPY OF THE DRAFT 990 REPORT TO THE FINANCE AND AUDIT COMMITTEE TO REVIEW AND RECOMMEND TO THE FULL BOARD FOR FINAL APPROVAL. UPON RECEIPT OF FINAL APPROVAL FROM THE BOARD OF DIRECTORS, THE CHIEF FINANCIAL OFFICER NOTIFIES THE PREPARER TO ISSUE FINAL 990 REPORTS FOR THE CHIEF EXECUTIVE OFFICER TO SIGN BEFORE MAILING PACKAGE TO THE RECEIVING GOVERNMENT BODY.

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

ANY EMPLOYEE WHO ENCOUNTERS A CONFLICT OF INTEREST MUST RECUSE HIMSELF/HERSELF FROM THE SITUATION AND MUST IMMEDIATELY SUBMIT TO WRA'S CHIEF EXECUTIVE OFFICER A MEMORANDUM STATING THE NATURE OF THE CONFLICT OF INTEREST AND THE REASONS FOR RECUSAL. IN THE EVENT THAT THE SITUATION MAY CREATE THE APPEARANCE OF A CONFLICT OF INTEREST, THE EMPLOYEE MUST SIMILARLY SUBMIT A MEMORANDUM TO THE CHIEF EXECUTIVE OFFICER DETAILING THE REASON(S) WHY THE SITUATION MAY GIVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE CHIEF EXECUTIVE OFFICER WILL DECIDE WHETHER A RECUSAL IS NECESSARY. IN ALL CASES, RESPONSIBILITY FOR REPORTING ACTUAL OR APPARENT CONFLICTS OF INTEREST RESTS WITH THE EMPLOYEE CONCERNED. WRA HAS ZERO TOLERANCE FOR BEHAVIOR OR ACTIVITIES UNDERTAKEN BY EMPLOYEES IN VIOLATION OF THIS POLICY. ANY EMPLOYEE DETERMINED TO BE IN VIOLATION OF THIS POLICY

Name of the organization: **WHITE RIBBON ALLIANCE FOR SAFE
MOTHERHOOD, INC.**

Employer identification number
20-2029170

WILL BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.
THIS POLICY IS REVIEWED AND SIGNED BY ALL EMPLOYEES ON AN ANNUAL BASIS.
BOARD MEMBERS ALSO FOLLOW THE SAME POLICY, COMPLETING A DISCLOSURE
STATEMENT UPON ELECTION TO THE BOARD, AND UPDATING AS NECESSARY THROUGHOUT
THEIR TERM.

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

A 360 DEGREE ANNUAL PERFORMANCE APPRAISAL IS COMPLETED FOR ALL EMPLOYEES,
INCLUDING THE CHIEF EXECUTIVE OFFICER, THAT HAVE BEEN EMPLOYED FOR AT LEAST
90 DAYS. THE APPRAISAL IS DONE BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR AND
ALSO INCLUDES OTHERS IN ORDER TO ACHIEVE THE 360 DEGREE APPRAISAL.
AUTHORIZED INCREASES ARE SUBJECT TO THE BOARD APPROVED BUDGETS. SALARIES
ARE REVIEWED ANNUALLY, MOST RECENTLY APRIL 2018. WHITE RIBBON ALLIANCE
COMPENSATES EMPLOYEES CONSISTENT WITH MARKET RATES, WORK EXPERIENCE, SALARY
HISTORY AND, AS APPROPRIATE, ANY RESTRICTIONS THAT MAY BE LEVIED UPON IT BY
A DONOR. IN ADDITION, WRA USES EXTERNAL COMPARABILITY DATA TO SUBSTANTIATE
ITS COMPENSATION INCREASES. FOR EXAMPLE: COMPARABILITY DATA IS SOUGHT FROM
THE WEB; WRA CONTACTS OTHER ORGANIZATIONS TO OBTAIN COMPARABLES, AND WRA
ALSO USES DATA PUBLISHED BY PUBLIC AGENCIES. SEPARATE DISCUSSION IS HELD BY
THE BOARD OF DIRECTORS FOR SETTING THE CHIEF EXECUTIVE OFFICER'S
COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI, CT

FORM 990, PART VI, SECTION C, LINE 19:

WRA'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE

