EXTENDED TO NOVEMBER 15, 2019

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

and ending

▶ 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

B c	heck if pplicab	COALITION AGAINST TRAFFICKIN	G IN		D Employer identifi	cation number	
	_]chano ∃Name	WOMEN			22-3	032134	
	_ chan∢ Initial returr	Doing business as Number and street (or P.0. box if mail is not delivered to street)	et address)	Room/suite	E Telephone number		
	Final return	,	or address)	Troomy suite	(212		
	termii ated		an postal	<u> </u>	G Gross receipts \$	894,065.	
	Amen		2· · · · ·		H(a) Is this a group re		
	Appli	F Name and address of principal officer: JANICE G.	RAYMOND			? Yes X No	
	pendi	^{ng} SAME AS C ABOVE			H(b) Are all subordinates in		
ΙΤ	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no	o.) 4947(a)(1)	or 52	7 If "No," attach a	list. (see instructions)	
		te: ► WWW.CATWINTERNATIONAL.ORG			H(c) Group exemption	n number 🕨	
K F	orm o	forganization: X Corporation Trust Association	Other >	L Year	of formation: 1990 N	State of legal domicile: NY	
Pa	rt I	Summary					
e S	1	Briefly describe the organization's mission or most significant a IS TO END HUMAN TRAFFICKING IN	activities: THE	MISSI	ON OF THE OR IT PROMOTES	GANIZATION	
Governance	١,						
Veri	2	Check this box if the organization discontinued its o	·		1 _	l 12	
ဗိ	3	Number of voting members of the governing body (Part VI, line Number of independent voting members of the governing bod			<u>3</u>	11	
م د	5	Total number of individuals employed in calendar year 2018 (P				4	
iţie	6	Total number of volunteers (estimate if necessary)				0	
Activities	_	Total unrelated business revenue from Part VIII, column (C), lin				0.	
ď		Net unrelated business taxable income from Form 990-T, line 3				0.	
	<u> </u>	The dimension business taxasis mostle from 1 on 1, into e			Prior Year	Current Year	
ø)	8	Contributions and grants (Part VIII, line 1h)			1,219,775.	770,514.	
ğ	9	Program service revenue (Part VIII, line 2g)			0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			30.	0.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ar			0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, co			1,219,805.	770,514.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			130,535.	187,934.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		[0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, colu	mn (A), lines 5-10)		319,244.	362,148.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	90,7	10.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) \ldots			314,861.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A	A), line 25)		764,640.	767,686.	
. "	19	Revenue less expenses. Subtract line 18 from line 12			455,165.	2,828.	
Net Assets or Fund Balances				В	eginning of Current Year	End of Year	
sser Bala	20	Total assets (Part X, line 16)			795,987.	845,213.	
let A	21	Total liabilities (Part X, line 26)			22,991. 772,996.	69,389. 775,824.	
	ırt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block			112,330.	113,024.	
		alties of perjury, I declare that I have examined this return, including acc	omnanving schedule	ee and etater	nente, and to the heet of m	v knowledge and helief it is	
		ct, and complete. Declaration of preparer (other than officer) is based or				y knowledge and belief, it is	
uu,	00110	Land complete. Deciditation of property (other than officer) is based of	Tun imormation or w	mon propare	in that arry knowledge.		
Sign	1	Signature of officer			Date		
Her		JANICE G. RAYMOND, TREASURER					
1101	•	Type or print name and title					
		Print/Type preparer's name Preparer's si	ignature	I	Date Check	PTIN	
Paid	ı	ALWAYNE BURKE, CPA	J	[:	11/11/19 if self-employ	P01623706	
Prep	arer	Firm's name NCHENG LLP			Firm's EIN	81-0926770	
	Only	Firm's address 40 WALL STREET, 32ND F	LOOR				
		NEW YORK, NY 10005			Phone no. (2	12) 785-0100	
May	the I	BS discuss this return with the preparer shown above? (see ins	etructions)			X Ves No	

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE ORGANIZATION IS TO END HUMAN TRAFFICKING IN OUR
	LIFETIME. IT PROMOTES HUMAN RIGHTS BY WORKING INTERNATIONALLY TO
	COMBAT COMMERCIAL SEXUAL EXPLOITATION IN ALL ITS FORMS, ESPECIALLY
	PROSTITUTION AND TRAFFICKING IN WOMEN AND CHILDREN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 609, 405 • including grants of \$ 187,934 •) (Revenue \$)
4a	(Code:) (Expenses \$ 609,405 including grants of \$ 187,934) (Revenue \$ COALITION AGAINST TRAFFICKING IN WOMEN "CATW" AND OUR PARTNERS ENGAGE
	IN ADVOCACY, EDUCATION AND PREVENTION PROGRAMS FOR VICTIMS OF
	TRAFFICKING AND PROSTITUTION IN ASIA, AFRICA, LATIN AMERICA, EUROPE AND
	NORTH AMERICA, INCLUDING THE UNITED STATES. CATW AND OUR PARTNERS PROVIDE MULTI-LEVEL SERVICES, FINANCIAL AID, PSYCHOLOGICAL SUPPORT,
	HOUSING, AND LEGAL ADVOCACY FOR VICTIMS OF SEX TRAFFICKING AND
	COMMERCIAL SEXUAL EXPLOITATION. CATW CARRIES OUT INNOVATIVE,
	MULTI-TIERED PROGRAMS THAT EDUCATE YOUTH, GOVERNMENT OFFICIALS, LAW
	ENFORCEMENT, AND THE PUBLIC ABOUT THE HARM OF HUMAN TRAFFICKING AND
	COMMERCIAL SEXUAL EXPLOITATION. IT IS THE DEMAND FOR THE BODIES OF
	WOMEN AND GIRLS FOR COMMERCIAL SEX THAT IS FUELING SEX TRAFFICKING.
	CATW AND OUR PARTNERS CARRY OUT PROGRAMS TO EDUCATE MALE YOUTH ABOUT
41-	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 609,405.
	Form 990 (2018)
832002	SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
If "Yes," complete Schedule A	1		
	_	Х	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
during the tax year? If "Yes," complete Schedule C, Part II	4		х
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- 		
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
If "Yes," complete Schedule D, Part IV	9		Х
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
	11a	Х	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	11c		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	11e	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year?			
	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	Х
, , , , , , , , , , , , , , , , , , , ,	14a	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	מדו		
foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_	v	
1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		Х
complete Schedule G, Part III	19		X
	20a 20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	21		Х

COALITION AGAINST TRAFFICKING IN WOMEN

Form 990 (2018)

Pa	rt 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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		Х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	
Pa	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			140
b		d		
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	х	
	(35=3)	, ,,		

832004 12-31-18

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

b 3a b 4a b 5a c 6a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	ccounts (FBAR).	2b 3a 3b 4a 5a 5b		x x x
3a b 4a b 5a c 6a	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial all f "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	ccounts (FBAR).	3a 3b 4a 5a 5b		X X
3a b 4a b 5a c 6a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial at "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	ccounts (FBAR).	3a 3b 4a 5a 5b		X X
b 4a b 5a b c 6a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial at "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax shelter transaction are prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	authority over, a account)? ccounts (FBAR).	3b 4a 5a 5b		X
b 4a b 5a b c 6a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of At any time during the calendar year, did the organization have an interest in, or a signature or other signature account in a foreign country (such as a bank account, securities account, or other financial all "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	authority over, a account)? ccounts (FBAR).	3b 4a 5a 5b		x
4a b 5a c 6a	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial at If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? The service of Foreign Bank and Financial A Was the organization at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	authority over, a account)? ccounts (FBAR).	4a 5a 5b		X
5a b c	financial account in a foreign country (such as a bank account, securities account, or other financial as If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial As Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? The service of the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	ccounts (FBAR).	5a 5b		X
5a b c	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction if "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	ccounts (FBAR).	5a 5b		X
5a b c	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did thany contributions that were not tax deductible as charitable contributions?	ction?	5b		
b c 6a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	ction?	5b		
b c 6a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transal f "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did thany contributions that were not tax deductible as charitable contributions?	ction?	5b		
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?				77
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?		5C		X
	any contributions that were not tax deductible as charitable contributions?	ne organization solicit			
b			C -		Х
D	The state of the organization include with every solicitation an express statement that such contribute		6a		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
_	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	<u> </u>	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ Did \ a \ donor \ advised \ fund \ maintained$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	اما			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	140			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
J	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	'			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Готт	000	/2010 ¹

22-3032134 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ŭ		
<i>i</i> u	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	t finan	cial	
	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			
	TAINA BIEN-AIME - (212) 643-9895 121 WEST 27TH STREET, NEW YORK, NY 10001			
	121 WEST 27TH STREET, NEW YORK, NY 10001			

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations		Officer	Key employee	Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) AURORA JAVATE DE DIOS	1.00	,,		37					•	•
PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) JANICE RAYMOND	1.00	x		х				0.	0.	0.
TREASURER (3) DORCHEN LEIDHOLDT	1.00	^		^				0.	0.	0.
(3) DORCHEN LEIDHOLDT SECRETARY	1.00	X		х				0.	0.	0.
(4) TERESA ULLOA ZIAURRIZ	1.00							0.	0.	•
DIRECTOR	2000	x						0.	0.	0.
(5) RUCHIRA GUPTA	1.00									
DIRECTOR		х						0.	0.	0.
(6) NOZIZWE MADLALA-ROULEDGE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ASUNCION MIURA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ESOHE AGHATISE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) VEDNITA CARTER	1.00								_	_
DIRECTOR		Х						0.	0.	0 .
(10) SUSANA CHIAROTTI BOERO	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) STEPHANIE DAVIS	1.00	,,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(12) GHADA JABBOUR	1.00	x						0.	0.	0.
DIRECTOR (13) TAINA BIEN-AIME	40.00	^						0.	0.	0.
EXECUTIVE DIRECTOR	40.00	1		х				140,609.	0.	0.
BARCOTTVE DIRECTOR				21				140,005.	0.	

Form 990 (2018)

Page 7

rai	T VII Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C					(F)	
	(A) Name and title	(B) Average			Pos	C) ition	1		(D) Reportable	(E) Reportable		E	(F)	ad.
	IVALITE ALLU LILIE	hours per	box	not c , unle	heck ss pe	more rson	than is bot	h an	compensation	compensatio		Estimated amount of		
		week	-	cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
		(list any hours for	lirecto						the organization	organization (W-2/1099-MIS			pensa om the	
		related	ee or d	stee			nsated		(W-2/1099-MISC)	(00-2/1099-10113	,0)		anizati	
		organizations	al trust	nal tru		oyee	ompe						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
			드	트	5	<u>\$</u>	토등	2			-+			
			1											
							<u> </u>							
							\vdash							
							<u> </u>							
			-											
1b	Sub-total			<u> </u>	<u> </u>		1	<u> </u>	140,609.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								140,609.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			4
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tri	ıste	e ke	v er	mplo	ovee	or	highest compensated e	mplovee on	Г		163	140
	line 1a? If "Yes," complete Schedule J for s	•		,	•	•	•					3		Х
4	For any individual listed on line 1a, is the su	um of reportab												
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or					,			ted organization or indiv	dual for services		_		Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedui	e J i	or s	ucn	pers	son .					5		
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation f	rom	
	the organization. Report compensation for													
	(A)		37/	~~**	_				(B)		0	(C	;)	_
	Name and business	address	N	INC	5			_	Description of s	ervices		omper	nsatio	<u> </u>
								_						
								_						
2	Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >				(0							
												Form 9	990 (2	2018)

832008 12-31-18

Form 990 (2018)

WOMEN Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Related or Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 192,691. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 577,823. g Noncash contributions included in lines 1a-1f: \$ 770,514. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 192,691. of contributions reported on line 1c). See Part IV, line 18 a 123,551 Other **b** Less: direct expenses b = 123,551. 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 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 of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 770,514. Total revenue. See instructions

Part IX | Statement of Functional Expenses

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

	On 50 I (C)(3) and 50 I (C)(4) organizations must com				
Do	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	187,934.	187,934.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	304,151.	219,033.	36,337.	48,781.
6	Compensation not included above, to disqualified	3327222		00,001	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	36,098.	25,995.	4,313.	5,790.
10	Payroll taxes	21,899.	15,771.	2,616.	3,512.
11	Fees for services (non-employees):	-	-	-	<u> </u>
	Management				
	Legal	42,340.	27,398.	6,379.	8,563.
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	39,198.	28,229.	4,683.	6,286.
14	Information technology	21,000.	15,123.	2,509.	3,368.
15	Royalties	54 065	54 204	2 51 1	44 400
16	Occupancy	71,265.	51,321.	8,514.	11,430.
17	Travel	25,221.	25,221.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	3,193.	2,300.	381.	512.
22	Depreciation, depletion, and amortization	5,573.	4,013.	666.	894.
23	Other expenses. Itemize expenses not covered	3,373.	4,013.	000.	094.
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMUNICATIONS	6,284.	4,525.	751.	1,008.
b	POSTAGE AND SHIPPING	3,004.	2,163.	359.	482.
С	PRINTING AND PUBLICATIO	526.	379.	63.	84.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	767,686.	609,405.	67,571.	90,710.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 01 10				Earm 990 (2018)

Form 990 (2018)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	te to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			264,177.	1	542,043
2	Savings and temporary cash investments			12,178.	2	13,445
3	Pledges and grants receivable, net			484,452.	3	255,445
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compens	ated emplo	ovees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	•	,			
	employers and sponsoring organizations of sec		-			
,	employees' beneficiary organizations (see instr).				6	
7	Notes and loans receivable, net		_		7	
8 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			7,209.	9	8,498
	Land, buildings, and equipment: cost or other	I		. , = 35 ·		0, -0
100	basis. Complete Part VI of Schedule D	102	48,564.			
l b			41,685.	9,068.	10c	6,879
11				3,000	11	0,015
	Investments - publicly traded securities				12	
12	Investments - other securities. See Part IV, line				13	
13	Investments - program-related. See Part IV, line					
14	Intangible assets			18,903.	14 15	18,903
15	Other assets. See Part IV, line 11			795,987.	16	845,213
16	Total assets. Add lines 1 through 15 (must equ			20,666.	_	68,264
17	Accounts payable and accrued expenses			20,000.	17	00,204
18	Grants payable			18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
g 22	Loans and other payables to current and former	-				
[key employees, highest compensated employee					
22	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela		_		23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). C	omplete Part X of	2 225		1 105
	Schedule D			2,325.	25	1,125
26	Total liabilities. Add lines 17 through 25			22,991.	26	69,389
	Organizations that follow SFAS 117 (ASC 958		ere 🕨 🔼 and			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 ar			420 000		000 000
27	Unrestricted net assets			430,889.	27	202,000
28	Temporarily restricted net assets			342,107.	28	573,824
29					29	
2	Organizations that do not follow SFAS 117 (A	SC 958), c	check here			
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
g 31	Paid-in or capital surplus, or land, building, or ed	quipment fu	und		31	
32	Retained earnings, endowment, accumulated in	come, or c	other funds		32	
33	Total net assets or fund balances		[772,996.	33	775,824
34	Total liabilities and net assets/fund balances			795,987.	34	845,213

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 14.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7 (86.		
3							
4							
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	7	75,8	24.		
Pa	rt XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit				
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

COALITION AGAINST TRAFFICKING IN Employer identification number Name of the organization WOMEN 22-3032134 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 E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1071818.	734,730.	496,006.	1119428.	577,823.	3999805.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4054040	504 500	106 006	4440400	555	22222
4	Total. Add lines 1 through 3	1071818.	734,730.	496,006.	1119428.	577,823.	3999805.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						22222
	Public support. Subtract line 5 from line 4.						3999805.
	ction B. Total Support				T	r - 1	
	ndar year (or fiscal year beginning in)	(a) 2014 1071818.	(b) 2015 734,730.	(c) 2016 496, 006.	(d) 2017 1119428.	(e) 2018 577,823.	(f) Total 3999805.
	Amounts from line 4	10/1010.	/34,/30.	496,006.	1119428.	3//,843.	3999603.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10	20	21	30.		0.0
	and income from similar sources	18.	20.	21.	30.		89.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						3999894.
11	•••		,			40	3333034.
12	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop						ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2018 (I			olumn (f))		14	100.00 %
	Public support percentage from 2017						100.00 %
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

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

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

Se	ction A. Public Support	low, piedoc com	proto r art m.j				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	8 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
·	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	·						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5					 	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				•		
	endar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	8 (f) Total
	Amounts from line 6					ļ	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second thir	d fourth or fifth t	ax vear as a section	n 501(c)(3) o	nrganization
•	check this box and stop here	-			-		
Se	ction C. Computation of Public						
	Public support percentage for 2018 (lir			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						, ,
	Investment income percentage for 201			ne 13. column (f))		17	%
	Investment income percentage from 20					18	<u> </u>
	33 1/3% support tests - 2018. If the o						
	more than 33 1/3%, check this box an						▶□
ŀ	33 1/3% support tests - 2017. If the c						/3%. and
	line 18 is not more than 33 1/3%, chec	· ·			•		
20							
20	Private foundation. If the organization	aid flot check a	DUX UIT IIITE 14, 19	a, or 190, Check t	ilio dux aliu see in	อเเนตเเดเร	P

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Schedule A (Form 990 or 990-EZ) 2018 WOMEN Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
01		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
ad		
9b		
9c		
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10a		
10b		

Ves No No No No No No No N	Pa	rt IV Supporting Organizations (continued)			igo o
11 Has the organization accepted a git or contribution from any of the following persons? 2 A person who directly or indirectly controls, either caline or together with persons described in (b) and (c) below, the governing body of a supported organization? 3 A 35% controlled settly of a parson described in (a) or (b) above? 4 A 35% controlled settly of a parson described in (a) or (b) above? 5 A 35% controlled settly of a parson described in (a) or (b) above? 7 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 organizations directors or trustees at all times during the tax yea? If 'No,' 'describe in Part VI how the supported organizations is delicated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of particular than the supported organization part of the particular organization of the than the supported organization particular than the supported organization particular in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 9 Section C. Type II Supporting Organizations 1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization supported organization(s)? If 'No,' describe in Part VI how control or ranagement of the supporting Organization supported organization(s)? If 'No,' describe in Part VI how control organization organization is provided to each of its supported organization is provided to ea	· u	Supporting Organizations (continued)		V	Na
a A person who directly or indirectly controls, either alone or together with persons described in (is) and (is) below, the governing body of a supported organizations b A family member of a person described in (is) above? c A 38% controlled smithy of a person described in (is) or (is) above? A 38% controlled smithy of a person described in (is) or (is) above? 1 Did the directors, fustees, 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 now the supported organization, described, supervised, or controlled the organization's activities. If the organization defectively operated, supervised, or controlled the organization's activities, if the organization defectively operated, supervised, or controlled the organization or directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization other than the supported organization other than the supported organization of the supporting organization other than the supported organization of the supported organization other than the supported organization of the supported organization or suppo				Yes	NO
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section B. Type I Supporting Organizations 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 of the organization of the organization of the organization and what conditions are resistant, if any appoint or elect at least a majority of the organization of the organization and what conditions are resistant, if any appoint or the organization and what conditions are resistant, if any appoint or sub-powers during the tax year. 2 Did the organization appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or resistations, if any, appoint or usu-powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization organization shaped to a conditioled the supported organization of the than the supported organization is that operated, supervised, or controlled the supported organization of the than the supported organization or supported organization or supported organization is the power of the organization of the organizations. Section C. Type II Supporting Organizations 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 directors or trustees of each of the organization's directors or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization's tax year, (i) a copy of the Form 990 but have more tax were taken to the profit of the organization's tax year, (ii) a copy of the Form 990 but have smooth the supported organization's tax year, (ii) a copy of the Form 990 but have smooth to		, , , , , , , , , , , , , , , , , , , ,			
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 he Part I how the supported organization's directors or trustees are all times during the tax year all the organization's activities. If the organization's directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization that the supported organization's that operated, supervised, or controlled the supporting organization. 2 Did the organization providing organizations. 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustee of each of the organization's directors or trustees or trustee					
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	h		Ja		
	J		3h		

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22-3032134 Page 6 Schedule A (Form 990 or 990-EZ) 2018 WOMEN

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.		
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in 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 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see	
	instructions).				

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ion D - I	Distributions		,	Current Year		
1	Amoun						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organiz	ations, in excess of income from activity					
3	Admini	strative expenses paid to accomplish exempt purpose	es of supported organization	is			
4	Amoun	ts paid to acquire exempt-use assets					
5	Qualifie	ed set-aside amounts (prior IRS approval required)					
6	Other c	distributions (describe in Part VI). See instructions.					
7	Total a	nnual distributions. Add lines 1 through 6.					
8	Distribu	utions to attentive supported organizations to which the	ne organization is responsive	e			
		e details in Part VI). See instructions.					
9		utable amount for 2018 from Section C, line 6					
10	Line 8	amount divided by line 9 amount					
Secti	ion E - [Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distribu	utable amount for 2018 from Section C, line 6					
2	Underd	listributions, if any, for years prior to 2018 (reason-					
	able ca	use required- explain in Part VI). See instructions.					
3	Excess	distributions carryover, if any, to 2018					
	From 2						
	From 2						
	From 2						
	From 2						
	From 2						
f	Total o	f lines 3a through e					
		to underdistributions of prior years					
		d to 2018 distributable amount					
<u>i</u>		ver from 2013 not applied (see instructions)					
j		nder. Subtract lines 3g, 3h, and 3i from 3f.					
4		utions for 2018 from Section D,					
	line 7:	\$					
		d to underdistributions of prior years					
		I to 2018 distributable amount					
		nder. Subtract lines 4a and 4b from 4.					
5		ning underdistributions for years prior to 2018, if ubtract lines 3g and 4a from line 2. For result greater					
	-	- 1					
6		ero, explain in Part VI. See instructions. Ining underdistributions for 2018. Subtract lines 3h					
U		<u> </u>					
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7		s distributions carryover to 2019. Add lines 3j					
•	and 4c	- I					
8		own of line 7:					
		from 2014					
		from 2015					
		from 2016					
		from 2017					
		from 2018					

COALITION AGAINST TRAFFICKING IN

Schedule A	(Form 990 or 990-EZ) 2018 WOMEN	22-3032134 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; P Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this par (See instructions.)	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V,

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

COALITION AGAINST TRAFFICKING IN WOMEN

Employer identification number

22-3032134

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	, ,	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigcup \\$					
but it m u	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

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

Employer identification number

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	CATHERINE DOUGLASS 1056 FIFTH AVENUE NEW YORK, NY 10028	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	DAVID KLAFTER 610 WEST END AVENUE NEW YORK, NY 10024	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	DUSTIN WEBBER 66 TAYLOR STREET BOSTON, MA 02122	\$14,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4 ERNST AND YOUNG US LLP 120 ELM STREET DALLAS, TX 75270	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINATTI, OH 45277	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	FOKUS POSTBOOKS 459 5805 BERGEN, NORWAY	\$ 222,478.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	FRESHFIELDS BRUCKHAUS DERINGER 601 LEXINGTON AVENUE NEW YORK, NY 10022	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	GREGORY DIVIS 1146 GREYSTONE MANOR PARKWAY CHESTERFIELD, MO 63005	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	HOWARD BRICKNER 292 WARREN STREET BROOKLYN, NY 11201	\$10,000.	Person X Payroll		
(a) No.	(b)	(c) Total contributions	(d)		
10	Name, address, and ZIP + 4 HYATT ANN BASS 201 MAIN STREET SUITE 2700 FORT WORTH , TX 76102	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	INMAAT FOUNDATION ONE ROCKEFELLAR PLAZA 3RD FLOOR NEW YORK, NY 10020	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	KRAMER LEVIN NAFTALIS & FRANKEL 1177 AVENUE OF AMERICAS NEW YORK, NY 10036	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
13	NICHOLAS LEMBO PO BOX 7160 JAF STATION NEW YORK, NY 10116	\$10,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
14	NORTHERN TRUST 225 NORTH MICHIGAN AVENUE #2200 CHICAGO , IL 60601	\$ <u>110,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	PATRICK AND AIMEE BUTLER FAMILY 2356 UNIVERSITY AVENUE WEST #420 SAINT PAUL, MN 55114	\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 16	Name, address, and ZIP + 4 PENNOYER PARTNERE LLC 125 PARK AVENUE NEW YORK, NY 10017	* 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	RACHEL FOSTER 140 REMSEN STREET BROOKLYN, NY 11201	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	RUTH TURNER FUND 60 EAST 42ND STREET 38TH FLOOR NEW YORK, NY 10165	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SAMUEL HERSCHKOW 899 MILFORD ROAD DINGMAN'S FERRY, PA 18328	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	SISTERHOOD IS GLOBAL FUND 25 CENTRAL PARK WEST NEW YORK, NY 10023	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	SPRING BANK 69 EAST 167TH STREET BRONX, NY 10452	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	SULLIVAN & CROMWELL 125 BROAD STREET NEW YORK, NY 10004	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	THE BURTON G BETTINGEN FOUNDATION 9663 SANTA MONICA BOULEVARD BEVERLY HILLS, CA 90210	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	WATCHELL, LIPTON , ROSEN & KATZ 51 WEST 52ND STREET NEW YORK, NY 10019	\$	Person X Payroll

Name of organization
COALITION AGAINST TRAFFICKING IN
WOMEN

Employer identification number
22-3032134

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** COALITION AGAINST TRAFFICKING IN 22-3032134 WOMEN Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COALITION AGAINST TRAFFICKING IN WOMEN

Employer identification number 22-3032134

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 $% \left(1\right) =\left(1\right) \left(1$		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
4	year Number of states where property subject to concernation on	coment is leasted	
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thandling of violations, and emorning conser	vation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
•	> \$	uning of violations, and officioning concervation	reasonieme dannig the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public extension	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, 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 tre	-	ain, provide
	the following amounts required to be reported under SFAS 1		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s tor Form 990.	Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	r Asse	ts (contii	nued)	- J -
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at are a si	gnificant u	se of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how tl	ney further t	the organizat	ion's exe	mpt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	asures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered	"Yes" on	Form 990,	Part IV,	line 9, o	•	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia		-						٦.,		1
	on Form 990, Part X?							└─	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance								,		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabil	ity?	L	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on F	1						
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	ent year end baland	ce (line 1	g, column (a)) held as:	•					
а	Board designated or quasi-endowment	,	%	J, ("						
b	Permanent endowment	%	<u> </u>								
С	Temporarily restricted endowment ▶	<u> </u>									
	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses		ation th	at are held a	and administe	ered for th	ne organiza	ition			
	by:	9-								Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the								0.0		
	t VI Land, Buildings, and Equipm		311110111	Tarrao.							
	Complete if the organization answered		0. Part I	√. line 11a. s	See Form 990	0. Part X.	line 10.				
	Description of property	(a) Cost or o			t or other		cumulated		(d) Boo	k value	
	becomption of property	basis (investr			(other)		preciation	.	(u) 200	it valut	5
	Land	<u> </u>	,		. ,	-1					
b	Buildings										
c	Leasehold improvements										
d	Equipment			4	8,564.		41,68	5.		6,8	79.
	Other				,		,	-			
	. Add lines 1a through 1e. (Column (d) must ed		X colu	nn (B) line	10c)					6,8	79.
		,	., 50.01	. ,_,,0	/			_		•	

	GAINST TRAF	FICKING IN	22 2022124 -
Schedule D (Form 990) 2018 WOMEN Part VIII Investments - Other Securities.			22-3032134 Page
	F 000 D+ IV/	the data One Form 000 Book V	lies a 40
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		ine 12. Cost or end-of-year market value
	(b) Book value	(c) Method of Valuation	i. Cost of 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.			
	an Farma 000 Dart IV	line 11 a Con Farms 000 Part V	line 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Part X,	line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OBLIGATION ON CAPITAL LEASE	1,125.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,125.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Schedule	D (Form	990)	2018

Sche	edule D (Form 990) 2018 WOMEN		44-3	UJZIJ4 Page4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per R	eturn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1	781,565.
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-	701,303.
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b	11,051.	-	
c	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	11,051.
3	Subtract line 2e from line 1		3	770,514.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			· ·
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	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	770,514.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements V	/ith Expenses per	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	778,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	11,051.		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	11,051.
3	Subtract line 2e from line 1		3	767,686.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
_	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	767,686.
	rt XIII Supplemental Information.	41 101 5 11/1	4.5.1.	" 0 D 1 VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		4; Part X,	, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	iornation.		
PAI	RT X, LINE 2:			
T 3.T/	COME MAYER CAME TO EVENDE EDON THOOME MAYER I	NIDED FO1/G\/	2 \ 0	. miia
TIM	COME TAXES. CATW IS EXEMPT FROM INCOME TAXES U	NDER SUI(C)(3) 0.	r THE
IN	TERNAL REVENUE CODE. CATW HAS ANALYZED TAX POS	ITIONS TAKEN	FOR	FILING
WI:	TH THE INTERNAL REVENUE SERVICE AND STATE JURI	SDICTIONS WH	ERE	IT
	ERATES. CATW DOES NOT ANTICIPATE ANY SIGNIFICA			
OPI	ERATES. CATW DOES NOT ANTICIPATE ANY SIGNIFICAL	NT UNCERTAIN	TAX	POSITIONS
THZ	AT WOULD REQUIRE RECOGNITION IN THE FINANCIAL	STATEMENTS.	PERI	ODS ENDING
DE	CEMBER 31, 2015 AND SUBSEQUENT REMAIN SUBJECT	TO EXAMINATI	ON B	Y THE
TA	KING AUTHORITIES.			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COALITION AGAINST TRAFFICKING IN

WOMEN

Employer identification number

22-3032134

	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 X No							
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the		
	United States.							
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	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, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region		
	TH AMERICA -							
MEX:	ICO			PROGRAM SERVICES	HUMAN RIGHTS ADVOCACY	112,589.		
EURC	OPE - NORWAY			PROGRAM SERVICES	HUMAN RIGHTS ADVOCACY	8,500.		
3 a	Subtotal	0	0			121,089.		
b	Total from continuation							
	sheets to Part I	0	0			0.		
С	Totals (add lines 3a							
	and 3b)	0	0			121,089.		

832071 10-31-18

Schedule F (Form 990) 2018

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

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

1 a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SOUTH AMERICA - MEXICO	HUMAN RIGHTS	112,589.	WIRE TRANSFER	0.		

22-3032134 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2018 Part IV Foreign Forms

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 2018.05000 COALITION AGAINST TRAFFICKI 717____1

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

COALITION AGAINST TRAFFICKING IN Employer identification number Name of the organization WOMEN 22-3032134 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

832081 10-03-18

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

Pa	irt I		-			
			(a) Event #1 BENEFIT RECEPTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	COI. (CJ)
Revenue	1	Gross receipts	316,242.			316,242.
	2	Less: Contributions	192,691.			192,691.
	3	Gross income (line 1 minus line 2)	123,551.			123,551.
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				123,551.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	123,551.
_	11					0.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 1	19, or reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	to a Dull take (in a to		140-11
ne			(a) Bingo	(b) Pull tabs/instabingo/progressive b		(d) Total gaming (add col. (a) through col. (c))
Revenue				zgo, p. eg. eeee z	95	con (a) through con (c)
Re	1	Gross revenue				
_	ΙĖ	dross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	YesNo	%	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
10a		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during th	ne tax year?	Yes No
b	lf "	Yes," explain:				
8320	82 10	D-03-18			Schedule G (Fo	orm 990 or 990-EZ) 2018

COALITION AGAINST TRAFFICKING IN

Sch	edule G (Form 990 or 990-EZ) 2018 WOMEN 2	2-3032134	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
14	cinter the marile and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	daming manager compensation • • •		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Enployee Entroperation Contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
d		Yes	□ No
	retain the state gaming license?		L INO
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ne	
Da	organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	ad David III. linaa O	0h 10h
Га		id Part III, lines 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

COALITION AGAINST TRAFFICKING IN

Schedule G (Form 990 or 990-EZ) Part IV Supplemental In	WOMEN	22-3032134 Page 4
Part IV Supplemental In	formation (continued)	
		Schedule G (Form 990 or 990-F7

832084 04-01-18

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

COALITION AGAINST TRAFFICKING IN Employer identification number Name of the organization WOMEN 22-3032134 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

		TION AGAINST TRAFFIC	KING IN			
Schedule L (Form 990 or 990-EZ) 2018 WOMEN	sing Interested Develope		22-3032	134	Page 2
	Business Transactions Involv	<u> </u>	01 00			
	Name of interested person	"Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested	8b, or 28c. (c) Amount of	(d) Description of	(e) Sha	aring of
(a)	Thame of interested person	person and the organization	transaction	transaction		zation's nues?
					Yes	No
TERESA	ULLOA ZIAURRIZ	NON-VOTING BOARD ME	0.	CATW LAC RE		Х
Part V	Supplemental Information.					
	Provide additional information for resp	onses to questions on Schedule L (see	instructions).			
SCH L,	PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(-)						
(A) NAI	ME OF PERSON: TERES	A ULLOA ZIAURRIZ				
(B) RE	LATIONSHIP BETWEEN	NTERESTED PERSON AN	D ORGANIZAT	ION:		
NON-VO	TING BOARD MEMBER OF	F CATW AND EXECUTIVE	DIRECTOR O	F CATW LAC		
(D) DE	SCRIPTION OF TRANSAC	CTION: CATW LAC RECE	IVED GRANTS	IN EXCESS	OF	
\$10,00	0 FROM CATW					

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

COALITION AGAINST TRAFFICKING IN WOMEN

Employer identification number 22-3032134

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RIGHTS BY WORKING INTERNATIONALLY TO COMBAT COMMERCIAL SEXUAL EXPLOITATION IN ALL ITS FORMS, ESPECIALLY PROSTITUTION AND TRAFFICKING IN WOMEN AND CHILDREN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE HARM OF COMMERCIAL SEXUAL EXPLOITATION TO WOMEN AND CHILDREN, THEMSELVES AND TO COMMUNITIES. CATW PROMOTES THE SWEDISH MODEL LEGISLATION AT LOCAL, NATIONAL, AND INTERNATIONAL LEVELS TO PREVENT WOMEN AND CHILDREN FROM BECOMING VICTIMS OF HUMAN TRAFFICKING. THE SWEDISH MODEL IS THE WORLD'S FIRST LAW TO RECOGNIZE PROSTITUTION AS VIOLENCE AGAINST WOMEN AND A VIOLATION OF HUMAN RIGHTS. IT CRIMINALIZES THE PURCHASE OF COMMERCIAL SEX AND OFFERS TO WOMEN, SERVICES AND EXIT STRATEGIES. THE SWEDISH MODEL ORIGINATED IN 1999 AND HAS SINCE BEEN PASSED IN THE REPUBLIC OF KOREA (SOUTH KOREA, 2004), NORWAY (2009), ICELAND (2009) NORTHERN IRELAND (2014) CANADA (WITH RESERVATIONS, 2015) AND FRANCE (2016).

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

BOARD MEMBERS, EXECUTIVE DIRECTOR AND FINANCIAL MANAGER REVIEW THE FORM 990 FOR COMPLETENESS AND ACCURACY.

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

ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

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

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. COALITION AGAINST TRAFFICKING IN print 22-3032134 WOMEN File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 121 WEST 27TH STREET, NO. #704 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10001 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 TAINA BIEN-AIME • The books are in the care of ▶ 121 WEST 27TH STREET - NEW YORK, NY 10001 Telephone No. \blacktriangleright (212) $6\overline{43} - 9895$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and ElNs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2019)

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3b

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2018

Open to Public Inspection

1.	Genera	Inform	ation

1.General Information					
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2018 and Ending (mm/dd/yyyy) 12/31/2018					
Check if Applicable: Address Change	00 2020424				
Name Change Mailing Address: Initial Filing 121 WEST 27TH STREET, NO. #704 NY Registration Number: $40-15-73$					
Final Filing					
Reg ID Pending Website: WWW.CATWINTERNATIONAL.ORG				Email: TBIENAIME@CATWINTER	
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.					
2. Certification					
See instructions for certific two signatories.	ation requirements. Imprope	er certification is a violation	of law that may be subject	t to penalties. The certification requires	
We certify under pe	enalties of periury that we rev	iewed this report including	all attachments and to the	e best of our knowledge and belief,	
	true, correct and complete i				
			TAINA BIEN	E-AIME	
President or Authorized C	Officer:		EXECUTIVE	DIRECTOR	
	Signature		Print Name	e and Title Date	
			JANICE G.	RAYMOND	
Chief Financial Officer or			TREASURER		
	Signature		Print Name	e and Title Date	
3. Annual Reporting	Exemption				
	-	organization is claiming an	exemption under one cate	egory (7A or EPTL only filers) or both	
1		-	=	ied Char500. No fee, schedules, or	
				ne exemption, you must file applicable	
schedules and attachment		·	·	,	
	-		-	overnment agencies, etc. did not	
		d not engage a profession	al fund raiser (PFR) or fund	raising counsel (FRC) to solicit	
Contribution	ns during the fiscal year.				
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
during the nodary dar.					
4. Schedules and Attachments					
See the following page					
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer					
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.					
attachments to					
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.					
5. Fee					
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order	
next page to calculate your payable to:					
fee(s). Indicate fee(s) you are submitting here: \$ 25. \$ 100. \$ 125.				"Department of Law"	
are submitting fiere.	Ψ 25.	" = = = = = = = = = = = = = = = = = =	<u></u>		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

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^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publ Review Report if you received total revenue and support greater than \$250,0 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	00 and up to \$750,000.) port is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$\overline{X}\$\$ \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
\$1000, ii the NET Worth is \$60,000,000 of more	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	 - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

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(212) 416-8401

www.CharitiesNYS.com

Email: Charities.Bureau@ag.ny.gov

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Visit:

Call: