EXTENDED TO NOVEMBER 15, 2017

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2016
Open to Public

X Yes No

Form 990 (2016)

Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning and ending B Check if C Name of organization D Employer Identification number COALITION AGAINST TRAFFICKING IN Address WOMEN Name 22-3032134 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (212) 643-9895 688,212. City or town, stale or province, country, and ZIP or foreign postal code G Gross receipts \$ NEW YORK, NY H(a) Is this a group return F Name and address of principal officer: JANICE G. RAYMOND Yes X No for subordinates? SAME AS C ABOVE _Yes L No H(b) Are all subordinates included? 1 Tax-exempt status: X 501(c)(3) [__] 501(c) () (insert no.) 4947(a)(1) or L_ If "No," attach a list. (see Instructions) J Website: ► WWW. CATWINTERNATIONAL. ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1990 M State of legal domicile; NY Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION Governance IS TO END HUMAN TRAFFICKING IN OUR LIFETIME. IT PROMOTES HUMAN 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of Individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 8 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 78 7Ь b Net unrelated business taxable income from Form 990-T, line 34 734,730. **Current Year** 612,503. 8 Contributions and grants (Part VIII, line 1h) 0. Ō. 9 Program service revenue (Part VIII, line 2g) 20. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 734.750. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 222,639. 178,136. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 303,562. 295,982. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundralsing fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 307,589. 201,616. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 789,287. -54,537. 720,237. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) -107,713. 19 Revenue less expenses. Subtract line 18 from line 12 Beglaning of Current Year End of Year 350,739. 32,908. 444,610. 20 Total assets (Part X, line 16) 19,066. 21 Total liabilities (Part X, line 26) 425,544. 317,831. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JANICE G. RAYMOND, TREASURER Here Type or print name and title Print/Type preparer's name parer's signature ALWAYNE BURKE Paid 407/17 P01623706 Ja. self-employed Firm's name N. CHENG & CO. CPA Preparer Firm's EIN 13-3516375 firm's address 40 WALL STREET, 32ND FLOOR NEW YORK, NY 10005 Phone no. (212) 714-0001

May the IRS discuss this return with the preparer shown above? (see Instructions)

Form	990 (2016) WOMEN	22-3032134	Page 2
Par	t III Statement of Program Service Accomplishments		
7242	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO END HUMAN TRAFFI		
	LIFETIME. IT PROMOTES HUMAN RIGHTS BY WORKING INTERNAT		
	COMBAT COMMERCIAL SEXUAL EXPLOITATION IN ALL ITS FORMS PROSTITUTION AND TRAFFICKING IN WOMEN AND CHILDREN.	, ESPECIALLI	
2			
~	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	m il	LALINO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Ves	X No
•	If "Yes," describe these changes on Schedule O.		LILLINO
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 587,060 - including grants of \$ 222,639 -) (Re	venue \$ 612,	524.)
	COALITION AGAINST TRAFFICKING IN WOMEN "CATW" AND OUR	PARTNERS ENGA	AGE
	IN ADVOCACY, EDUCATION AND PREVENTION PROGRAMS FOR VIC	TIMS OF	
	TRAFFICKING AND PROSTITUTION IN ASIA, AFRICA, LATIN AM		E AND
		OUR PARTNERS	
	PROVIDE MULTI-LEVEL SERVICES, FINANCIAL AID, PSYCHOLOG		
	HOUSING, AND LEGAL ADVOCACY FOR VICTIMS OF SEX TRAFFIC		
	COMMERCIAL SEXUAL EXPLOITATION. CATW CARRIES OUT INNO		
	MULTI-TIERED PROGRAMS THAT EDUCATE YOUTH, GOVERNMENT O		
	ENFORCEMENT, AND THE PUBLIC ABOUT THE HARM OF HUMAN TR		<i>)</i>
	COMMERCIAL SEXUAL EXPLOITATION. IT IS THE DEMAND FOR T		
	WOMEN AND GIRLS FOR COMMERCIAL SEX THAT IS FUELING SEX		
41	CATW AND OUR PARTNERS CARRY OUT PROGRAMS TO EDUCATE MA		
4b	(Code:) (Expenses \$) (Re	vanue S)

4c	(Code:) (Expenses \$ including grants of \$) (Re	venue S)
4-1	Other program conjuge (Describe in Enhadule O.)		
4d	Other program services (Describe in Schedule O.)	240	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 587,060 •		
40	Total program service expelises P	Form	990 (2016
63200:	SEE SCHEDULE O FOR CONTINUATION	(S)	(2010
	2	•	

Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A X 2 Is the organization required to complete Schedule B. Schedule of Contributors 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes," complete Schedule C, Part I Х 3 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 X 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 Х 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III X 8 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 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V х 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, X 11a 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 X 11b c Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 167 If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If *Yes, * complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to fine 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X 16 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Form 990 (2016)

	officerial of required contended (continued)	_		
2∩.=	Did the organization operate one or more hospital lacilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 // Yes,* complete Schedule I, Parts I and II	21		x
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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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 Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):		E Fox	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		Х
	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	х	77
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	Х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	7	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2016

	Check If Schedule O contains a response or note to any line in this Part V		111/11	l v	1
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l _{1a} 8		Yes	No
ь	_	1a 8			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		-		
•	form block of the form Asset 1 and 10		4.	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	r	10	A	-
	filed for the calendar year ending with or within the year covered by this return	2a 4			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		-	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	mis (2b	A	-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Anno market mercannin	20	-	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3a 3b	\vdash	l r
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30	-	\vdash
-	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
b	If "Yes," enter the name of the foreign country:	accounty	40	-	1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (CDAD)	N.O		
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	(CCOUNTS (FBAIT).	60		x
b		etion?	5a 5b	_	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	CHOIT	5c	_	A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization notice	3C	-	+
-	mm. mm. dim. Alim.				x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribu	Hoos or ofte	6a	_	
_	man and download the C	•	Q.		ı
7	Organizations that may receive deductible contributions under section 170(c).		6b	ligado.	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ruices provided to the navor?	7a	x	-
b	If "Vee " did the emerication notify the description of the set of		7b	X	\vdash
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	an required	70	-	_
_	to file Form 8282?	as reduied	,,		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	1 -	X
ſ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	rant?	71		X
Я	If the organization received a contribution of qualified intellectual property, did the organization file F		7g	_	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	_	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			Post I	
	sponsoring organization have excess business holdings at any time during the year?	, cy alo	8		
9	Sponsoring organizations maintaining donor advised funds.		-	(Fig.)	0150
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	_	
10	Section 501(c)(7) organizations. Enter:		-	100	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	25	i ile	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			15.
11	Section 501(c)(12) organizations. Enter:	144			150
а	Gross income from members or shareholders	11a	1 V		100
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b		É	
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	7,20		77
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	0.5		100
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.	The second control of	,56		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				like i
	organization is licensed to issue qualified health plans	13ь	W II		5 -
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	9.0	14b		
	The programme of the state of t	F 1 W. 11 500001	I PRU		

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Form 990 (2016)

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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 fine 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 18			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its 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		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			-
_		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
		8a	х	-
		8b	X	
		80	A	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>a</u>		A
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			- I
10-	Pid the consideration have been been been a few and	40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	\vdash	Α.
D	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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe In Schedule O the process, if any, used by the organization to review this Form 990.	1	32	-
	Did the organization have a written conflict of interest policy? If *No," go to line 13	12a	X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	100
15	Did the process for determining compensation of the following persons include a review and approval by independent	73	100	7.11
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's GEO, Executive Director, or top management official	15a	X	
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).		1701	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	10.
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			THE RES
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA, NY, CT, UT, RI, CA, NJ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	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 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.	- 11/10/1	-3144	
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	_		
622000	5 11-11-16	Form	990	(2016)
332000	6	1 0111	. 530	(2010)

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.

Check this box if neither the organizati (A) Name and Title	(B) Average hours per week	(de	not c	Pos theck	C) itior more		one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trastee	Difficer	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 PRESIDENT	1.00	x		x				0.	0.	
(2) JANICE RAYMOND	1.00	A	\vdash	A	-	-	-	0.	0.	0
TREASURER	2.00	x		x				0.	0.	0
(3) DORCHEN LEIDHOLDT	1.00	-		-	-	\vdash				
SECRETARY		x		х				0.	0.	0
(4) TERESA ULLOA ZIAURRIZ	1.00					Г				
DIRECTOR		X				L		0.	0.	0
(5) RUCHIRA GUPTA DIRECTOR	1.00									
(6) NOZIZWE HADLALA - ROULEDGE	1.00	X	-	-	_			0.	0.	0
DIRECTOR	1.00	x						0.	0.	. 0
(7) ASUNCION HIURA	1.00	-			_	\vdash	-	0.		- 0
DIRECTOR		x						0.	0.	0
(8) ESOHE AGHATISE	1.00									, ,
DIRECTOR		X						0.	0.	0
(9) VEDNITA CARTER DIRECTOR	1.00	x						0.	0.	0
(10) SUSANA CHIAROTTI BOERO DIRECTOR	1.00	х						0.	0.	0
(11) TAINA BIEN-AIME EXECUTIVE DIRECTOR	40.00			x				132,553.	0.	12,908
									e vicesiy	
-		8								11
			П			П				

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Form 990 (2016)

Form 990 (2016)

		Check if Schedule O con			(A)	(B)	(C)	Bevenue evoluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1	а	Federated campaigns	1a					
	b	Membership dues	1b					
1		Fundralsing events	1c	107,196.				
	d		1d					N. P.
	е	Government grants (contribu						
	1	All other contributions, gifts, gran	1 1	EAE 207				
-		similar amounts not included abo		505,307.				
		Noncash contributions included in lines Total. Add lines 1a-1f			612,503.			X
		Total: Add lines 18-11	*****	Business Code	012,303.			
2	а			Dusiness Code				St. In the state of
2	þ			-				
	С							
	d							
	е							
	1	All other program service reve	enue					
_	g		to marine					
3		Investment income (including						
١.		other similar amounts)			21.			21.
4		Income from investment of ta						
5		Royalties						
۱	а	Grass souts	(i) Real	(ii) Personal				
۱ ۳	b	Gross rents Less: rental expenses		-				
		Rental income or (loss)			1179	- Thursday		N-AL N
		No. 1 and 1	A STATE OF THE STA					
7		Gross amount from sales of	(i) Securities	(ii) Other				THE RESERVE
		assets other than inventory			3.4			13 2 2
	Ь	Less: cost or other basis			11111111111111			
		and sales expenses				April 1985		
	C	Gain or (loss)						Land Control
	d	Net gain or (loss)	(*(**(**(**)+***(*))	· · · · · · · · · · · · · · · · · · ·				
8	a	Gross Income from fundraisin including \$107,1	g events (not .96 of					
V.		contributions reported on line	1c). See	1 1	70.50	7 7 7 7 7		J. C. W. J. J.
		Part IV, line 18						January Committee
		Less: direct expenses		75,688.				
l		Net income or (loss) from fund	-	·····	0.			
		Gross income from gaming ac						
		Part IV, line 19	B		6.4	13/- 197		
9	h	Lace: disast avances						
9	b	Less: direct expenses	b and Mar					2
9	b b	Net income or (loss) from game	ing activities	>				
9	b c a	Net Income or (loss) from gam Gross sales of inventory, less	ning activities returns	>				
10	b c a	Net income or (loss) from gam Gross sales of inventory, less and allowances	ing activities returns a		2-11			
10	b c a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a		811			
10	b c a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a b s of inventory					
10	b c a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a b s of inventory					
10	b c a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a b s of inventory					
10	b c a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a b s of inventory					
10	b c a b c	Net Income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	ing activities returns a b s of inventory					
10	b c a b c d e	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	ing activities returns a b s of inventory					

Form 990 (2016) WOMEN
Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b.	se or note to any line in	(B)	(C)	(D) Fundraising
7b, 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		1.		
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		1		
individuals. See Part IV, lines 15 and 16	222,639.	222,639.	1 2 2	
4 Benefits paid to or for members	222,033.	222,033.		
5 Compensation of current officers, directors,				
trustees, and key employees	145,461.	105,668.	14,106.	25,687
6 Compensation not included above, to disqualified		500,000		
persons (as defined under section 4958(f)(1)) and			1	
persons described in section 4958(c)(3)(B)			E.	
7 Other salaries and wages	92,596.	67,265.	8,979.	16,352
B Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	37,895.	27,528.	3,675.	6,692
40. Dayrell tayes	20,030.	14,551.	1,942.	3,537
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,217.		8,217.	
d Lobbying				
e 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.)	42,264.	27,301.		14,963
12 Advertising and promotion				
13 Office expenses	20,817.	15,122.	2,019.	3,676
14 Information technology				
15 Royalties				
16 Occupancy	61,609.	44,755.	5,974.	10,880
17 Travel	12,002.	12,002.		
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				
22 Depreciation, depletion, and amortization	4,079.	2,963.	396.	720
23 Insurance	5,826.	4,232.	565.	1,029
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	S 100		N	
amount, list line 24e expenses on Schedule O.)				San Later St.
a HUMAN RIGHTS ADVOCACY	33,028.	33,028.		
b COMMUNICATIONS	7,629.	5,542.	740.	1,347
c PRINTING AND PUBLICATIO	5,086.	3,695.	493.	898
d POSTAGE AND SHIPPING	854.	620.	83.	151
e All other expenses	205.	149.	20.	36
25 Total functional expenses. Add lines 1 through 24e	720,237.	587,060.	47,209.	85,968
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 W I following SOP 98 2 (ASC 958 720)		1		

Form 990 (2016)
Part X | Balance Sheet

					(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing			264,575.	1	295,673
	2	Savings and temporary cash investments		7	202/3/31	2	223,013
	3	Diodone and exects executed as a			140,000.	3	18,425
	4	Accounts receivable, net		(1) ((((((((((((((((((210/000.	4	10,423
	5	Loans and other receivables from current and for	rmer officer	s directors		-	
	_	trustees, key employees, and highest compensation					
		Part II of Schedule L	ated employ	ees. Complete		5	
- 1	6	Loans and other receivables from other disquall	fied nerenne	las defined under		3	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section	ian 501/c)(0) voluntary			
, I		employees' beneficiary organizations (see instr).				8	
	7	Notes and loans receivable, net	Complete	art ii or seri L		7	
<i>!</i>	8	Inventories for sale or use				8	
	9	Droppid puppeeee and data———			10,171.	9	7,612
- [-	10a	Land, buildings, and equipment: cost or other	i i	. 20002560000560000	20/2/21	-	7,012
		basis. Complete Part VI of Schedule D	100	42,574.		100	
	ь	Less: accumulated depreciation		32,448.	10,961.	10c	10,126
- 11	11	Investments · publicly traded securities	100		10/3011	11	10,120
- 11	12	Investments - other securities. See Part IV, line	1 -	: ::::::::::::::::::::::::::::::::::::		12	
- 11	13	Investments - program-related. See Part IV, line	11	TOTAL WATER OWN TOTAL		13	
- 11	14	Intangible assets				14	
- [1	15	Other assets. See Part IV, line 11			18,903.	15	18,903
_ 1	16	Total assets. Add lines 1 through 15 (must equi	al line 34)		444,610.	16	350,739
1	17	Accounts payable and accrued expenses	A 141.0 0 17		14,092.	17	29,339
1	18	Grants payable	C 40 (C) (A) (A) (A)			1B	221002
1	19	Deferred revenue	*************	(11111111111111111111111111111111111111		19	
2	20	Tax-exempt bond liabilities		merica decided and		20	
2	21	Escrow or custodial account liability. Complete f	Part IV of Sci	hedule D		21	
2		Loans and other payables to current and former					
2		key employees, highest compensated employee					
		Complete Dark II of Calanda II at				22	
2	23	Secured mortgages and notes payable to unrela			***************************************	23	
2		Unsecured notes and loans payable to unrelated				24	
2		Other liabilities (including federal income tax, pay			-		
		parties, and other liabilities not included on lines					
		Schedule D			4,974.	25	3,569
2	26	Total liabilities. Add lines 17 through 25			19,066.		32,908
		Organizations that follow SFAS 117 (ASC 958	, check her	e X and			
		complete lines 27 through 29, and lines 33 an	d 34.				
2	27	Unrestricted net assets			261,875.	27	76,634
2	28	Temporarily restricted net assets			163,669.	28	241,197
2	19	Permanently restricted net assets				29	
-		Organizations that do not follow SFAS 117 (As	SC 958), che	eck here			
1		and complete lines 30 through 34.	-			199	
3 3 3		Capital stock or trust principal, or current funds				30	
3		Pald-in or capital surplus, or land, building, or eq	uipment fun	d	77.7	31	
3		Retained earnings, endowment, accumulated inc				32	
3	13	T-A-1 - A			425,544.	33	317,831
II a		Total liabilities and net assets/fund balances			444,610.	34	350,739

Form	1990 (2016) WOMEN	22-30	32134	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		*******	-	
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			24.
2	Total expenses (must equal Part IX, column (A), line 25)	2			37.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10	7,7	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42	5,5	44.
5	Net unrealized gains (losses) on investments	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	31	7,8	31.
Pa	rt XII Financial Statements and Reporting				-
_	Check if Schedule O contains a response or note to any line in this Part XII	vecces en aggresse		in in	X
				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 Schedu	le O.			
28	Were the organization's financial statements compiled or reviewed by an independent accountant?	car rameany,	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:		100		10
	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 separate	ate basis,			
	consolidated basis, or both:		1000		1911
	Separate basis Consolidated basis Both consolidated and separate basis				100
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	he audit,			
	review, or compliation of its financial statements and selection of an independent accountant?	aren aren en e	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in So	hedule O.	100		1500
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
	Act and OMB Circular A-1337	mattier estro	За.		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

COALITION AGAINST TRAFFICKING IN Employer Identification number WOMEN 22-3032134 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (H) EIN (iii) Type of organization (IV) IS ING OFGARIZATION based (v) Amount of monetary (vi) Amount of other (described on lines 1-10 in your governing document? organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21 16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

	edule A (Form 990 or 990-EZ) 2016 W	OMEN	- Departual in	Continue 17/	VISVAVAVAVA	22-303	2134 Page 2
P	Support Schedule for (Complete only if you checked						
	fails to qualify under the tests			-	on railed to quality	Olicer Fart III. II tre	organization
Č.		riisted below, pier	uso complete i alt				
_	ction A. Public Support	4.50040		1-1-0044	1.0.0045	1 (-) 2010	(0.T-1-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	(
	membership fees received. (Do not include any "unusual grants.")						ĺ
	.000		1		 	 	
_	Tax revenues levled for the organ- ization's benefit and either paid to						
	or expended on its behalf						
9	The value of services or facilities				-	+	
J	furnished by a governmental unit to	ľ			1		
	the organization without charge		1		1		
4	Total. Add lines 1 through 3						
-	The portion of total contributions					1	
9	by each person (other than a						
	governmental unit or publicly		20 15/1			- V	
	supported organization) included	134 34 14	V 2 1 1 1 1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	100 Y					
6	Public support. Subtract line 5 from line 4.				*		
	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	Tay Zo 12	(6)20.0	(6) 25 14	10/20/0	15/25-15	17.10.0
	Gross Income from interest.						
•	dividends, payments received on				1		
	securities loans, rents, royalties						
	and income from similar sources	ļ				Į.	
9	Net income from unrelated business			1		1	
·	activities, whether or not the				1	H	
	business is regularly carried on				1		
10	Other income. Do not include gain			-	1		
	or loss from the sale of capital				1		
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	72-1-1-1					
	Gross receipts from related activities,	etc. (see instruct	tions)	-	WE WEST 201	12	
13	First five years. If the Form 990 is for			rd, fourth, or fifth	tax vear as a sect	ion 501(c)(3)	
	organization, check this box and stop					***********************	
Se	ction C. Computation of Publ						
14	Public support percentage for 2016 (line 6, column (1)	divided by line 11,	column (f)		14	%
	Public support percentage from 2015					15	%
16	33 1/3% support test - 2016. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies						
ı	33 1/3% support test - 2015. If the	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation		and contentions	AVASSIMASIMA -
178	10% -facts-and-circumstances tes	t - 2016. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumsta	nces" test, check t	his box and stop	here. Explain in P	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	publicly supporte	ed organization	in the same and the same and	macamata
1	10% -facts-and-circumstances tes	t - 2015. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, o	r 17a, and line 15 is	10% or
	more, and if the organization meets to	he "facts-and-circ	umstances' test, c	heck this box and	d stop here. Expla	in in Part VI how th	θ
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	a box on line 13, 16	a, 16b, 17a, or 17	7b, check this box	and see instruction	1S

Schedule A (Form 990 or 990-EZ) 2016 WOMEN

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

Se	ction A. Public Support	leiow, please com	piete Part II.)		4401-24		
-	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(=) 0014	(4) 0015	(-) 0045	(0.7.1
	Gifts, grants, contributions, and	(a) ZO1Z	(0) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	membership fees received. (Do not)			
	include any "unusual grants.")	907.316.	930,450.	1071818.	734,730.	496,006.	4140320.
2	Gross receipts from admissions,	30,,0200	330,2300	20710101	734,7301	450,000.	4140520.
_	merchandise sold or services per-	ļ					
	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-	1					
	iness under section 513						
4	Tax revenues levied for the organ-						
	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						
6	Total. Add lines 1 through 5	907,316.	930,450.	1071818.	734,730.	496,006.	4140320.
7€	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	50,000.		25,000.			75,000.
l.	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						0.
C	Add lines 7a and 7b	50,000.		25,000.			75,000.
8	Public support. (Subtract line 7c from 846 6.)						4065320.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 📂	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	907,316.	930,450.	1071818.	734,730.	496,006.	4140320.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	244.	79.	18.	20.	21.	382.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	244	70				
	Add lines 10a and 10b Net income from unrelated business	244.	79.	18.	20.	21.	382.
••	activities not included in line 10b.						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
16	or loss from the sale of capital						
40	assets (Explain In Part VI.)	007 560	030 530	1071026	834 850	406 000	11 10
13	Total support. (Add lines 9, 10c. 11, and 12)	307,300.	930,529.	1071836.		496,027.	4140702.
14	First five years. If the Form 990 is for	the organization's	i first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
Sec	check this box and stop here tion C. Computation of Publi	ic Support Day	roontono			411-14-14-14-14-14-14	<u> </u>
							00 10
16	Public support percentage for 2016 (li Public support percentage from 2015	Rebedule A. Dest	AND ALCOHOLOGICAL			15	98.18 %
Sec	tion D. Computation of Inves	tment Income	Percentage		B-11111 11-14-11-11-11	16	98.20 %
	Investment income percentage for 20			- 12 (A)	-	47	.01 %
18	Investment income percentage from 2	10 (iii iii 100, coluii 1046 Sabadula A. (in (i) divided by im Soft III. Kos 17			17	
	33 1/3% support tests - 2016, If the			n loo 14 and line	15 is seen than 2	18 2 1 / 20/ = = 1 / 2 = 1 / 2	.01 %
	more than 33 1/3%, check this box ar						
	33 1/3% support lests - 2015. If the						X
~	line 18 is not more than 33 1/3%, che	organization old No ok this hav and as	on here. The error	mie 14 or IIA6 198. Dizablog guellike: -	and line 16 is mo	re man 33 1/3%, a	וחם
20	Private foundation. If the organization	n did not check a t	nov on line 14 10.	or 19h shark it	is a publicly suppo	ried organization	
	3 09-21-16	Tod Hot Gliber a L	JUA WITHIN 14, 198	, or 150, check th			000 571 0010
	· · -			4 =	acne	dule A (Form 990	OI 330-EX 2016

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)
- 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 (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).
- B 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
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	edule A (Form 990 or 990-EZ) 2016 WOMEN 2	2-303213	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
44	Markhar to the second of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	0	_	-
h	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b	-	_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	J	
	Marie Type Cooper any organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		105	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	11 5 5	100	
	controlled the organization's activities. If the organization had more than one supported organization,		Seul-	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	11.550		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported	100		191
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	2.00		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Halland		
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		4	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	80.00		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	4317		
	or management of the supporting organization was vested in the same persons that controlled or managed		0.3	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.74	E
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			IF.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1,1		
	significant voice in the organization's investment policies and in directing the use of the organization's	12.00		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	11 150		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1		-411		
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yearsee Instruction. The organization satisfied the Activities Test, Complete line 2 below.	:tions).		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (laca lanta intlant	3	
2	Activities Test, Answer (a) and (b) below.	see instructions		No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	1,000		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	0.150		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	28		
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	9	1	100
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer (a) and (b) below.	26	-	
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	28		-
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	36		
632025		Form 990 or 90	00.57	2016

22-3032134 Page 6 Schedule A (Form 990 or 990-EZ) 2016 WOMEN Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses pald 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) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 18 1b b Average monthly cash balances 10 c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1. 2 Enter 85% of line 1 2 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

instructions).

	edule A (Form 990 or 990 EZ) 2016 WOMEN rt V Type III Non-Functionally Integrated 509	Na)(3) Supporting Orga	2	2-3032134 Page 7
Sect	ion D - Distributions	daylo) cabborring orga	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		Corrent real
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses pald to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iil) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:	1 4 1 100000 0 100000	The state of the s	Silva de la compa
а				
ь				
c	From 2013			
d	From 2014			
	From 2015		THE RESERVE OF THE PARTY OF THE	
_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			ECHINE VERSEUR STRAIN
1	Remainder, Subtract lines 3g, 3h, and 3i from 3f,	20.00		
4	Distributions for 2016 from Section D.	The second second		
	line 7:			
а	Applied to underdistributions of prior years	1		
	Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4		Halfer All HAVIN	
5	Remaining underdistributions for years prior to 2016, if			men a seriouni a a la la
	any. Subtract lines 3g and 4a from line 2. For result greater			3 - 1 1 1 1 1 1 1 1 1 1 1 1
	than zero, explain in Part VI. See instructions	ALCOHOL: URING		A STATE OF THE STA
6	Remaining underdistributions for 2016. Subtract lines 3h	ID DONOLD TO THE		
Ü				
	and 4b from line 1. For result greater than zero, explain in		7 7 7	
7	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c		7	
8	Breakdown of line 7:			
a				
	Excess from 2013	THE ATTOMBUTE AND SELECTION		
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	Form 990 or 990-EZ) 2016 WOMEN		22-3032134 Page B
Part VI	Supplemental Information. Provide the explanation. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, (See instructions.)	ons required by Part II, line 10; Par 9c, 11a, 11b, and 11c; Part IV, Se lines 1c, 2a, 2b, 3a, and 3b; Part 1 5, and 6. Also complete this part	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, lor any additional information.
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632028 09 21-	6	20	Schedule A (Form 990 or 990-EZ) 201
		Z 11	

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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Employer Identification number Name of the organization COALITION AGAINST TRAFFICKING IN WOMEN 22-3032134 Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990 EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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)

Name of organization
COALITION AGAINST TRAFFICKING IN

Employer Identification number

WOMEN		22-3032134	
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	•
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1	NORWEGIAN ORGANIZATION FOR RESEARCH	012 21	Person X
	P.O. BOX 8034 0030 OSLO, NORWAY	s213,39	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2	DINING FOR WOMEN P.O BOX 25833GREENVILLE GREENVILLE, SC 29616	s50,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3	UNITED NATIONS CATWLAC'S RED ALERT SYSTEM UNITED NATIONS, 405 1ST AVENUE NEW YORK, NY 10017	s15,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4	PATRICK AND AIMEE BUTLER FOUNDATION BUTLER FAMILY FOUNDATION, 332 MINNESOTA STREET ST PAUL, MN 55101	s20,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5	RUTH TURNER FUND INC 60 EAST 42ND ST, 38TH FLOOR NEW YORK, NY 10165	s	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6	LYNN SAVARESE 300 WEST END AVENUE	s15,00	Person X Payroll Noncash (Complete Part II for
523452 10 18	NEW YORK, NY 10023	Schedule B	noncash contributions.)

Name of organization

ACATMST TRAFFICKING IN

Employer Identification number

WOMEN	TION AGAINST TRAFFICKING IN		22-3032134
Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WACHELL, LIPTON, ROSEN AND KATZ 51 WEST 52ND STREET NEW YORK, NY 10019	ss25,000	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
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

22-3032134

(b) Description of noncash property given	(c) FMV (or estimate)	(d)
	(See Instructions)	Date received
	\$	-
(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	s	::
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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	Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) FMV (or estimate) (See instructions) (e) FMV (or estimate) (See instructions) (f) Column (C) FMV (or estimate) (See instructions) (h) Description of noncash property given (c) FMV (or estimate) (See instructions) (d) FMV (or estimate) (See instructions)

me of organi	orm 990, 990 EZ, or 990 PF) (2016) zation		Employer Identification number
	ON AGAINST TRAFFICKIN	G IN	
OMEN			22-3032134
art III	Exclusively religious, charitable, etc., con	ributions to organizations described in s	ection 501(c)(7), (8), or (10) that lotal more than \$1,000
	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		for the year, (Enter this total once)
) No.	Ose depicate copies of fait in addition	ar space is riceded.	1
rom Part 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
GILL.	. 10)		
1 -		3 122	
_			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	127		
irom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) t a post of girt	(0) 000 01 gill	(a) Doda Charlet of Nort Sitt 15 Here
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-		(1) =	
1		(e) Transfer of gift	
	Transferente name address o	nd 71D . 4	Dalationship of transferor to transferor
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
i) No.			
rom	Transferee's name, address, a	nd ZIP + 4 (c) Use of gift	Relationship of transferor to transferee (d) Description of how glift is held
rom			
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom		(c) Use of gift (e) Transfer of gift	
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
i) No. from Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how glift is held
Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how glift is held
art I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift and ZIP + 4	(d) Description of how gift is held Relationship of transferor to transferee
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
art I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift and ZIP + 4	(d) Description of how gift is held Relationship of transferor to transferee
om ert I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift and ZIP + 4	(d) Description of how gift is held Relationship of transferor to transferee

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

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, 11l, 12a, or 12b.

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/torm990.

COALITION AGAINST TRAFFICKING IN Employed.

OMB No. 1545-0047 16 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P	WOMEN		22-3032134
Pa		er Similar Funds or A	
	organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor adv	unnel transfer	(h) Eugla and other accounts
1	Total number at end of year	ised ionus	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Appropriate value of and of acceptance		
5	Did the organization inform all donors and donor advisors in writing that the assets	bold to done of the of the	- d-
•	are the organization's property, subject to the organization's exclusive legal control		
6	Did the organization inform all grantees, donors, and donor advisors in writing that		
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for		
	Impermissible private benefit?		
Pa	rt [I Conservation Easements. Complete if the organization answered	Yes* on Form 990. Part IV	/ line 7
1	Purpose(s) of conservation easements held by the organization (check all that app		3.0.0
	The Africa Control of the Control of	reservation of a historical	v important land area
		reservation of a certified h	
	Preservation of open space		31010
2	Complete lines 2a through 2d if the organization held a qualified conservation con	tribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure included in (a)		2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not		
	listed in the National Register		2d
3		or terminated by the orga	
	year >	,	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, insp		
			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations	and enforcing conservat	ion easements during the year
	>	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcing conservation e	asements during the year
	▶ \$	•	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	nents of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its re	evenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statem		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical	Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report	in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or		
	the text of the footnote to its financial statements that describes these items.	45	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	s revenue statement and l	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research		
	relating to these items:	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar	ar assets for financial gain.	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating		.•
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		> s
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2016

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Scho	dule D (Form 990) 2016 WOMEN	ON AGAINDI	IIIIII I ICK	1110 111		22-30	32134	Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Ar	t. Historical T	reasures, or O	ther Simi				Al
3	Using the organization's acquisition, accessi								\$
_	(check all that apply):		,		•				
а	Public exhibition	d	Loan or ex	change programs					
ь	Scholarly research	е	Other						
c	Preservation for future generations		_						
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's	exempt pur	pose in Par	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran				on Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custod	ian or other Intermed	diary for contribution	ons or other assets	not include	d			
	on Form 990, Part X?						Yes] No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			20200000			
-							Amount		
c	Beginning balance				1c				
	Additions during the year				AU 11111				
	Distributions during the year								
ť	Ending balance				11				
	Did the organization include an amount on F	om 990 Part X. line	21. for escrow or	custodial account (iability?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					241141111111]
	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years bac		e years back	(e) Four	years	back
1a	Beginning of year balance								
	Contributions								
ė	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities			1					
	and programs								
	Administrative expenses	***************************************							
'				1	-1				
9	End of year balance Provide the estimated percentage of the cur	rent year and balance	e dioe 10, column	(a)) held as:					
2	Board designated or quasi-endowment		24 (MIR 19, COMMI	(4)) 11010 43.					
	Permanent endowment	94							
C	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 2c sho			Land administration of t	ler the erec	nization			
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are neit	and administered t	iui tii u viya	riization	ſ	Voc	No
	by:						3a(i)	163	140
	(i) unrelated organizations							-	
	(II) related organizations						-	-	_
	If "Yes" on line 3a(ii), are the related organization					1 - 1 (- 4 - 7) - 1 (- 1	30		_
4	Describe in Part XIII the intended uses of the		owment funds.						
Pa	t VI Land, Buildings, and Equipn Complete if the organization answere		O Det IV Ken 115	Con Form 000 Pa	rt V line 10				
_					c) Accumula		(d) Book	k valu	-
	Description of property	(a) Cost or o basis (investi		st or other (a is (other)	depreciation		(a) Door	\ Valu	16
_		Dasis (irivesti	menty Das	is (otrier)	aepi eoiatii				
	Land				_		_	_	_
	Buildings				_	_	_		
	Leasehold improvements			42,574.	22	448.	11	0 1	26.
d				76,3/4	34,	330.	-2.1	- 1 -	20.
	Other	and e least e. :	W	- 10-1			11	0 1	26.
Tota	I. Add lines 1a through 1e. (Column (d) must of	equal Form 990, Part	A, column (B), line	= 10C.)		Oalbaadada			
						Schedule	8 W (FOI)	טפעו	7 2016

Complete If the organization answered "Yes" o		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
101			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	o Form 000 Deat IV line	110 Fee Francisco Dad V Francis	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	fivoar market value
(1)		(a) manifest of random of desired and a	year market veide
(2)			
(3)			
(4)			
(5)	,		
(6)			
(7)			1
(8)			
(9)			
Total, (Col. (b) must equal Form 990, Part X, col. (8) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1) SECURITY DEPOSIT			18,903
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7)			
(8)			
(8)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	18,903
(8)	15.)	>	18,903
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or		11e or 11f. See Form 990, Part X, line 25.	18,903
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	18,903
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line: Part X Other Liabilities. Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line	(b) Book value	18,903
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line: Part X Other Liabilities. Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes (2) OBLIGATION ON CAPITAL LEAS	n Form 990, Part IV, line		18,903
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line: Part X Other Liabilities. Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes (2) OBLIGATION ON CAPITAL LEAS (3)	n Form 990, Part IV, line	(b) Book value	18,903
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line: Part X Other Liabilities. Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes (2) OBLIGATION ON CAPITAL LEAS (3) (4)	n Form 990, Part IV, line	(b) Book value	18,903
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line: Part X Other Liabilities. Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes (2) OBLIGATION ON CAPITAL LEAS (3) (4) (5)	n Form 990, Part IV, line	(b) Book value	18,903
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line: Part X Other Liabilities. Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes (2) OBLIGATION ON CAPITAL LEAS (3) (4) (5)	n Form 990, Part IV, line	(b) Book value	18,903
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line: Part X Other Liabilities. Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes (2) OBLIGATION ON CAPITAL LEAS (3) (4) (5) (6)	n Form 990, Part IV, line	(b) Book value	18,903
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line: Part X Other Liabilities. Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) OBLIGATION ON CAPITAL LEAS (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line	(b) Book value	18,903
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line: Part X Other Liabilities. Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes (2) OBLIGATION ON CAPITAL LEAS (3) (4) (5) (6)	E	(b) Book value	18,903

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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

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016	WOMEN				132134 Page 4
Pa	t XI Reconciliation of	Revenue per Audited Financia	I Statements With	Revenue per R	eturn.	
	Complete if the organia	zation answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other	er support per audited financial statemen	ts		1	646,777.
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12:	16 700			
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of	facilities		34,253.		
		S				
d	Other (Describe in Part XIII.)	111111111111111111111111111111111111111	2d			
	Add lines 2s through 2d	11111-0. 11-0x-11011-00-011 x F1111- 11			2e	34,253.
3					3	612,524.
4		90, Part VIII, line 12, but not on line 1:				
-		uded on Form 990, Part VIII, line 7b	4a		0.81	
	Other (Describe in Part XIII.)	2004 311 3111 230, 1 211 VIII, 1110 7 3 1121				
					4c	0.
		d 4c. (This must equal Form 990, Part I, Iii		(i = i, iii i i i i i i i i i i i i i i i	5	612,524.
5	t XII Reconciliation of	Expenses per Audited Financi	al Statements With	Expenses per		
10						
-		zation answered "Yes" on Form 990, Part			1	754,490.
1			(11)-61-6-31-01-0-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6		100	102/100
2		ut not on Form 990, Part IX, line 25:	La. I	34,253.	1.50	
8		facilities		34,233.		
b		g. alimi imakana manana m				
C		HISANON AND AND AND AND AND AND AND AND AND AN				
d				-		34,253.
е					28	720,237.
3	Subtract line 2e from line 1	Calling the applicate accommon parameters		iii 34 (000) (0000) (000)	3	120,231.
4		90, Part IX, line 25, but not on line 1:	ï î			
a	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII.)	The contract of the contract o	4b			0
C	Add lines 4a and 4b	Mary Transaction Commission and Commission of the Commission of th	management of the contra		4c	0.
		ind 4c. (This must equal Form 990, Part I,	line 18.)		5	720,237.
	rt XIII Supplemental In					
Prov	ide the descriptions required fo	or Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b	and 2b; Part V, line	4; Part X	, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2	2d and 4b. Also complete this part to pro	vide any additional inform	nation.		
PA	RT X, LINE 2:					
0						
IN	COME TAXES. CATV	N IS EXEMPT FROM INCO	ME TAXES UND	ER 501(C)(3) 0	F THE
IN.	PERNAL REVENUE	CODE. CATW HAS ANALYZ	ED TAX POSIT	IONS TAKEN	FOR	FILING
		STATES				
WI	TH THE INTERNAL	REVENUE SERVICE AND	STATE JURISD	ICTIONS WH	ERE	IT
OP	<u>ERATES. CATW DOI</u>	ES NOT ANTICIPATE ANY	SIGNIFICANT	UNCERTAIN	TAX	POSITIONS
				_		
TH	AT WOULD REQUIR	E RECOGNITION IN THE	FINANCIAL ST	ATEMENTS.	PERI	ODS ENDING
DE	CEMBER 31, 2013	AND SUBSEQUENT REMAI	N SUBJECT TO	EXAMINATI	ом в	Y THE
TA	XING AUTHORITIES	<u>5. </u>	112			
		-				
_						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990. Open to Public Inspection

Name of the organization COALITION AGAIN	קקבאי ייפ	TCKING T	'N		Employer identi	fication number
WOMEN	D1 1101111	101/11/0 1			22-303213	3.4
Part I General Infor	mation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "	Yes' on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees eligibility to	or the grants or a	essistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes No
2 For grantmakers. Descri	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
United States.			procedure to monitoring the day of h	3 grants and 0	11101 033131BITCO 001	306 116
	ne following Part	I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
		in the region	T			
	ĺ					
SOUTH AMERICA	j					1
MEXICO	c	1	PROGRAM SERVICES	HUMAN RIGHT	S ADVOCACY	177,468.
PACIFIC -	l					
PHILLIPINES		1	PROGRAM SERVICES	HUMAN RIGHT	S ADVOCACY	10,200.
EUROPE - SPAIN	0	1	PROGRAM SERVICES	HUMAN RIGHT	S ADVOCACY	2,971.
						-,,,,,,
						i
AFRICA - SOUTH						l .
hrrica	0	1	PROGRAM SERVICES	HUMAN RIGHT	S ADVOCACY	16,000.
						1
						ŀ
EUROPE - NORWAY	0	1	PROGRAM SERVICES	HUMAN RIGHT	'S ADVOCACY	16,000.
			}			
					.,,	
3 a Sub-total	0	5				222,639.
b Total from continuation sheets to Part I	o	0				
c Totals (add lines 3a					A	0.

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

Schedule F (Form 990) 2016

222,639.

Schedule F (Form 990) 2016 WOMEN

Schedule F (Form 990) 2016

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

0	9 4 6 6	A				or entities	other organizations	3 Enter total number of other organizations or entities
4		xempt by	recognized as tax e	foreign country,	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ns listed above that are el has provided a sectlo	recipient organization the grantee or couns	2 Enter total number of the IRS, or for which t
2-1								
		0.	16,000, MIRE TRANSFER	16,000.	HUMAN RIGHTS	EUROPE - NORWAY		
		0.	16,000, WIRE TRANSFER	16,000.	HUMAN RIGHTS	APRICA - SOUTH APRICA		
		0.	10, 200, WIRE TRANSPER	10,200.	HUMAN RIGHTS	PACIFIC - PHILLIPINES		
		0,	177,468. WIRE TRANSFER	177,468.	HUMAN RIGHTS	SOUTH AMERICA : MEXICO		
(i) Method of valuation (book, FMV, appraisal, other)	(h) Description of noncash assistance	(g) Amount of noncash assistance	(f) Manner of cash disbursement	(e) Amount of cash grant	(d) Purpose of grant	(c) Region	(b) IRS code section and EIN (if applicable)	1 (a) Name of organization

Schedule F (Form 990) 2016

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.

Page 3

22-3032134

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2016

Sched	ule F (Form 990) 2016 WOMEN	22	-3032134	Page 4
Part				
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; do not file with Form 990)		☐ Yeş	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)	gantas	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)	1112014	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; do not file with Form 990)	****	Yes	X No

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Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 WOMEN	'ION AGAINST TR	AFFICKING IN	22-3032134	Pa
Part V Supplemental Informati	ion			rdi
Provide the information require	d by Part I, line 2 (monitoring	g of funds); Part I, line 3, column (f)	(accounting method; amounts of	
investments vs. expenditures p	er region); Part II, line 1 (acc	ounting method); Part III (account	ing method); and Part III, column (c)
(estimated number of recipients	s), as applicable. Also comp	lete this part to provide any addition	onal information. See instructions.	
SCHEDULE F, PART I, LI	NE 2			
QUARTERLY FINANCIAL AN		DODUTNG AND PUTDE	NCE OF	
	- Managaz VIII	CONTING AND EVIDE	NCE OF	-
EXPENDITURES.				
				_
				_
	<u> </u>	,		
				
				_
				_
				_
	#1			
				_
				_
2075 09-21 16		34	Schedule F (Form 9	
11107 751751 717	2016.0500	0 COALITION AGAIN	ST TRAFFICKI 717_	

SCHEDULE G

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.

Department of the Treasury Internal Revenue Service	2	► Attach to Form 990	or Fo	m 99	0-EZ.	oullameno	Inspection
Name of the organization	CONT TOTAL	bout Schedule G (Form 990 or 990-EZ) ON AGAINST TRAFFIC	K T N	instru	N	Employer	identification number
Marrie of the organization	WOMEN	ON AGAINST TRAFFIC	ACT IV	4	14	22-30	
Eunderic		Complete if the organization answer		H	Form 000 Bart IV		
	complete this part		erea t	es or	Form 890, Fare IV,		5-EZ IIIGIS BIO FIOX
1 Indicate whether the	e organization rais	ed funds through any of the following	ng acti	vities.	Check all that apply	•	
a Mail solicitati					overnment grants		
b Internet and	email solicitations	f Solicita	tion of	gover	nment grants		
c Phone solicit	tations	g Special	fundra	ising (events		
d In-person so							
		r oral agreement with any individual					
key employees list	ed in Form 990, Pa	art VII) or entity in connection with p	rofess	ional f	rundraising services		Yes L_ No
b If "Yes," list the 10	highest paid indiv	riduals or entities (fundraisers) pursi	uant to	agree	ments under which	the lundraiser is	to be
compensated at le	ast \$5,000 by the	organization.					
(i) Name and addres or entity (fund		(ii) Activity	(iii) lundr have co	trol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser	to (or retained by)
			contrib	_		listed in col. (<u> </u>
			Yes	No	-		
			-				_
			-				_
			1				
			+	-	-		
-							ľ
			+				
			-				
					ří		
				_			
Total		rijalos brigarijani karania - karania karan	1100	. ▶			
	ich the organization	on is registered or licensed to solicit	contril	oution	s or has been notifie	ed it is exempt fr	om registration
or licensing.				-			
					-		
		49.0	_				
					-		
		100					

Schedule G (Form 990 or 990-EZ) 2016

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

	nedu art	II Fundraising Events. Complete if t	the organization answered	d "Yes" on Form 990, Pa	22 - art IV, line 18, or reported	3032134 Page 2
		of fundraising event contributions and g	ross income on Form 990	OEZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 BENEFIT RECEPTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	182,884.			182,884.
	2	Less: Contributions	107,196.			107,196.
	3	Gross income (line 1 minus line 2)	75,688.			75,688.
	4	Cash prizes				
X.	5	Noncash prizes				
bens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
٥	8	Entertainment Other direct expenses	75,688.			75,688.
	10				10000000000000000000000000000000000000	75,688.
	11	Net income summary. Subtract line 10 from	line 3. column (d)	H177 H111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b	0.
P	art l	III Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_	_	\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
_	1	Gross revenue	·			
Ses	2	Cash prizes				
Exper	3	Noncash prizes		170		
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 throug	jh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
•	Ent					
a	İsti	er the state(s) in which the organization cond he organization licensed to conduct gaming a	ucts gaming activities:	states?		Yes No
		No," explain:			Michigan State (1976)	Tes L. No
	_					
		re any of the organization's gaming licenses r Yes," explain:	evoked, suspended, or te	-	year?	Yes No
	_	 				
	_					
63208	2 09	12 16			Schedule G (For	m 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 WOMEN	22-3	032134	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	L 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	96
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		,
	Name ►			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŧ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt		
	of gaming revenue retained by the third party ►\$			
•	olf "Yes," enter name and address of the third party:			
	Name >			
	Address >			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation \$			
	manufacture of the first of the first			
	Description of services provided			
	O CONTRACTOR OF			
			•	
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			
	organization's own exempt activities during the tax year > \$			
Pŧ	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, I	ines 9, 9b, 1	0b, 15b,
_	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
_	200			
_				
_				
_				
_				
6320	083 09-12-16 Schedule	G (For	n 990 or 99	0-EZ) 2016
	9.8			•

COALITION AGAINST TRAFFICKING IN Schedule G (Form 990 or 990-EZ) WOMEN Part IV Supplemental Information (continued) 22-3032134 Page 4 Schedule G (Form 990 or 990-EZ) 632084 04-01-15

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

QMB No. 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

Open To Public

Department of the Treasury Internal Revenue Service Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection COALITION AGAINST TRAFFICKING IN Employer Identification number Name of the organization 22-3032134 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under **►** S iliin a neikanteimenkin eisa kiskapullaisekap enjäelt. Väittiidikelte diik 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II | Loans to and/or From Interested Persons. 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. (d) Loan to or (I) Written (c) Purpose (e) Original (g) In (b) Relationship (f) Balance due (a) Name of by board or committee? agreement? with organization default? interested person principal amount of loan organization? To From Yes No Yes No Yes No Total ▶ S Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between (d) Type of (e) Purpose of (a) Name of interested person (c) Amount of assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2016

Complete if the organization answ		Sh or 28c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharin organizati revenue Yes
RESA ULLOA ZIAURRIZ	NON-VOTING BOARD ME	177,468.	CATW LAC RE	165
				-
·				
Provide additional information for	responses to questions on Schedule L (see i	nstructions).		
H L, PART IV, BUSINES	TRANSACTIONS INVOLVIN	G INTEREST	ED PERSONS:	
) NAME OF PERSON: TER	ESA ULLOA ZIAURRIZ	0.40		
) RELATIONSHIP BETWEEN	N INTERESTED PERSON AND	ORGANIZAT	TION:	
N-VOTING BOARD MEMBER	OF CATW AND EXECUTIVE	DIRECTOR C	F CATW LAC	
) DESCRIPTION OF TRANS	SACTION: CATW LAC RECE	TUED CDANIE	TN EVORCE	OE
THE DESCRIPTION OF TRANS	SACTION: CATW DAC RECE	LVED GRANTS	IN EXCESS	OF
.0,000 FROM CATW				

SCHEDULE O (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.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

COALITION AGAINST TRAFFICKING IN

Emplo
WOMEN

22

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) (2016)

632211 08 25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization COALITION AGAINST TRAFFICKING IN WOMEN	Employer identification number 22-3032134
FORM 990, PART VI, SECTION B, LINE 15:	
DISCUSSED AND VOTED BY EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
ORGANIZATION MAKES ITS FORM 990 COPIES OF GOVERNING DOCUM	ENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR P	UBLIC INSPECTION
UPON REQUEST.	
	100
FORM 990, PART XII, LINE 2C:	40-
ORGANIZATION'S COMMITTEE ASSUMES THE FOLLOWING RESPONSIBI	LITIES: THE
ORGANIZATION'S EXECUTIVE COMMITTEE IS CHAIRED BY THE BOAR	D TREASURER
AND INCLUDES THE BOARD'S SECRETARY AND ONE ADDITIONAL BOA	RD MEMBER. THE
EXECUTIVE COMMITTEE ASSUMES THE RESPONSIBILITY OF THE AUD	IT, REVIEW AND
COMPILATION OF ITS FINANCIAL STATEMENTS, AND SELECTION OF	AN
INDEPENDENT ACCOUNTANT TO CONDUCT SAID AUDIT. THE PROCESS	HAS NOT
CHANGED FROM THE PRIOR YEAR.	

Schedule O (Form 990 or 990-EZ) (2016)



40 Wall Street, 32nd Floor New York, NY 10005 T 212 785 0100 F 212 785 9168 www.ncheng.com

November 7, 2017

Ms. Taina Bien-Aime Executive Director Coalition Against Trafficking in Women 121 West 27th Street, Suite 704 New York, New York 10001

Dear Ms. Bien-Aime:

Enclosed is the organization's December 31, 2016 Exempt Organization return. The return should be signed, dated and mailed on or before November 15, 2017.

Specific filing instructions are as follows:

Form 990:

This form was filed electronically. Please do not mail.

Form Char 500:

Please sign and mail to: New York State Department of Law Charities Bureau – Registration Section 120 Broadway New York, NY 10271

Enclose a check for \$125 made payable to NYS Department of Law. Include the organization's state registration number(s) on the remittance.

Form Char 500 requires two authorized signatures.

Sincerely, N. CHENG & CO., P.C.

Alwayne Bulke, CPA Senior Manager

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 120 Broadway New York, NY 10271

2016

Open to Public Inspection

1.General Information										
For Fiscal Year Beginnin	g (mm/dd/yy	yy) 01/01/	2016 and Ending	(mm/dd/yyyy) 12/31/	2016					
Check if Applicable: Address Change	Name of Or		NST TRAFFICK	ING IN WOMEN	Employer Identification Number (EIN): 22-3032134					
Name Change Initial Filing	Mailing Add		STREET, NO. #	‡70 4	NY Registration Number: 40-15-73					
Final Filing Amended Filing	City / State NEW Y		10001	-	Telephone: 212 643-9895					
Reg ID Pending Website: Email: TBIENAIME@CATWIN										
Check your organization' registration category:	S 7A c	only EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com					
2. Certification										
	ication requi	rements Imprope	r contification is a violation	of law that may be subject	to paneltine					
See mandanana for Certif	ication requi	rements, imprope	r certification is a violation	or law that may be subject	to penatties.					
				g all attachments, and to the s of the State of New York a	e best of our knowledge and belief, applicable to this report.					
				TAINA BIEN	E-AIME					
President or Authorized	Officer:	4		EXECUTIVE	DIRECTOR					
		Signature		Print Name	e and Title Date					
		53		JANICE G.	RAYMOND					
Chief Financial Officer of	r Treasurer:			TREASURER						
		Signature		Print Name	e and Title Date					
3. Annual Reporting	g Exempt	ion								
Check the exemption(s) t	hat apply to	your filing. If your	organization is claiming a	n exemption under one cate	egory (7A or EPTL only filers) or both					
					led Char500. No fee, schedules, or					
					ne exemption, you must file applicable					
schedules and attachme	nts and pay	applicable fees.	·	·						
exceed \$2	5,000 <u>and</u> th	ne organization di	d not engage a profession		overnment agencies, etc, did not raising counsel (FRC) to solicit se Instructions).					
	filing exempt fiscal year.	ion: Gross receipt	s did not exceed \$25,000	and the market value of as	sets did not exceed \$25,000 at any time					
4. Schedules and A	ttachmer	its								
See the following page										
	☐ Yes □	No 4a Did v	our omanization use a pro	ofessional fund raiser, fund i	raising counsel or commercial co-venturer					
schedules and				7 If ves. complete Scheduk						
attachments to		101 10112 1	Libring donney with Charle	in yes, complete combasti						
complete your filing.	Yes [No 4b. Did ti	ne organization receive go	overnment grants? If yes, co	omplete Schedule 4b.					
5. Fee										
See the checklist on the	7A filin	a fee:	EPTL filing fee:	Total fee:						
next page to calculate yo		g 100.	L. L IMIN 19 100.	10.00 100.	Make a single check or money order					
fee(s). Indicate fee(s) you					payable to:					
are submitting hore:	· c	25	¢ 100	e 125	"Department of Law"					

100.

25.

are submitting here:

125.

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 filling 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 (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants								
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 Cor Our organization was eligible for and filed an IRS 990 N e-postcard. We have in								
If you are a 7A only or DUAL, filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 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 supp We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	0 and up to \$750,000. ort is less than \$250,000							
Calculate Your Fee	In the Production Continues TA SERTI DUAL or EVENIETO							
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charitles Bureau:							
\$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	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	DUAL filers are registered under both 7A and EPTL							
\$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	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.							
	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 Charitles Bureau Registration Section 120 Broadway	 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 							
New York, NY 10271	Total Llabilitles (Part II, line 23(b)).							

EXTENDED TO NOVEMBER 15, 2017

Form **990**

OMB Na 1545-0047 16 Open to Public

Department of the Trassury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

<u>A</u>	For the	e 2016 calendar year, or tax year beginning and	ending		
В	Check If applicable Addre	COALITION AGAINST TRAFFICKING IN		D Employer identific	ation number
F	ПМагле			22.20	32134
F	ichang initial		Room/suite		732134
	Final Final return termin	121 WEST 27TH STREET	#704	E Telephone number (212)	
	aled Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts 5	688,212.
\vdash	Application	NEW YORK, NY 10001		H(a) is this a group ret	
_	l tion pendi	F Name and address of principal officer: JANICE G. RAYMOND SAME AS C ABOVE		for subordinates?	1041111
-	T		1 1 502	H(b) Are all subordinates inc	
	110000000000000000000000000000000000000	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) te: ► WWW-CATWINTERNATIONAL.ORG	or 527	•	ist. (see Instructions)
		organization: X Corporation Trust Association Other	I Voca	H(c) Group exemption	State of legal domicile: NY
	art I		L Year	or iormation: 1990 M	State of legal domicie; 14 1
		Briefly describe the organization's mission or most significant activities: THE	MTSSTO	N OF THE OPO	ANTTATTON
Activities & Governance	Ι'	IS TO END HUMAN TRAFFICKING IN OUR LIFET			
Ē	2	Check this box if the organization discontinued its operations or disposit			
Š					10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
=0 €2	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	4
ş					0
疲		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
₹	b	Net unrelated business taxable income from Form 990 T, line 34	THE STREET SHE	7b	0.
	_	Not di liciated besilioss taxable li come non Ponti 5501, li 16 54		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		734,730.	612,503.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
20		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20.	21.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		734,750.	612,524.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		178,136.	222,639.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
e)	I			303,562.	295,982.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundralsing fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	11111111	0.	0.
9	Ь	Total fundraising expenses (Part IX, column (D), line 25) 85, 9	68.	THE YEAR IN THE MAIN	
Ð	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		307,589.	201,616.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		789,287.	720,237.
		Revenue less expenses. Subtract line 18 from line 12		-54,537.	-107,713.
58				ginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		444,610.	350,739.
8	21	Total liabilities (Part X, line 26)		19,066.	32,908.
考5	22	Net assets or fund balances. Subtract line 21 from line 20	//////////////////////////////////////	425,544.	317,831.
Pa	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all Information of w	hich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	JANICE G. RAYMOND, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Pranarer's signature	/	ale Check	PTIN
Palo	- 1	ALWAYNE BURKE	101	1/07/17 self-employed	P01623706
	1918C	Firm's name N. CHENG & CO. CPA P.C.		Firm's EIN	13-3516375
Use	Only	Firm's address 40 WALL STREET, 32ND FLOOR		- R	**************************************
_		NEW YORK, NY 10005		Phone no. (21	.2) 714-0001
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
6320	01 11-1	146 LHA For Paperwork Reduction Act Notice, see the separate instruction	one		Form 990 (2016)

22-3032134 Page 2

m	990 (2010)	Page
ar	t III Statement of Program Service Accomplishments	च
	Check if Schedule O contains a response or note to any line in this Parl III	X
	Briefly describe the amanization'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.	
	Did the organization undertake any significant program services during the year which were not listed on the	T.
	prior Form 990 or 990-EZ?	۱نک
	If 'Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	۱لک
	If "Yes." describe these changes on Schedule O.	
	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, a	ıd
	revenue, if any, for each program service reported.	0.4
a	(Code:) (Expenses \$ 587,060 - including grants of \$ 222,639 -) (Revenue \$ 612,5	
	COALITION AGAINST TRAFFICKING IN WOMEN "CATW" AND OUR PARTNERS ENGAC	E
	IN ADVOCACY, EDUCATION AND PREVENTION PROGRAMS FOR VICTIMS OF	
	TRAFFICKING AND PROSTITUTION IN ASIA, AFRICA, LATIN AMERICA, EUROPE	AN.
	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 ABOU'	200
		_
4c	(Code:) (Expenses 5 including grants of \$	
		-
ŧd	(Expenses S Including grants of S) (Revenue S)	
40	Total program service expenses ► 587,060.	90 /
3200	SEE SCHEDULE O FOR CONTINUATION(S)	J. (2
11	1107 751751 717 2016.05000 COALITION AGAINST TRAFFICKI 717	

Form 990 (2016) WOMEN
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			_
	similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or Investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ý <u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	lone.
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		A	,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	Х
L	Did the organization report an amount for Investments · program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		x
ď	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	11c	-	<u> </u>
	Part X, line 167 If "Yes," complete Schedule D, Part IX	110	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11a	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-110	-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	x	
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?	120	-	_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	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 Land IV.	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
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		Х
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? // 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a7 If *Yes, * complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х

22-3032134 Page 4 WOMEN Part IV | Checklist of Required Schedules (continued) No 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 17 // "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 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 Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 248 Schedule K. If "No", go to line 25a 24h b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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 X 25b 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," Х 26 complete Schedule L, Part II and the state of t 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 Х of any of these persons? If "Yes," complete Schedule L, Part III 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2Ba X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// 'Yes,' complete X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35h within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2 38 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X

Form 990 (2016)

Note, All Form 990 filers are required to complete Schedule O

Form 990 (2016)

	Check if Schedule O contains a response or note to any line in this Part V				
	Faterille Colonia Colo	I and I	_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable	1a 8	5		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (4		
C		eportable gaming		х	
20	(gambling) winnings to prize winners?	1 1	1c	_^	-
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ا ا ا			
	filed for the calendar year ending with or within the year covered by this return	2a 4	-	х	200
Ų	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 5a is prosted that 0.50 years are to a second to a 56 feet and the second tax at least one in the second t		2b	A	-
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		-	X
	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	C	3a	-	├ ^
		***** ** ******************************	3b		-
40	At any time during the calendar year, did the organization have an interest in, or a signature or other				X
ь	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country:	account)?	48		1-0
D		Annual (EDAD)			
En	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAH).	1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	The state of the s	58		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transatif "Yes," to line 5a or 5b, did the organization file Form 8886-T?	ction?	5b		-
			5с	-	-
Ud	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not true and true are the stable contributions.	-			k
h	any contributions that were not tax deductible as charitable contributions?		6a	_	1-
Ų	If "Yes," did the organization include with every solicitation an express statement that such contribute were not tax deductible?	- N			1
7	Organizations that may receive deductible contributions under section 170(c).		6b		-
'.	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	nings provided to the payor?	7.	х	-
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	rvices provided to the payor r	7a 7b	X	⊢
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		/B	Λ	-
•	to file Form 8282?	ras required	₇₋		l _x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c	her side	-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
- (Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit control	*************	71	_	X
ď	If the organization received a contribution of qualified intellectual property, did the organization file Fo		79		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	-	T X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		111	16	-
_	sponsoring organization have excess business holdings at any time during the year?	oy me	8	-	2000
9	Sponsoring organizations maintaining donor advised funds.		P		100
а	and the second s		9a	100-02	16.0
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	-	╁
10	Section 501(c)(7) organizations. Enter:	Property description (description)	80	5500	
a		10a			65
ь		10b		1,00	ł/s
11	Section 501(c)(12) organizations. Enter:	100		1118	9
 a		11a		110	1
		119			M
_	amounts due as a street form the set	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	THE S	
		126	128	10.55	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120]	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		\vdash
_	Note. See the instructions for additional information the organization must report on Schedule O.		108	19.00	-
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the		111		11
-	organization is licensed to issue qualified health plans	1 126		100	
	Protocolles accessed all constants and an arrangement of the constants and arrangement of the constant	13b	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	136	1444		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	• 0	14a	_	-

COALITION AGAINST TRAFFICKING IN 22-3032134 Page 6 WOMEN 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 X Check If Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 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 0. 9 b. 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 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12a** 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed MA, NY, CT, UT, RI, CA, NJ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

TAI	NA BIE	EN-AIN	ME - (21)	2) 64	13-989.	5	ssesses the organization's books	
121	WEST	27TH	STREET,	NEW	YORK,	NY	10001	
11-11-1	В						6	Form 990 (2016)

Other (explain in Schedule O)

Another's website

LX Upon request

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

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WOMEN

22-3032134

Page 7

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 employees."
- 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	(8) Average hours per week	f box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual Pusite or director	Institutional frustee	Officer	Key emplayee	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 PRESIDENT	1.00	x		x				0.	0.	^
(2) JANICE RAYMOND	1.00	A	-	A		-	_	0.		0
TREASURER	1.00	x	ı	x				0.	0.	0
(3) DORCHEN LEIDHOLDT	1.00	-	┢	-		Н	-			
SECRETARY		x		x				0.	0.	0
(4) TERESA ULLOA ZIAURRIZ	1.00		Т			\vdash	Т			-
DIRECTOR		X						0.	0.	0
(5) RUCHIRA GUPTA	1.00	П		П			Г			
DIRECTOR		X		_				0.	0.	0
(6) NOZIZWE MADLALA-ROULEDGE	1.00	1								
DIRECTOR		X	_	_			_	0.	0.	0
(7) ASUNCION MIURA	1.00									
(8) ESOHE AGHATISE	1.00	X		-	L		_	0.	0.	0
DIRECTOR	1.00	х						0.	0.	
(9) VEDNITA CARTER	1.00	A		_	\vdash	H	_	0.	U.	0
DIRECTOR	1.00	X						0.	0.	0
(10) SUSANA CHIAROTTI BOERO	1.00	-								
DIRECTOR		х						0.	0.	0
(11) TAINA BIEN-AIME	40.00									
EXECUTIVE DIRECTOR		1		Х				132,553.	0.	12,908
\ -			Г							-
			-			H	-			
		Г	П							
		_	L.			_	_			
						1				

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Part VII Section A. Office	rs, Directors, Trus	tees, Key Emp	ploy	ees			ghe	st C	ompensated Employee			_	
(A)		(B)				C)			(D)	(E)		(F)	
Name and title		Average Position (do not check more than one box, unless person is both an				than	one	Reportable	Reportable		imate		
		hours per week	box	unle	35 pa	rson	is both	na n	compensation from	compensation from related		ount (other	JI
		(list any	-						the	organizations	1	oensa	tion
		hours for	ditec				pa		organization	(W·2/1099·MISC)	fri	om thi	Э
		related	To Bat	uske		1	en Sub		(W·2/1099·MISC)		_	anizati	
		organizations below	individual trustee or director	institutional trustee		Key employee	Highest compensated Employee					l relati nizatio	
		line)	dradu	Strict	Officer	Ē	phesi	Former			Urga	riizati	מווט
	1.6	1	Ē	=	15	2	2 2	75		-			
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		-	1	1	1								
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			1	l	1	1	1						
			t	\vdash	\vdash	1	†	\vdash	1				
			1										
1b Sub-total						130000	2000	>	132,553.	0,	1	2,9	
c Total from continuation	on sheets to Part V	II, Section A						▶	0.	0.			0.
d Total (add lines 1b and		organia duper						>	132,553.	0.	1	2,9	08.
2 Total number of individu	uals (including but r	not limited to the	hose	list	ed a	ıbov	(e) w	ho r	eceived more than \$10	0,000 of reportable			1
compensation from the	organization >					_		_			_	Yes	No
		414				1			blabast same appeted o	mploves on		703	140
3 Did the organization list line 1a? If "Yes," compl											3		х
4 For any individual listed									her compensation from			i, pai	
and related organization	ns greater than \$15	0.000? // "Yes	. * 00	omp.	lete	Sch	nedul	le J i	for such individual		4		X
5 Did any person listed o	n line 1a receive or	accrue compe	nsa	tion	fron	n an	y un	relai	led organization or indiv	idual for services			le.
rendered to the organiz											5		Х
Section B. Independent Co	ontractors												
1 Complete this table for	your five highest co	ompensated in	dep	end	ent	con	tract	ors 1	that received more than	\$100,000 of compen	sation	from	
the organization. Report		the calendar	year	enc	ling	with	or v	vithi	n the organization's tax	year.	-	21	
	(A) Name and business	e nddroee	N T		T				(B) Description of	services)) Compe	C) Insatio	on .
	INGINIO CIND DUSINES:	2001033	Ŋ	ON	_	_	-	_	Dogon phon or		J. 4. 11 PE		
				_				-					
				-									
			not	limit	ed t	o th		liste	d above) who received	more than			
\$100,000 of compensa	ation from the organ	nization 🕨	_	_		_	0				_	000	100
											rom	990	(2016

22-3032134 Page 9 WOMEN Form 990 (2016) Part VIII | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b 107,196. c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 505,307 S Noncash contributions included in lines to-16.5 612,503 h Total. Add lines 1a-1f Business Code 1 All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 21 other similar amounts) 21. Income from investment of tax-exempt bond proceeds 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 Other Revenue Including \$ 107, 196. of contributions reported on line 1c). See 75,688. Part IV, line 18 75,688. b Less: direct expenses 0 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Nat income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business** Code 11 a

Total revenue. See instructions. 632009 11-11:16

612,524.

d All other revenue e Total. Add lines 11a-11d

Form 990 (2016) WOMEN
Part IX Statement of Functional Expenses

Don	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	Bb, 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	222 620	222 620		
	Individuals. See Part IV, lines 15 and 16	222,639.	222,639.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	145,461.	105,668.	14,106.	25,687.
_	trustees, and key employees	143,401,	103,000.	14,100.	25,007
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
-		92,596.	67,265.	8,979.	16,352.
7 8	Other salaries and wages Pension plan accruals and contributions (include	72,370.	07,2031	0,5.5.	10/334
0	section 401(k) and 403(b) employer contributions)			1	
9	Other employee benefits	37,895.	27,528.	3,675.	6,692.
10		20,030.	14,551.	1,942.	3,537.
11	Payroli taxes Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	8,217.		8,217.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
	Other, (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	42,264.	27,301.		14,963.
12	Advertising and promotion				
13	Office expenses	20,817.	15,122.	2,019.	3,676.
14	Information technology				
15	Royalties				
16	Occupancy	61,609.	44,755.	5,974.	10,880.
17	Travel	12,002.	12,002.		
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				
22	Depreciation, depletion, and amortization	4,079.	2,963.	396.	720.
23	Insurance	5,826.	4,232.	565.	1,029
24	Other expenses. Itemize 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.)				
	HUMAN RIGHTS ADVOCACY	33,028.	33,028.		
Ь	COMMUNICATIONS	7,629.	5,542.	740.	1,347
c	PRINTING AND PUBLICATIO	5,086.	3,695.	493.	898.
d	POSTAGE AND SHIPPING	854.	620.	83.	151.
e	All other expenses	205.	149.	20.	36
25	Total functional expenses. Add lines 1 through 24e	720,237.	587,060.	47,209.	85,968
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 H following SOP 98 2 (ASC 958 720)				

632010 11-11-16

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X		in align	and the state of t
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	264,575.	1	295,673
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	140,000.	3	18,425
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	,		
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under	-		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ie i in	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and toans receivable, net		7	
8 3	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	10,171.	9	7,612
10a	Land, buildings, and equipment: cost or other		10 E	
	basis. Complete Part VI of Schedule D 10a 42,574.			
l b	Less: accumulated depreciation 10b 32,448.	10,961.	10c	10,126
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	18,903.	15	18,903
16	Total assets. Add lines 1 through 15 (must equal line 34)	444,610.	16	350,739
17	Accounts payable and accrued expenses	14,092.	17	29,339
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,		E 31 E	8 TH R 3
22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	4,974.		3,569
26	Total liabilities. Add lines 17 through 25	19,066.	26	32,908
	Organizations that follow SFAS 117 (ASC 958), check here	- X - X	V2 14	
3	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	261,875.	27	76,634
28	Temporarily restricted net assets	163,669.	28	241,197
27 28 29 30 31 32	Permanently restricted net assets		29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here	The second of the second		
i	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Pald in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	425,544.	33	317,831
34	Total liabilities and net assets/fund balances	444,610.	34	350,739

Form	990 (2016) WOMEN	22-30	32134	Pa	ge 12
Pai	t 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			24.
2	Total expenses (must equal Part IX, column (A), line 25)	2			37.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42	5,5	44.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			455
7	Investment expenses	7	77		
8	Prior period adjustments	В			
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	31	7,8	31.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	171714_30.081413.40		90000	LX
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cher				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule	0.			10
2a		2110124	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		77.5		
b	Were the organization's financial statements audited by an independent accountant?	-17(3111)(31(1)1)	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,	100		
	consolidated basis, or both:		12		De 1
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		200	
	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 O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audlt	2.		
	Act and OMB Circular A-1337		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	and the second	3b		
			Form	990	(2016)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COALITION AGAINST TRAFFICKING IN Emplo

Employer Identification number

		WOME						2	2-3032134
P	art I	Reason for Public	Charity Status	(All organizations must c	omplete th	is part.) Se	ee instruction:	5.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12,	check only	one box.)			
1		A church, convention of ch	urches, or associati	on of churches describe	d in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	(b)(1)(A)(l	16).		
4		A medical research organiz						(lii), Enter	the hospital's name,
		city, and state:							•
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental u	ınit describ	ped in
		section 170(b)(1)(A)(iv). (0			Ť				
6		A federal, state, or local go	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma						he general	public described in
		section 170(b)(1)(A)(vi). (C		SHARON I	-	1000			,
8		A community trust describe		(1)(A)(vi), (Complete Par	t (L)				
9		An agricultural research org				ed in coniu	inction with a	land-grant	college
		or university or a non-land-							
		university:		,		,,	,,		
10	X	An organization that norma	Ilv receives: (1) mor	e than 33 1/3% of its sur	port from	contributi	ons, member	ship fees, a	and aross receipts from
		activities related to its exer							
		income and unrelated busin							
		See section 509(a)(2). (Co		(,,				30.024.04.	
11		An organization organized		sively to test for public sa	afetv. See :	section 50	09(a)(4).		
12		An organization organized						arry out the	Durposes of one or
		more publicly supported or							
		lines 12a through 12d that							
а		Type I. A supporting orga				•		_	/ pivino
		the supported organization							
		organization. You must o							
ь		Type II. A supporting org	•		tion with it	s support	ed organizatio	n(s), by ha	vina
		control or management of							
		organization(s). You mus							.,
c		Type III functionally inte			in connec	tion with.	and functiona	Ilv integrate	ed with.
		its supported organization						.,	,
d		Type III non-functionally		•				rted organi	ization(s)
		that is not functionally int							
		requirement (see instruct		•	•		•		
е		Check this box if the orga	•	-				II. Type III	
		functionally integrated, or					- 1,60 ., 1,60	, .,,,	
f	Ente	r the number of supported of		many and grand outpoin	,9 -, 9-,				
		ide the following information		ed organization(s).		- Januara Paranti		711704-1171	
		Name of supported	(II) EIN	(iii) Type of organization	(IV) is the orga in your govern	nization histed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see Instructions)
				BLOVE ISSE INSUGCIONSII.					
							ł		
_							-	i i	
_									
ota	ıl								

13

Schedule A (Form 990 or 990-EZ) 2016 WOMEN Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a ocvernmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96 14 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 15 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 WOMEN

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 falled to qualify under Part II. If the organization falls to

Se	ction A. Public Support	elow, please com	Diete Fari II.)				
_	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	11,200	12,2070	19,20	15/25.5	10,20.0	17,100
	membership fees received. (Do not						
	include any "unusual grants.")	907,316.	930,450.	1071818.	734,730.	496,006.	4140320.
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						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		v—————————————————————————————————————				
5	The value of services or facilities furnished by a governmental unit to the organization without charge					-	
6	- TII	907,316.	930,450.	1071818.	734,730.	496,006.	4140320
	Total. Add lines 1 through 5	307,310.	330,430.	10,1010.	734,730.	490,000.	4140320.
7.6	Amounts included on lines 1, 2, and 3 received from disqualified persons	50,000.		25,000.			75,000.
b	Amounts Included on times 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	30,000.		23,000.			75,000.
c	Add lines 7a and 7b	50,000.		25,000.			75,000
	Public support. (Subtract line 7c from line 6.)					The live serve	4065320.
Sec	tion B. Total Support		J				
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(a) 2016	(f) Total
	Amounts from line 6	907,316.	930,450.	1071818.	734,730.	496,006.	4140320.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	244.	79.	18.	20.	21.	382.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	244.	79.	18.	20.	21.	382.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					496,027.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here				والمتروف والمرور		▶□
Sec	tion C. Computation of Publ	ic Support Per	rcentage	25744			
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	98.18 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15	177417 AMERICAN PROPERTY.	AN MARKANIAN TO STATE OF THE ST	16	98.20 %
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colum	nn (f) divided by lin	e 13, column (f))	a service and the service and	17	.01 %
18	Investment income percentage from 2	2015 Schedule A, I	Part III, line 17	and the same of the same	militaria di Cista	18	.01 %
19a	33 1/3% support tests - 2016. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						▶ X
b	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	or 19b, check th	is box and see ins	tructions	▶□
63202	3 09-21:16				Sche	dule A (Form 990	or 990-F7) 2016

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")? # "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)
- 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 (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 Dfd 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		
За		
ЗЬ		
3c		
48		
4b		
4c		
		K
5a		
5b 5c		
6		E S
7		
В		
9a		
9b		
9c		
10a		-

	edule A (Form 990 or 990-EZ) 2016 WOMEN	2-303213	4 P	age 5
Pa	rt IV Supporting Organizations (continued).			
4.4	The the constant of the same o	-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	-
	below, the governing body of a supported organization?	11a		_
	A family member of a person described in (a) above?	11b	_	_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_
	- Abo Leadhar mill e Aguintations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		105	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Loi	No.	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		8.0	0
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	EX. 03	H	0-
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		133	65.0
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
111	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1300	To ti	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			9
	or management of the supporting organization was vested in the same persons that controlled or managed	=		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	150 (1)		100
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			200
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) coples of the			E3
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	THE W	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1,000		80.0
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	0.00	3.11	
	significant voice in the organization's investment policies and in directing the use of the organization's			130
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		and	
Sac	supported organizations played in this regard.	3	\Box	12
1	tion E. Type III Functionally Integrated Supporting Organizations		_	_
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee Instru	ctions).		
b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organizations the parent of each of its supported organizations. Complete line 3: perow. The organization supported a governmental entity, Describe in Part VI how you supported a government entity.	(con lanturations		
2	Activities Test, Answer (a) and (b) below.	(see instructions		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	100		-
	those supported organizations and explain how these activities directly furthered their exempt purposes,	0711 11		
	how the organization was responsive to those supported organizations, and how the organization determined		. 1	-
	that these activities constituted substantially all of its activities.	20		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	100		
	reasons for the organization's position that its supported organization(s) would have engaged in these		18 (1	3
	activities but for the organization's involvement.	O.L.		
3	Parent of Supported Organizations, Answer (a) and (b) below.	2b		***
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	2-		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	\vdash	
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
62202		(Form 990 or 95		

_	other Type III non-functionally integrated supporting organizations must cor	ripiete Sei	Choris A milough C.	(B) Current Year
iecti	on A - Adjusted Net Income		(A) Prior 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		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other		5	
	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	N. A. W. Chi	5		
6		6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		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	والمراجع المراجع المراجع	1
5	Income tax imposed in prior year	5	100	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 WOMEN		2	2-3032134 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
-	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	as of supported organization	5	
4	Amounts paid to acquire exempt-use assets			
6	Oualified set-aside amounts (prior IRS approval required)			
7	Other distributions (describe in Part VI), See instructions		· · · · · · · · · · · · · · · · · · ·	
8	Total annual distributions, Add lines 1 through 6			
0	Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions	ne organization is responsive	1	
9	The state of the s			
10	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		///	400
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-		***************************************	
	able cause required- explain in Part VI). See instructions	1 - 7 - 2 b - 1 - 1 - 1		
3	Excess distributions carryover, if any, to 2016:			
8				إحريج الأرائد عالا أأتحالا
_b				
C	From 2013			
d	From 2014			
0	From 2015			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
1	Carryover from 2011 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D.			
	line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			DESCRIPTION OF THE PROPERTY OF
5	Remaining underdistributions for years prior to 2016, if			THE STATE OF THE PARTY OF THE P
	any. Subtract lines 3g and 4a from line 2. For result greater	A SECTION		ON THE STATE OF THE STATE OF
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	THE RESERVE OF THE PERSON OF T		
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j		V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	v s s
	and 4c			
8	Breakdown of line 7:		والأوريث رحائنا والبر	
а				tovius
	Excess from 2013			
	Excess from 2014			
_	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 WOMEN	22-3032134 Page 8
Part VI	Form 990 or 990 EZ) 2016 WOMEN Supplemental Information. Provide the explanations required by Part II, the 10; Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pasection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, ditional information.
	7.	
	A.I.	adula A /Earm 000 000 ET 00
632026 09-21	16 SCH	edule A (Form 990 or 990-EZ) 20

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. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

Name of the organization			Employer Identification number		
		ALITION AGAINST TRAFFICKING IN	22-3032134		
Organiza	ation type (check o	ne):			
Filers of	:	Section:			
Form 99	0 or 990·EZ	X 501(c)(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			
		·			
Note: Or	nly a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rt	ıle, See instructions.		
General	Rule				
X					
Special	Rules				
	sections 509(a)(1) any one contribute	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou	, or 16b, and that received from		
	4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation k if your organization is covered by the General Rule or a Special Rule. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	year, contributions is checked, enter I purposa. Don't con	s exclusively for religious, charitable, etc., purposes, but no such contributions totaled in here the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the General Rule applies to this organization because it	nore than \$1,000. If this box s, charitable, etc., received nonexclusively		
		•			

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	ı		
COALITION	AGAINST	TRAFFICKING	IN
WOMEN			

Employer Identification number

WOMEN	2-3032134				
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	NORWEGIAN ORGANIZATION FOR RESEARCH P.O. BOX 8034 0030 OSLO, NORWAY	s213,395.	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		
2	DINING FOR WOMEN P.O BOX 25833GREENVILLE GREENVILLE, SC 29616	s50,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	UNITED NATIONS CATWLAC'S RED ALERT SYSTEM UNITED NATIONS, 405 1ST AVENUE NEW YORK, NY 10017	s15,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	PATRICK AND AIMEE BUTLER FOUNDATION BUTLER FAMILY FOUNDATION, 332 MINNESOTA STREET ST PAUL, MN 55101	s20,000.	Person X Payroll		
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	RUTH TURNER FUND INC 60 EAST 42ND ST, 38TH FLOOR NEW YORK, NY 10165	s	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	LYNN SAVARESE 300 WEST END AVENUE NEW YORK, NY 10023	s15,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)		
623452 10-18	9-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016		

Name of organization COALITION AGAINST TRAFFICKING IN Employer Identification number

22-3032134 WOMEN Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. WACHELL, LIPTON, ROSEN AND KATZ 7 Person Payroll 25,000. Noncash 51 WEST 52ND STREET (Complete Part II for noncash contributions.) NEW YORK, NY 10019 (d) (c) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroll . Noncash (Complete Part II for noncash contributions.) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroll

Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

623452 10-18-16

Employer identification number

32-3032134

art II	Noncash Property (See Instructions), Use duplicate copies of P	'art 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
_			
		ss	,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	16	s	990, 990·EZ, or 990·PF) (

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

COALITION AGAINST TRAFFICKING IN

Emplo

OMB No. 1545-0047 16 Open to Public inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	WOMEN			22-3032134
Pa	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or A	ccou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds (b) Fun	ds 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			
	are the organization's property, subject to the organization's excl			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advise		•	
	for charitable purposes and not for the benefit of the donor or do			
Do	impermissible private benefit?	er te transmitten er en		Yes No
7	t (I Conservation Easements. Complete if the organiz		line 7.	
1	the order of the state of the order to the o			
	Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education or education of land for public use (e.g., recreation or education			
	Protection of natural habitat	Preservation of a certified his	storic :	structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a con F	nserva	
	day of the tax year.		_	Held at the End of the Tax Year
a	Total number of conservation easements		2a	
D	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structu		2c	
a	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic structure		
	listed in the National Register	romenzamino-monomentalis comani.	2d	
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the organi	izatior	during the tax
	year >			
-	Number of states where property subject to conservation easeme			
5	Does the organization have a written policy regarding the periodic			Yes No
6	violations, and enforcement of the conservation easements it hole Staff and volunteer hours devoted to monitoring, inspecting, hand			
U	Stan and volunteer hours devoted to monitoring, inspecting, name	Jing of violations, and emorcing conservation	я т еа 5	ements ouring the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing consequation no		to during the year
•	S	or violations, and emorcing conservation eas	2611161	its during the year
R	Does each conservation easement reported on line 2(d) above sa	tich, the requirements of section 170/h)(A)(B)	MA	
Ū	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation ea	prements in its revenue and evnence statem	nent s	and balance sheet and
•	include, if applicable, the text of the footnote to the organization's			
	conservation easements.	o in eliotal oracemento trial occorross tria org	CHI TLCCS I	ion a accounting to
Pai	t III Organizations Maintaining Collections of Ar	t. Historical Treasures, or Other S	Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 990		e encice.	E3 1.100-0.1001
1a	If the organization elected, as permitted under SFAS 116 (ASC 95		d bala	ince sheet works of art.
	historical treasures, or other similar assets held for public exhibition			
	the text of the footnote to its financial statements that describes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	out too, provide, are account,
Ь	If the organization elected, as permitted under SFAS 116 (ASC 95		alance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa			
	relating to these items:		1100, ,	none in tellering a nearly
	III. Daniero la total de Sancione de 1900 de 1			5
2	If the organization received or held works of art, historical treasure		-	
_	the following amounts required to be reported under SFAS 116 (A		,, , viQ	•
а		• •		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2016

632051 08-29-16

COALITION AGAINST TRAFFICKING IN 22-3032134 Page 2

	dule D (Form 990) 2016 WOMEN				T 12		122124	
	t III Organizations Maintaining C							
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that a	are a signi	ificant use of its	collection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or ex	change program	ns			
b	Scholarly research	е	Other					
c	Preservation for future generations							
	Provide a description of the organization's co	disctions and explain	how they further	the organization	's exemn	t numose in Pa	rt XIII.	
4	During the year, did the organization solicit or	mechons and explain	feet historical tro	actives or other	elmilar as	eole		
5							Yes	☐ No
David	to be sold to raise funds rather than to be ma							
Par	t IV Escrow and Custodial Arran	-	te ir the organizati	on answered	es onru	min 990, Fait iv	, 111.0 5, 01	
	reported an amount on Form 990, Par					L deal		
1a	Is the organization an agent, trustee, custod					1	٦.,	П.,
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
C	Beginning balance				OCCUPATION .	1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
- 1	Ending balance					11		
	Did the organization include an amount on F					7	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.					MANAGEMENTS.	VII. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_	t V Endowment Funds. Complete	f the organization and	swared "Ves" on I	orm 990 Part I	V line 10			
1. (0)	Endowment i artas. Complete			(c) Two years		Three years bac	k Let Four v	ears back
		(a) Current year	(b) Prior year	(C) (WO YEARS	Dack 110	Times years bus	16/1001)	CHI O DIGHT
	Beginning of year balance						-	
	Contributions			-	_		-	
C	Net investment earnings, gains, and losses	7808					-	
ď	Grants or scholarships							
e	Other expenditures for facilities			1	- 1			
	and programs							
f	Administrative expenses							
9	End of year balance							
2	Provide the estimated percentage of the cur	rent year end halanc	e fline 1a. column	(a)) held as:				
	Board designated or quasi-endowment		_%	(-)/				
а	Permanent endowment	96	-/0					
b		380						
C	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, and 2c sho				ad faa thaa			
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are neid	and administer	ed for the	organization	13	/ M-
	by:							Yes No
	(i) unrelated organizations		-4.00.				3a(i)	_
	(ii) related organizations							
b	If 'Yes' on line 3a(ii), are the related organization	ations listed as requir	red on Schedule F	17	100000000000000000000000000000000000000		3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Pa	rt VI Land, Buildings, and Equipn	nent.						
_	Complete if the organization answere		, Part IV, line 11a	See Form 990,	Part X, lin	ne 10.		
	Description of property	(a) Cost or o		st or other		umulated	(d) Book	value
	beautipitor of property	basis (investr		s (other)		eciation		
45	Lond					2		
	Publishes							- 33
b	Buildings							
	Leasehold improvements			42,574.		32,448.	10	,126.
	Equipment	200		26,3/4.		72, 110.	2.0	,
	Other						1.0	120
Tota	I. Add lines 1a through 1e. (Column (d) must i	equal Form 990, Part	X column (B), line	10c)		•	1.0	,126.

Schedule D (Form 990) 2016 WOMEN			22-3	3032134 Page 3
Part VII Investments - Other Securities.				1.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of	year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				*
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	the state of the s			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part V line	12	
(a) Description of investment	(b) Book value	(c) Method of valuation: C		vear market value
(1)	(2)	(A) III CO CO (CO CO C		750011101101101
(2)				
_ (3)				
(4)				
(5)				
(6)				
(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"		11d. See Form 990, Part X, line	15.	
	Description			(b) Book value
(1) SECURITY DEPOSIT				18,903.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	18			
(9)				
Total, (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		b	18,903.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part	X fine 25	
(a) Description of liability		(b) Book value	74 1110 20:	
(1) Federal income taxes				
(2) OBLIGATION ON CAPITAL LEA	GE -	3,569.		
	1013	3,303.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total, (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)	3,569.		

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) 2016

632053 08-29-16

Schedule D (Form 990) 2016 WOMEN				32134 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, lir	ne 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	646,777.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	34,253.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			24 252
e Add lines 2s through 2d	H 51415 -14 ((-10)+	00(20	34,253.
3 Subtract line 2e from line 1			3	612,524.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	Į.	- I	
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			0 .
c Add lines 4a and 4b		Trumma_mmmment;	4c	612,524.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	Evnoncos nor	5 Poturn	
Part XII Reconciliation of Expenses per Audited Financial S		i Expenses per	netum	•
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			754,490.
		man - man X-	1	124,430.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	34,253.		
a Donated services and use of facilities		34,233.		
b Prior year adjustments				
c Other losses	1 - 1			
d Other (Describe in Part XIII.)			2e	34,253.
e Add lines 2a through 2d			3	720,237.
3 Subtract line 2e from line 1			3	7507257
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			4c	0.
 c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 	101		5	720,237.
Part XIII Supplemental Information.	103	man iranianananan	5	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	A. Dart IV lines 1h	and 2h: Part V line	4. Part Y	line 2: Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide:	an, rait iv, iii lea io anu additional infor	mation	-7,1 DEC 74	1110 211 211 741
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	arry additional mison	nation.		
PART X, LINE 2:				
	TAXES UNI	DER 501(C)(3) 03	F THE
				•
INTERNAL REVENUE CODE. CATW HAS ANALYZED				
WITH THE INTERNAL REVENUE SERVICE AND ST.	ATE JURISI	OICTIONS WE	IERE :	IT
OPERATES. CATW DOES NOT ANTICIPATE ANY S	IGNIFICAN'	UNCERTAIN	TAX	POSITIONS
THAT WOULD REQUIRE RECOGNITION IN THE FI	NANCIAL ST	PATEMENTS.	PERI	ODS ENDING
DECEMBER 31, 2013 AND SUBSEQUENT REMAIN	SUBJECT TO	EXAMINATI	ON B	Y THE
TAXING AUTHORITIES.				
1181110 11011011111111				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990. Open to Public Inspection

Name of the organization

Employer Identification number

COALITION AGAIN	IST TRAFF	ICKING I	:N		00 20201	2.4
	rmation on A	ctivities Ou	tside the United States. Compl	ata il tha a-a-	22-30321	34
Form 990, Part I		totivities ou	tside the Officed States. Compi	ete ii the organ	ization answered	reson
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility (or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes No
United States.			procedures for monitoring the use of it		ther assistance ou	tside the
			an be duplicated if additional space is			
(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)	is a pro describe	vity listed In (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA			1			
MEXICO	0	1	PROGRAM SERVICES	HUMAN RIGHT	S ADVOCACY	177,468.
PACIFIC -						
PHILLIPINES	0	1	PROGRAM SERVICES	HUMAN RIGHT	S ADVOCACY	10,200.
EUROPE - SPAIN	٥	1	PROGRAM SERVICES	HUMAN RIGHT	S ADVOCACY	2,971,
AFRICA SOUTH		1	PROGRAM SERVICES	UTIMAN DICU	S ADVOCACY	16 000
			ROGIGET BERTZEES	TOMAN KIGHT	S ADVOCACI	16,000.
PHDODE MODULA				S		
EUROPE - NORWAY	0	1	PROGRAM SERVICES	HUMAN RIGHT	S ADVOCACY	16,000.
				1		
		1				1
3 a Sub-total	0	5		100		222,639.
b Total from continuation						
sheets to Part I	0	0				0,
and 3b)	0	5			y = 11 1	222,639.

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 WOMEN

Schedule F (Form 990) 2016

MOMEN

Cants and Other Assistance to Organizations or Entitles 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.

(h) Description (l) Method of of noncash valuation (book, FMV, appraisal, other)								4
(g) Amount of (h) Des noncash of no assistance assis	0.	• 0	0.		•			empt by
(f) Manner of cash disbursement	177,468,MIRE TRANSFER	10,200. HIRE TRANSFER	16,000.WIRE TRANSPER	16,000. WIRE TRANSFER				, recognized as tax-ex
(e) Amount of cash grant	177,468.	10,200.	16,000.	16,000.			12	te foreign country
(d) Purpose of grant	HUMAN RICHTS	HUMAN RICHTS	HUMAN RIGHTS	HUMAN RIGHTS				Enter total number of recipient organizations listed above that are recognized as charitles by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region	SOUTH AMERICA MEXICO	PACIFIC PHILLIPINES	AFRICA SOUTH AFRICA	EUROPE - NORWAY				Insted above that are tell has provided a sectic
(b) IRS code section and EIN (if applicable)								f recipient organizations the grantee or couns
1 (a) Name of organization								2 Enter total number of the IRS, or for which

Schedule F (Form 990) 2016

Page 3

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.

Schedule F (Form 990) 2016 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

en orași and orași a	ule E (Form 990) 2016 WOMEN	22-3032134	Page 4
project and colony.	IV Foreign Forms		T. auje. 4
	Totalgh 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; do not 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016 WOMEN	22-3032134	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acc	counting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (account	nethod); and Part III, column (conformation See instructions.	=)
SCHEDULE F, PART I, LINE 2		
QUARTERLY FINANCIAL AND NARRATIVE REPORTING AND EVIDENC	E OF	
EXPENDITURES.		
		-
		in and an and an and an
		-
		-
······································		
		_
322075 09·21·18	0-1-1-1-2-1	2001 221
	Schedule F (Form t	2016 (USB)

SCHEDULE G (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.

OMS No. 1545-0047

Open to Public

nternal Revenue Service	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at www.irs.g	ov/form990.	Inspection
Name of the organization COALITI WOMEN	ON AGAINST TRAFFIC	KING	3 II	N	Employer 22-30	identification number 32134
Part I Fundraising Activities.	Complete if the organization answet.	red "Ye	es" or	Form 990, Part IV, 1	ine 17. Form 990)-EZ filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	e Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of i ion of i fundra (includ rofessi	non-go goven ising e ling ol lonal f	overnment grants nment grants events flicers, directors, trus undraising services?	stees, or the fundraiser is	
(I) Name and address of individual or entity (fundraiser)	(II) Activity	(ilii) fundri have ci or con contribu	ILDI OL	(iv) Gross receipts from activity	(v) Amount pa to (or retained I fundraiser listed in col. (i	organization
		Yes	No			
		-				
		-				
		-				
			-			
Total 3 List all states in which the organizati or licensing.	on is registered or licensed to solicit	contril	oution	s or has been notifie	ed it is exempt from	om registration
of the stanty.						
			_			

Schedule G (Form 990 or 990-EZ) 2016

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

COALITION AGAINST TRAFFICKING IN Schedule G (Form 990 or 990-EZ) 2016 WOMEN 22-3032134 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundralsing event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BENEFIT NONE (add col. (a) through RECEPTION col. (c)) (event type) (event type) (total number) 182,884. 182,884. 1 Gross receipts 107,196. 107,196. 2 Less: Contributions 75,688. 3 Gross income (line 1 minus line 2) 75,688. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 75,688. 75,688. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 75,688. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % **Yes** 96 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: _

Schedule G (Form 990 or 990-EZ) 2016

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

632082 09 12 16

Schi	chedule G (Form 990 or 990-EZ) 2016 WOMEN	22-	3032134 p	age :
_	the second secon		Yes	N
	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnersh			
_	to administer charitable gaming?		Yes 🗀	□N
3	3 Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	
	b An outside facility		13b	
	4 Enter the name and address of the person who prepares the organization's gaming/spe	cial events books and records:	Lucitation 7	
174	THE THE HELIAMS AND ADDIESS OF THE PERSON WHO PROPERSON AND STREET OF SAME STATE			
	Name			
	Name			
	Address >			
	Addiess			
15a	15a Does the organization have a contract with a third party from whom the organization rec	eives gaming revenue?	Yes [_ \
Ь	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount		
	of garning revenue retained by the third party > \$			
¢	c If "Yes," enter name and address of the third party:			
	Name			
	Address >			_
16	16 Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			_
				-
				_
	Director/officer Employee Independent contra	ctor		
	17 Mandatory distributions:			
Ê	a is the organization required under state law to make charitable distributions from the ga		Yes [
	retain the state gaming license?	The state of the s	222	
t	b Enter the amount of distributions required under state law to be distributed to other ex-	empt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$			4.51
Pε	Part IV Supplemental Information. Provide the explanations required by Part I, line 2		, lines 9, 95, 105,	151
_	15c, 16, and 17b, as applicable. Also provide any additional information. See i	nstructions		
_				_
				_
				_
				_
_				_
				_
_				
		Sahadida S. IS.	orm 000 or 200.5	:71 *
6320	632083 09-12-16	Schedule G (Fo	orm 990 or 990-E	:Z) :
	632083 09-12-16 37 111107 751751 717 2016.05000 COALITI	•		

COALITION AGAINST TRAFFICKING IN 22-3032134 Page 4 Schedule G (Form 990 or 990-EZ) WOMEN Part IV Supplemental Information (continued) Schedule G (Form 990 or 990-EZ)

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

Department of the Treasury Internal Revenue Service

laformation about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization	COALITION WOMEN	AGAINST	TR	AFF:	ICKING IN		Employe 22-30			nun nu	nber
Part I Excess Ben	efit Transacti				ion 501(c)(4), and 50			ger			
Complete if the					art IV, line 25a or 25b	, or Form 990-EZ, P	art V, line 4	0b.	Ten.	•	acus.
(a) Name of disqualified	person (b) R	elationship bety person and or	ween (disquali ation	ified (c) Description of tran	saction		Ye	Соттес	No
	·	person and or	gartizi	20011	_				116	15	NO
									\perp	_	
									+		
						1	-		٠.		_
2 Enter the amount of tax							▶ 5	i			
section 4958 3 Enter the amount of tax	v if any on line 2	ahove reimburs	sed hy	the or	nanization						
4					ga naavan		U.C.O.				
	nd/or From Int										
Complete if the	e organization ansv	vered 'Yes' on	Form	990·EZ	, Part V, line 38a or F	Form 990, Part IV, lir	ne 26; or if t	he orga	nizatio	оп	
	nount on Form 990		6, or 2	2.		(1 /-1/-	(h) Apr	proved	(1) 10/	ritten
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	froi	oen to or mithe	(e) Original principal amount	(f) Balance due	(g) in default?	(g) In (h) App by boa commi		agree	ment?
li ireiesten beisött	With Organization	O NOW 1	_	From	prin respondente		Yes No	Yes		Yes	-
	4	,	10	Proni			163 (40	103	140	100	1,12
			1-	1							
											_
			_				<u> </u>	1	_	_	
			-	ļ				-	_	-	-
			-	1				-	_	-	-
=	_		+-	┼─	-				-		
			+	1							
Total					▶ \$						414
Part III Grants or A	Assistance Be	nefiting Inte	reste	ed Pe	rsons.						
Complete if the	e organization ans	wered "Yes" on	Form	990, P	art IV, line 27.				_		
(a) Name of intereste	d person	(b) Relationship			(c) Amount of assistance) Purp assist		đ -
		interested per the organiz		na	25515121100	assistat	assistance		00000	L	
				_					_		
										-	
			_				_	-			
					-						
			_	_							

Schedule L (Form 990 or 990-EZ) 2016

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

Schedule L (Form 990 or 990-EZ) 2016 WOMEN			22-3032	134	Page :	
Part IV Business Transactions Involved	ring Interested Persons.					
Complete if the organization answered	1 'Yes' on Form 990, Part IV, line 28a, 28	3b, or 28c.				
(a) Name of interested person						
		_		Yes	No	
TERESA ULLOA ZIAURRIZ	NON-VOTING BOARD ME	177,468.	CATW LAC RE		X	
					Ţ	
Part V Supplemental Information		21				
Provide additional Information for resp	onses to questions on Schedule L (see I	instructions).				
CH L, PART IV, BUSINESS !	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
A) NAME OF PERSON: TERES	A ULLOA ZIAURRIZ					
			7			
B) RELATIONSHIP BETWEEN :	INTERESTED PERSON AN	ORGANIZAT	'ION:			
ION-VOTING BOARD MEMBER OF	F CATW AND EXECUTIVE	DIRECTOR C	F CATW LAC			
	-10					
D) DESCRIPTION OF TRANSAC	CTION: CATW LAC RECE	IVED GRANTS	IN EXCESS	OF		
10,000 FROM CATW						
				_		
					_	
					_	
	.,					

SCHEDULE O (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.

h Open to Public Inspection

OMB No. 1545-6047

Department of the Treasury

COALITION AGAINST TRAFFICKING IN Emplo

Employer Identification number

Name of the organization

WOMEN

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) (2016)

632711 08-25-18

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization COALITION AGAINST TRAFFICKING IN WOMEN	Employer Identification number 22-3032134
FORM 990, PART VI, SECTION B, LINE 15:	
DISCUSSED AND VOTED BY EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
ORGANIZATION MAKES ITS FORM 990 COPIES OF GOVERNING DOCUM	ENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR P	UBLIC INSPECTION
UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
ORGANIZATION'S COMMITTEE ASSUMES THE FOLLOWING RESPONSIBI	LITIES: THE
ORGANIZATION'S EXECUTIVE COMMITTEE IS CHAIRED BY THE BOAR	D TREASURER
AND INCLUDES THE BOARD'S SECRETARY AND ONE ADDITIONAL BOA	RD MEMBER. THE
EXECUTIVE COMMITTEE ASSUMES THE RESPONSIBILITY OF THE AUD	IT, REVIEW AND
COMPILATION OF ITS FINANCIAL STATEMENTS, AND SELECTION OF	AN
INDEPENDENT ACCOUNTANT TO CONDUCT SAID AUDIT. THE PROCESS	HAS NOT
CHANGED FROM THE PRIOR YEAR.	
·	<u> </u>
×	