Return of Organization Exempt From Income Tax

2018

Department of the Treasury

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.

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

Open to Public

Ā		2018 cale	ndar year, or tax year begin	ning Jan		nd ending	,T11	n 30	, <b>20</b> 18
_			C Name of organization INST						ver identification number
В □		f applicable		LIUIE FOR WOME	N 5 POLICI	KESEARC	,п		549572
		s change	Doing business as  Number and street (or P O box	r if mail is not delivered to	etroet address)	Room/suite			ine number
	Name c	•	· ·		Street address;	ł		•	
님	Initial return 1200 18TH STREET NW 301  Final return/terminated City or town, state or province, country, and ZIP or foreign postal code							(202	785-5100
님		ım/terminated			gn postal code				
		ed return	WASHINGTON, DC 2		<del></del>				eceipts \$ 2,685,682.
	Applicat	lion pending	F Name and address of principal				1 1 2	-	subordinates? Yes No
_			HEIDI HARTMANN, 1200 18			<u>, DC</u> 1/20036			
<u>I</u>	Tax-exe	mpt status	× 501(c)(3) □ 50	1(c) ( ) ◀ (insert no	1) 4947(a)(1) or	<u> </u>	1 11 "NO	o," attach a	a list (see instructions)
J	Website		ww.iwpr.org		<u> </u>		H(c) Group		
K		organization	X Corporation Trust As	sociation ☐ Other ►	L Yea	r of formation	1987	M State	of legal domicile. DC
	art I	Summ		<u> </u>	<u> </u>				
	1	Briefly de	escribe the organization's r	nission or most sign	ificant activities:	THE INSTITU	TE FOR WOMEN'S	POLICY RES	EARCH CONDUCTS AND COMMUNICATES
Activities & Governance		RESEAR	CH TO INSPIRE PUBI	LIC DIALOGUE,	SHAPE POLIC	Y, AND	IMPROVE	LIVE	<u>S</u>
nar	Ĭ	AND OP	PORTUNITIES OF WON	MEN OF DIVERSE	BACKGROUND	S, CIRC	UMSTANC	ES, A	ND EXPERIENCES.
Ver	2	Check the	is box ▶ 🗌 if the organizat	ion discontinued its	operations or dis	sposed of	more than	25% of	its net assets.
Ĝ	3	Number of	of voting members of the g	overning body (Part	VI, line 1a)			3	16
<b>مخ</b>	4	Number of	of independent voting men	nbers of the governii	ng body (Part VI,	line 1b)		4	16
ţį	5	Total num	nber of individuals employe	ed in calendar year-2	2018 (Part V. line	2a) .		5	0
Ġ	6	Total num	nber of volunteers (estimat	e if necessary) 📗 .	RECEIV	ED .		6	0
Ą	7a	Total unre	elated business revenue fro	om Part VIII, column	[(C), line 12	· · · · · ·		7a	0.
	b	Net unrela	ated business taxable inco	me from Form 9	T, line 38			7b	0.
_				8	WARILL	019 9	Prior Yea	er	Current Year
2019	8	Contribut	ions and grants (Part VIII, I	ine 1h)		<u>&amp;</u>	1,934	,038.	2,683,018.
2 4 201 Revenue	9		service revenue (Part VIII, I	ine 2g)	OGDEN,	UT			
<b>₽</b>	10	Investme	nt income (Part VIII, colum				4	,171.	2,072.
23 R	11		enue (Part VIII, column (A),					,050.	592.
<u>م</u>	12		nue-add lines 8 through 1				1,943		2,685,682.
A	13		d sımılar amounts paid (Pa						
Ω	14		paid to or for members (Pa			🗀			
SCANNED Expenses	15	-	other compensation, employ	i–10)	2,230	.358.	1,053,132.		
≥ sc	1		nal fundraising fees (Part I					, , , , , ,	
<b>A</b> §	!		draising expenses (Part IX,	• • • •	•	-	7	A. Branch	-
$\Sigma_{\overline{a}}$	17		enses (Part IX, column (A)				682	,559.	246,718.
0)	18		enses. Add lines 13-17 (m		·	` .	2,912		1,299,850.
	19		less expenses. Subtract lir					,658.	1,385,832.
2 8							inning of Cur		End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)			🗀	1,897	. 322	3,550,244.
ASS	21		lities (Part X, line 26)					,053.	406,126.
Feet	22		s or fund balances. Subtra	ct line 21 from line 2	20	· ·	1,757		3,144,118.
	rt II		ure Block			_:		7203.	
			y, I declare that I have examined t	this return, including acco	mpanying schedules	and statemer	nts, and to the	best of m	v knowledge and belief it is
			te Declaration of preparer (other						iy momoago ana bolici, it io
		<b>A</b>	16 Ed Starting	244			03	/01/2	019
Sig	n	Signa	ture of officer				Date		015
He		L DET	DI HARTMANN, PRES	IDENT AND CEO					
			or print name and title	IDENI AND CEO					
_			e preparer's name	Preparer's signature	<del></del>	Date	<del></del>		PTIN
Pa			ILLER CPA	, = 3. <b>3</b> 3. <b>2</b>			01/2019	Check Self-emp	x) if   100620061
	pare	·		TED CDA DC		1037			
Us	e Only	Firm's na			MACHINGEO	1 BC 36			12-1585901
May	the IP		this return with the prepar			v, DC 20		eno (20	02) 463-7600 <b>※ Yes</b> ☐ <b>No</b>
			this return with the prepar			<u> </u>		<del>: : :</del>	
ror	raperw	ork Heduc	tion Act Notice, see the sep	arate instructions. B	AA	REV 01	/11/19 PRO		Form <b>990</b> (2018)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
۱,	THE INSTITUTE FOR WOMEN'S POLICY RESEARCH CONDUCTS AND COMMUNICATES
	RESEARCH TO INSPIRE PUBLIC DIALOGUE, SHAPE POLICY, AND IMPROVE LIVES
	AND OPPORTUNITIES OF WOMEN OF DIVERSE BACKGROUNDS, CIRCUMSTANCES, AND EXPERIENCES.
	AND OPPORTUNITIES OF WOMEN OF DIVERSE BACKGROUNDS, CIRCUMSTANCES, AND EXPERIENCES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code. ) (Expenses \$ 0. including grants of \$ 0. ) (Revenue \$ 0.)
74	POVERTY AND INCOME SECURITY - SEE ATTACHMENT 1
	•
	•
4b	(Code: ) (Expenses \$ 424,624. including grants of \$ 0.) (Revenue \$ 945,509.)
	WORK AND FAMILY - SEE ATTACHMENT 2
	······································
4c	(Code ) (Expenses \$ 332,158. including grants of \$ 0.) (Revenue \$ 349,060.)
	EMPLOYMENT, EDUCATION, AND ECONOMIC CHANGE - SEE ATTACHMENT 3
	DELIGITION, BUCCATION, AND DOUGHTO CHANGE OUR ATTACHMENT 3
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ 375,880. including grants of \$ 0.)(Revenue \$ 1,246,536.) See Statement  Total program service expenses ▶ 1.132,662

Part	Checklist of Required Schedules		T.,	1
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
্ব	complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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_		×
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		×
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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	9		×
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	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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	11b		×
С	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	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 16? 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	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	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 line 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	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>×</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
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		
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	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	18		×
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		×
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
	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 1? #EWAR.1716 PROPIETE Schedule I, Parts I and II	21		×

Par	Checklist of Required Schedules (continued)			
			Yes	No
<b>22</b>	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		×
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		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
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		24d	ļ	-
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		×
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 Schedule L, Part I	25b		×
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		×
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		×
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):		1	1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
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 contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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? If "Yes," complete Schedule N, Part II	32		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	, .		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wippings to prize winners?	10	¥	

rari	Statements Regarding Other IRS Fillings and Tax Compliance (Continued)							
	E. W. W. Transvilled of West and Tau I		Yes	No				
⋅2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
b	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	T				
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	_^					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		×				
b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			1				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×				
b	If "Yes," enter the name of the foreign country: ▶		ľ	''				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	×				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		×				
C So	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		<del> </del>				
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×				
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<del>                                     </del>				
_	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1				
	and services provided to the payor?	7a		×				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c						
d	required to file Form 8282?	70		×				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×				
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	1				
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:	35		7				
а	Initiation fees and capital contributions included on Part VIII, line 12	:1		,				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	,						
11	Section 501(c)(12) organizations. Enter:		1					
а	Gross income from members or shareholders	_	:					
b	Gross income from other sources (Do not net amounts due or paid to other sources							
12a	against amounts due or received from them.)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		j					
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which		ŀ					
	the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_ <u>×</u> _				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b						
	excess parachute payment(s) during the year?	15						
	If "Yes," see instructions and file Form 4720, Schedule N.							
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16						
	If "Yes," complete Form 4720, Schedule O.	17.50						
		Form	990	(2018)				

	Check if Schedule O contains a response or note to any line in this Part VI				ions. I <b>∵</b> i		
Sect	ion A. Governing Body and Management	<del></del>	<del></del>	<u> </u>			
0000	on A. Governing Dody and Management			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16				
	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.						
ь	Enter the number of voting members included in line 1a, above, who are independent .	1b	16				
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?						
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		×		
4 5	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization.		5	×	×		
6 7a	Did the organization have members or stockholders?		nt   6		_ <u>×</u> _		
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members			x_ x		
8	Did the organization contemporaneously document the meetings held or written actions until the year by the following				17.32. 17.32. 17.32.		
a b	The governing body?		8a 8b	×			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			-	×		
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)			
		<u> </u>		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		×		
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the control of t		s, 10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		7 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	×			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			×			
С	Did the organization regularly and consistently monitor and enforce compliance with the particle in Schedule O how this was done	olicy? If "Yes,	12c	×			
13 14	Did the organization have a written whistleblower policy?		13 14	×			
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision			v 74,		
a b	The organization's CEO, Executive Director, or top management official		15a 15b	×			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		7.	8			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		×		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeguard the	10.00				
ectio	on C. Disclosure	··					
17	List the states with which a copy of this Form 990 is required to be filed ▶						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable) (3)s only) available for public inspection. Indicate how you made these available. Check all that  Own website Another's website Upon request Other (explain in Sch	, 990, and 990 apply.	O-T (Sec	tion 5	01(c)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.	•	interest (	oolicy,	and		
20	State the name, address, and telephone number of the person who possesses the organization IWPR, 1200 18TH STREET NW SUITE 301, WASHINGTON, DC 20036 (202)		records	<b>&gt;</b>			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

9	P	age	7
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Part VII	Compensation of Officers,	Directors,	Trustees,	<b>Key Employees</b>	, Highest	Compensated	Employees,	, and
	Independent Contractors							

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

1a Complete this table for all persons required to be listed. 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.

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

Check this box in heither the organization in	T TOTAL	<u>u o.g</u>	<u>αι 112</u>		C)	<u> </u>			l sinosi, anosto		
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	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) LORRETTA JOHNSON CHAIRPERSON	7.00	×		×				0.	0.	0.	
(2) KATHERINE KIMPLE SECRETARY	4.00	×	_	×			_	0.	0.	0.	
(3) SYL YIP TREASURER	7.00	×						0.	0.	0.	
(4) KAI-YAN LEE BOARD MEMBER	2.00	×						0.	0.	0.	
(5) MARCI B STERNHEIM BOARD MEMBER	2.00	×						0.	0.	0.	
(6) JOAN MARSH BOARD MUMBER	2.00	×						0.	0.	0.	
(7) MARCIA WORTHING BOARD MEMBER	2.00	×						0.	0.	0.	
(8) MARTHA DARLING BOARD MEMBER	2.00	×						0.	0.	0.	
(9) WILLIAM RODGERS BOARD MEMBER	2.00	×						0.	0.	0.	
(10) CINDY JIMENEZ TURNER BOARD MEMBER	2.00	×						0.	0.	0.	
(11) SHEILA WELLINGTON BOARD MIMBER	2.00	×						0.	0.	0.	
(12) KRISTIN ROWE-FINKBEINER BOARD MCMBER	2.00	×						0.	0.	0.	
(13) HILLARY DOE BOARD MEMBER	2.00	×						0.	0.	0.	
(14) BETH GRUPP BOARD MEMBER	2.00	×						0.	0.	0.	

Part VIII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (C)										
(A) Name and title	(B) Average hours per week (list any	(B) Position (D) (E)  (do not check more than one box, unless person is both an officer and a director/trustee) from relater			(E)  Reportable compensation frelated	(F) Estimated rom amount of other				
	hours for related organizations below dotted line)	1 ~ 2	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s compensation
(15) ESMERALDA LYN BOARD MEMBER	2.00	×						0.		0. 0.
(16) ELIZABETH SHULER BOARD MEMBER	2.00	×						0.		0. 0.
(17) HEIDI HARTMANN PRESIDENT	40.00		$\prod$	×	×			72,938.		0. 0.
(18) BARBARA GAULT VICE PRESIDENT	40.00			×	×			54,145.		0. 0.
(19) CYNTHIA HESS ASSOCIATE DIRECTOR OF RESEARCH	40.00				×			53,138.	(	0. 0.
(20) JANET MULLEN FINANCIAL OFFICER	40.00			×	×			44,734.		0. 0.
(21) JEFFREY HAYES PROGRAM DIRECTOR	40.00				×			49,660.		0. 0.
(22) ARIANE HEGEWICH PROGRAM DIRECTOR	40.00				×			36,138.		0. 0.
(23)										
(24)										
(25)										-
1b Sub-total		n A				. !	<b>&gt;</b>	310,753. 310,753.		0. 0.
Total number of individuals (including but reportable compensation from the organization)	not limited						) wi			,000 of
3 Did the organization list any former off employee on line 1a? If "Yes," complete S	-	-				•	•	loyee, or high	•	
4 For any individual listed on line 1a, is the organization and related organizations of individual	sum of rep	oortab	ole c	om	pen	satio				n the
5 Did any person listed on line 1a receive or for services rendered to the organization?									ation or indivi	idual
Section B. Independent Contractors	<u> </u>									
Complete this table for your five highest c compensation from the organization. Repo year										
(A) Name and business addre	ess							(B) Description of se	ervices	(C) Compensation
2 Total number of independent contractor received more than \$100,000 of compensa							tho	ose listed abo	ve) who	

Pai	t VIII)	Statement of Revenue									
		Check if Schedule O contains a resp	onse or note t								
١٠.		´ , ¸ ¸ ¸ ,		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue				
Í		,			exempt function	business revenue	excluded from tax under sections				
<u></u>	1 4 5	• 1 * ;		<del> </del>	revenue		512-514				
ons, Gifts, Grants Similar Amounts	1a	Federated campaigns 1a	815.	-{							
عَ جَ	b	Membership dues 1b		-							
Ę, Ę	C	Fundraising events 1c		· ·	,						
<u> </u>	d	Related organizations 1d	240 026	-							
Sir	e	Government grants (contributions) 1e  All other contributions, gifts, grants.	249,836.	-{							
uti:	1 '	· · · · · · · · · · · · · · · · · · ·	2 422 267								
ē ş		<u> </u>	2,432,367.	-							
Contributions, and Other Sim	9	Noncash contributions included in lines 1a–1f: \$		2 602 010							
O B	<u> </u>	Total. Add lines 1a-1f		2,683,018.							
Program Service Revenue		}-	Business Code	<del> </del>		· · · · · · ·					
eve	2a		<del></del>			<del></del>					
ě	b		<del></del>		<u> </u>	<del></del>					
Ξ̈́	C			<del></del>	<del></del>		<del></del>				
S	d						_ <del></del>				
ran	e ,			<del> </del>							
rog	1	All other program service revenue.									
	3	Total. Add lines 2a–2f				·	<u> </u>				
	3	and other similar amounts)		2 072	_	0.	2 072				
		Income from investment of tax-exempt bor		2,072.	0.		2,072.				
	4										
	5	Royalties	(ii) Personal								
	Ca	<del>   </del>	(1) 1 0.00712		ļ						
	Ga   b	Gross rents Less rental expenses									
	C	Rental income or (loss)		1							
	d	Het rental income or (loss)	•		<del></del>						
		Gros amount from sales of (i) Securities	(ii) Olliei	· · · · · · · · · · · · · · · · · · ·							
	7a	assels other than inventory	<del></del>		1						
	Ь	Leas cost or other basis	<del></del>								
		and sales expenses			1						
	С	Gain or (loss)									
	d	Net gain or (loss)	•								
	"	Tree gam or (1000)		-			<u> </u>				
Other Revenue	<b>8</b> a	Gross income from fundraising									
/en		events (not including \$									
Ŗ		of contributions reported on line 1c).									
e		See Part IV, line 18 a					ſ				
₹	b	Lets direct expenses b									
•	С	Net income or (loss) from fundraising ev	vents . >								
	9a	Gress income from gaming activities.									
		See Part IV, line 19 a				}					
	b	Less direct expenses b									
	С	Net income or (loss) from gaming activity	ties ▶								
	10า	Gross sales of inventory, less									
		returns and allowances a				İ					
	b	Less cost of goods sold <b>b</b>									
	_ с	Net income or (loss) from sales of inven	itory ▶								
		Miscellaneous Revenue	Business Code			- A					
			99999	500.	500.	0.	0.				
j	b	MISCELLANEOUS 9	99999	92.	92.	0.	0.				
	С										
	d	All other revenue									
ĺ		Total. Add lines 11a-11d	3	592.							
	12	Total revenue. See instructions	▶ 〔	2,685,682.	592.	0.	2,072.				

# Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must coi			ns must complete c	olumn (A).
<del>-</del>	Check if Schedule O contains a respon			<del></del>	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			A 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTROL OF THE PARTY OF THE P
2	Grants and other assistance to domestic individuals See Part IV, line 22				-
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				. ,
<b>4</b> 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	310,753.	244,792.	61,962.	3,999.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	551,938.	524,464.	17,441.	10,033.
9 10 11	Other employee benefits	190,441.	164,432.	22,987.	3,022.
a b c d	Management				
e f g	Protestional fundraising services. See Part IV, line 17 Investing at management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount list line 11g expenses on Schedule O)				
12 13 14 15 16	Advertising and promotion  Office expenses  Information technology  Royalties  Occupancy	162,108. 17,548.	142,026. 5,619.	5,496. 11,929.	14,586.
17 18	Travel			,	
19 20 21	Conferences, conventions, and meetings Interest Payment to affiliates	4,709.	3,105.	1,604.	0.
<b>2</b> 2 <b>2</b> 3	Depreciation, depletion, and amortization .	6,500.	5,525.	975.	0.
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 O.)				
a b c d	PUBLICATIONS AND INFORMATION DISSEMINATION LUSTIANACH PROGRAM EXPENSES LUSTITUTIONAL DEVELOPMENT	18,893. 35,663. 1,297.	8,208. 33,958. 533.	10,155. 1,705. 764.	530. 0. 0.
e <b>2</b> 5 <b>2</b> 6	A'l other expenses  Total functional expenses, Add lines 1 through 24e  Junt costs, Complete this line only if the	1,299,850.	1,132,662.	135,018.	32,170.
	e ganization reported in column (B) joint costs film a combined educational campaign and findraising solicitation. Check here   if f≤wing SOP 98-2 (ASC 958-720)				

32

33

**Balance Sheet** ₄Part X∛ Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 400,521. 249,302. 1 Savings and temporary cash investments . . . . . . . . . 824,010. 2 963,361. 2 520,628. 3 2,249,855. 3 4 55,037. 4 2,853. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(i)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 Assets 7 7 1,625. 0. 8 8 14,377. 18,505. Frepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 143,075 Less accumulated depreciation . . . . 10b 88,205. 61,370. 54,870. b 11 11 Investments—publicly traded securities . . . . . . 12 12 Investments—other securities. See Part IV, line 11 . . . . . . 13 Investments – program-related. See Part IV, line 11 . . . . . . 13 14 14 15,626. 15 15,626. 15 1,897,322. 3,550,244. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 105,144. 17 63,258. 17 i chounts payable and accrued expenses . . . . . . . . . 9,909. 5,644. 18 G ants payable 18 25,000. 337,224. 19 19 20 20 21 Escrew or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Cifer liabilities (including federal income tax, payables to related third 25 paraes, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total imbilities. Add lines 17 through 25 140,053. 26 406,126. On a rizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 504,141. 632,919. 27 Unrestricted net assets . . 27 738,004. 2,158,964. 28 Temporarily restricted net assets . . . . . . . . . 28 386,346. 29 481,013. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Careful stock or trust principal, or current funds . . . . . . 30 31 Par I-in or capital surplus, or land, building, or equipment fund . . . 31

3,144,118.

32

33

34

1,757,269.

1,897,322.

Retained earnings, endowment, accumulated income, or other funds.

Par	t XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			. 🗆
`1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	85,6	682.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	99,8	350.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,3	85,8	332.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,7	57,2	269.
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		1,0	)17.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines'3 through 9 (must equal Part X, line				
	33, column (B))	10	3,1	44,1	118.
Pari	XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII ,	<u> </u>			
1	Accounting method used to prepare the Form 990.   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain in		es III e	No.
2a			2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:  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 over of the august, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expenses the selection process during the tax year.	ntant?	2c	N. C.	×
_	Schedule O	٠,			
3a	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b^		
	-		Form	990	(2018)

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

(E) Totai

Department of the Treasury

**Employer identification number** 

INSTITUTE FOR WOMEN'S POLICY RESEARCH 52-1549572 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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)(Å\(iii)\). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives: (1) more than 331/2% 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 331/3% 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. 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (i) Name of supported organization (o) EIN (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) No Yes (A) (B) (C) (D)

18

in 1 rotices.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total contributions, Gifts. grants, membership fees received. (Do not include any "unusual grants") . . . 4,508,044. 1,472,311. 3,073,757. 1,934,038. 2,683,018. 13,671,168. levied revenues for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . 4,508,044. 1,472,311. 3,073,757. 1,934,038. 2,683,018. 13,671,168. Total Add lines 1 through 3 5 The portion of total contributions by person (other governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 4,918,407. Public support. Subtract line 5 from line 4 8,752,761. Section B. Intal Support (b) 2015 (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (e) 2018 (f) Total 4,508,044. 1,472,311. 3,073,757. 1,934,038. 2,683,018. 13,671,168. 7 Amounts from line 4 Gress income from interest, dividends, payments received on securities loans, rents, royalties, and income from sucular sources 2,443. 4,618. 3,094. 4,171 2,072. 16,398. Not 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 (Exp'nin in Part VI) 4,286. 6,001. 5.476. 5,050 592 21,405. 71.5 P. F. State of Tot il support. Add lines / through 10 13,708,971. 11 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) . . . . . 14 14 63.85% Prible support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 15 66.52 % 16a 33 /3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this box an P op here. The organization qualifies as a publicly supported organization P , P , P , P , Pb 331/3% a poort test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 17a 10%-facts-and-circumstance, test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organication meets the "facts-and-circumstances" test, check this box and stop here. Explain in Purt VI how the organization meets the "tacts-and-circumstances" test. The organization qualifies as a publicly supported or initial on b 10%-far ta-and-circumstance test = 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 1' is 1.7 or more, and if the organication meets the "facts-and-circumstances" test, check this box and stop here. Explaining Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly siropor o lorganization 

Princt of andation if the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III

	<ul> <li>(Complete only if you checked the</li> </ul>			_			nder Part∕IÎ.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
Sect	ion Λ. Public Support						
Caler	ndar year (or fiscal y ar beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise	,					
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	ļ					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		-				
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	creanization without charge						
6	Total. Add lines 1 through 5						
7a	Ameun's included on lines 1, 2, and 3						
	received from disqualified persons		l				
b	Amounts included on lines 2 and 3						
	received from other than disqualifie!			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7 <sup>1</sup>						
8	P. blic support. (Subtract line 7c from		i		}		
Cast	h (26)	1		l			
	on Tot   Support	4-> 0044	(L) 0045	(-) 0010	(-0.0047	(-) 0040	(0 T-4-1
	da, y a 🐧 fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d</b> ) 2017	(e) 2018	(f) Total
	Provints rom line 6	_/					
iva	Gross in name from interest, dividends, payments are eved on securities losas, rentra						
	royalues, and income from similar scarces						
b	Unrelator husiness taxable income (less						
_	soution [211] taxer's from buringsses						
	a guired after June J0, 1975.						
С	/ Himes 10a and 10b						
	Ner incore from unrelated business						
	a .v is tincluded in line 10b, whether						
	count the disiness is regularly carried on						
12	Other income Do not include gain or						
	less from the sale of capital assets						
	(Explain is Part VV)						
13	Total st port/ (Add lines 9, 10c, 11,						
	a.r/ 12)						
14	F st five cars. If he Form 99 ) is for th						
<del></del>	n, check this box and stop her			<u> </u>	· · · · ·	• • • • •	· · • 📗
	c. pulation of Public Suppor					1 4= 1	
15	1 / 10 s Port percentage for 2 18 (and 8		-			15	<u>%</u>
16 Soctiv	ort percentage from 2017 Sch			· · · · ·	<u> </u>	16	%
	D. Computation of Inversion in the			velino 12 anti-	mn (f))	17	0/
	Investme tincome percentage in 2017			-		17	<u>%</u>
18 19a	There has income percentage orn 2017 3 stable port tests—2018. If the organic						
) j2d	1 's not re than "5½%, chec' this box a						
ь	2 13% ( ) port tes s—2017. If the organia		=				_
J	10 12 r st more than 331/3%, clock that						
20	P. 1.1 indation if the organization of	-	-	-	-	-	=

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

## 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 this 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 c. 12b in trart I, answer (b) and (c) below
- **b** Did the organization have ultimate cont. I and discretion in deciding whether to make grants to the foreign supporting organization? If "Yes" describe in Part VI how the organization had such control and discretion despite being controlled or supported by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination upder sections 501(c)(3) and 5 G(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to one in that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purpose
- 5a Difference ganization add, substitute, or remove any supported organizations during the tax year? If "Yes," as sever (1) and (c) below (if a olicable). Also, provide detail in Part VI, including (i) the names and EIN reliables of the supported circle valuous added, substituted, or removed; (ii) the reasons for each such action; (iii) the reasons for each such action; and (iv) how the action was accomplished (such as I value and in the organizing document).
- **b** Type I or Type II only. Were my add door substituted supported organization part of a class already classification in the organization's organized document?
- c Substructures only. Was the so distributed the result of an event beyond the organization's control?
- 6 Extilicate anization provides a port (wagether in the form of grants or the provision of services or facilities) to anyone the meritan (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its support display rations, or (iii) other supporting organizations that also support or based to be or more of the fibrate granications's supported organizations? If "Yes," provide detail in Part VI.
- 7 Chaithe eigenization provide a contributor compensation, or other similar payment to a substantial contributor ( a definition section 4958( a + 1)), a finity member of a substantial contributor, or a 35% controlled entity with regions to a substantial contributor of a substantial contributor, or a 35% controlled entity with regions to a substantial contributor of a substantial contributor, or a 35% controlled entity with regions to a substantial contributor.
- 8 Fig. the contanization make a fine to a dequalified person (as defined in section 4958) not described in line 7? If the s, in implete Part I of the I will be I mm 990 or 990-EZ).
- 9a V is the regarization control inducing or indirectly at any time during the tax year by one or more control in section of persons as defined section 4946 (other than foundation managers and organizations described in section 09(a)(1) or (2))? When the persons are defined in part VI.
- **b** Deficie more disqualified; sons ' defined in line 9a) hold a controlling interest in any entity in which the steps ling organization. A int. 12 If "Yes," provide detail in **Part VI.**
- c Different person ( of land) in 9a) have an ownership interest in, or derive any personal benefit from the sign in which the sign is a matter also had an interest? If "Yes," provide detail in Part VI.
- 10a Vinsitivi iganization subjective the cost business holdings rules of section 4943 because of secti
  - b first the manipulation have the recess in siness holdings in the tax year? (Use Schedule C, Form 4720, to a territor hother the organization in that is ness business holdings.)

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	below, the governing body of a supported organization?	11a	<b>-</b>	
b	A family member of a person described in (a) above?  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.	11b	<u> </u>	<del> </del>
	tion B. Type I Supporting Organizations	1110		
000.	ion of type toupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at leach a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1		
2	Did the organization operate k. the benefit of any supported organization other than the supported organization(s) that operated, a pervised or controlled the supporting organization? If "Yes," explain in Part			
	VI how p oviding such benefit a rice of the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Or anizations	<u></u>		
-			Yes	No
1	Were a nicijority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trusten of each of the organization's trip ported organization(s)? If "No," describe in Part VI how control			
	െ സ്വാര്യ ment of the supporter rorganic tion was vested in the same persons that controlled or managed the supported organization(r)			
Cast		1		
Secu	ion D. All Type III Supporting Organizations		Yes	No
1	Dilitheic annization provide to the highlight ported organizations, by the last day of the fifth month of the		163	NO
•	ciganization's tax year, (i) a vir an induce destribing the type and amount of support provided during the prior tax			
	ye in (ii) a lopy of the Form 9' is int was in set recently filed as of the date of notification, and (iii) copies of the			
	c gallent, va's governing dome. Its in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's of cers, directors, or trustees either (i) appointed or elected by the supported			
	crgain (c) and serving control governor body of a supported organization? If "No," explain in Part VI how			
_	the case attronomaintained and earlies and a nuous working relationship with the supported organization(s).	2		
3	By ices of the relationshous mixed and (a), did the organization's supported organizations have a security more in the organization's more policies and in directing the use of the organization's			
	in the organization's and in directing the dise of the organization's		į	
	surportulorganizations plane to this aread	3		
Secti	on III Functiona agr. upporting Organizations			
1	Clock to pox next to the it that ianization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	).
а	The Admiration satisfic the Activities sest. Complete line 2 below.			
b	The contraction is the proof of the lists supported organizations. Complete line 3 below.			
C	The contraction supports over that entity Describe in Part VI how you supported a government entity (			
2	Activities est <b>Answer</b> (a) (a) be		Yes	NO
а	Fig. 1. It still all of the 2 also writes during the tax year directly further the exempt purposes of the 3 ted organization with a during the tax year directly further the exempt purposes of ganization was responsive? If "Yes," then in Part VI identify		ĺ	
	t' o red organiz no an how these activities directly furthered their exempt purposes,		ļ	
	I v the anization was in two to be supported organizations, and how the organization determined		į	
	t' + 5 rs retivities constit ' rbs'r t i all of its activities	2a		
b	Professional vities described considerations involvement, one or more			
	cittisers azation's supp and s) would have been engaged in? If "Yes," explain in Part VI the			
	i con the organization that is supported organization(s) would have engaged in these			
•	ac. v., it for the organ. Inv. ont	2b		
3	[ ] by the property of the officers directors or			
а	First the investment of the surple of the su	3a		
b	The solution exercise a sit start degree of direction over the policies, programs, and activities of each	Ja		
J	ted organization = 1 st. 4 s.	3b		

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18)

Party Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organizations.			
Section A—Adjusted Het Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	_3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of coerating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate feir market value of all non-exempt-use assets (see	T .		, , , , , , , , , , , , , , , , , , ,
instructions or short tax year or assets held for part of year):			ا بي معاريب
a Average mouthly value of securities	1a		
b Average monthly cash balancer	1b		
c harmal of value of other non-exampt-use assets	1c		
d Total (ad innes 1a, 1b, and 1c)	1d		
e Discount Thimed for blockage or other		4	
factors feet in in defail in Part VI)	٠,	•	أ من عصر
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Suptract for 2 from line 1d	3		
4 Cash does all held for exempt us a Enter 1-1/2% of line 3 (for greater amount,			
sec instructions)	4		
5 Not value con-exempt-use assets (subtract line 4 from line 3)	5		
6 Nucleon company 035	6		
7 is a second prior-year distriction as	7		
8 Means and Set Amount (a. 11 7 to line 6)	8		
Section C+D: shutable Amount			Current Year
1 A restail. recome for prior you from Section A, line 8, Column A)	1		
2 F x (1811) 1 line 1	2		
3 Maria um a cet amount for prory air (from Section B, line 8, Column A)	3	t	
4 Frienge of line 2 or line 3	4		
5 Innone to posed in prior year	5		
6 to take a Amount, Subtracting 5 from line 4, unless subject to		1 4 _	
en contractor and instruction (	6	· · · · · · · · · · · · · · · · · · ·	
7 !		egrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
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	Fotal annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		· · · · · · · · · · · · · · · · · · ·	
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Ur derdistributions, if any, for years prior to 2018 or, asonable cause required—collain in Part VI). See	í		
	mstructions			
3	Excess distributions carryover, if any, to 2018	,		
a	From 2013	1, 4		
b	From 2014			
	From 2015			
d	From 2016	-		
е	From 2017			
f	Lotal of lines 3a through e			
9	Applied to underdistributions or mor years			
h	rolled to 2018 distributation, runt			
i	Chryover from 2013 not applied (see instructions)			
j	To mainder Subtract lines 0; 35, and 3) from 3f.			
1	Chatributions for 2018 from			1
	Coction D, line 7		e .	36
а	امر بمانح المانح المان			
b	vivolied to 2018 distributable in bunt		1	
С	1 c nainder Subtract lines 4a a rd 4b from 4			,
5	Liamaining underdistributions for years prior to 2018, if			·
	ruy Subtract lines 3g and 1e for hine 2. For result	,		Ì
	g Later than zero, explain in Fig. 1/4. See instructions.			
6	remaining inderdistribution 2018 Subtract lines 3h			
	and 4b from line 1. For result is later than zero, explain in			
	t VI. Schinst uctions			
7	Encess distributions carryov in to 2019. Add lines 3j and 4c.			
8	and a salar and a	,		,
	ess from 2014	1		
`.	' x ress from 2015		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	1 cess from 2016			
- d	coss fro + 2017		,	
e	· cess fro > 2018	7		

Schedule A (Form 990 or 990-EZ) 2018

Part VI	III, line 12, Part II B, lines 1 and 2; 3a, and 3b, Part	V, Sectain A, lines Part IV (Section C, V, line 1, Part V, Se	1, 2, 3b, 3c, 4b, 4c, line 1; Part IV, Sect ection B, line 1e; Pai	5a, 6, 9a, 9b, 9c, 11 ion D, lines 2 and 3;	ne 10; Part II, line 17a a, 11b, and 11c; Part Part IV, Section E, lir 5, 6, and 8; and Part e instructions.)	:IV, Section nes 1c, 2a, 2b,
Pt II	Ln 10 Other I	ncoma Part II,	Line 10 Descri	ption: HONORAR]	A, ROYALTIES	
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2018	592.					
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# - SCHEDULF () (Form 990)

BΑΛ

OMB No 1545-0047

Cupy: mental Financial Statements

Elemental Financial Statements

I the organization answered "Yes" on Form 990,
Partiv, 1 → 1,8,9,10,11a,11b,11c,11d,11e,11f,12a, or 12b.

Attach to Form 990.

Go to very a cov/Form990 for instructions and the latest information.

Department of the Internal Revenu

Open to Public Inspection

Name	of the or	ilion		Employer identification number
INSTITU"		OR WOMEN'S POLICY RIG	ARCH	52-1549572/
Pa	ti	organizations Maintar in a l	or Advised Funds or Other Similar Fur	nds or Accounts.
		conplete if the organication of	vered "Yes" on Form 990, Part IV, line 6	•
		<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total	ber at end of year.		
2	Agg	value of contribution or or	vear)	
3	Aggr	⇒ value of grants from 👚 🚜		
4	Aggr	value at end of year		
5	Did "	janization inform all	dunor advisors in writing that the assets h	neld in donor advised
	fund	"le organization's project" :	t to the organization's exclusive legal control	ol? 🔲 Yes 🗌 No
6	Did i	ranization inform all our ending	nois, and donor advisors in writing that gra	nt funds can be used
	only:	ntable pure los line l	5 refit of the donor or donor advisor, or t	for any other purpose
	confe	יון אין אוני אין אוני anpermis און אי	<u> </u>	· · · · · ·
Par		nservation Easem :		
		nplete if the organia to a	vered "Yes" on Form 990, Part IV, line 7.	
1	Pull	of conservation eac	re organization (check all that apply).	
		ation of fand for per	ation or education)    Preservation o	f a historically important land area
	□ !	on of natural hat it it	☐ Preservation o	f a certified historic structure
		etann of care and a		
2	Con	ns 2a thr 10th 241 f	held a qualified conservation contribution	on in the form of a conservation
	easr	n the last diviolation is a con-		Held at the End of the Tax Year
а	ີ ດໄກ່	· of corr		2a
b	Tota	e restrictions.	° ∙en <b>ts</b>	<del></del>
С	Num	conservations of the conservations	titled historic structure included in (a)	
Çİ	Hum	conserr' a v	ind in (c) acquired after 7/25/06, and not	1 1
	$1^{1/2}$	nice lists (III-)		· · 2d
3	Mor	w servició	., ' ansferred, released, extinguished, or terr	minated by the organization during the
	tax			
4	Nur	fortes when a control of	○ servation easement is located ►	
5	Doc	intal and	regarding the periodic monitoring, ins	·
_	(10h	tenf ( )	easements it holds?	_ 100 _ 100
6	Stoff	'reil' '	pecting, handling of violations, and enforcing	g conservation easements during the year
-	<b>≻</b>			
7	· S	us .	ting, handling of violations, and enforcing	conservation easements during the year
8	117		he 2(d) above satisfy the requirements of	coction 170/b)/4)/P)/i)
0	, no		, ,	· · · · · · · · · · · · · · · · · · ·
9	194 1551	Legal Contraction	ports conservation easements in its revenue to the footnote to the organization's fin	·
	e:g	30	nents.	idiolai statements that describes the
Par			ans of Art, Historical Treasures, or	Other Similar Assets
الماشتي	z '£"	n treat in the	"Yes" on Form 990, Part IV, line 8.	Taior Olimiai Assets.
1a	" th	- tion et . 1 d. 68	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
, .	7 01	the state of the state of	ar assets held for public exhibition, ec	
	ub	C NO.	: 1 3 footnote to its financial statements that	
b		162	SFAS 116 (ASC 958), to report in its	revenue statement and halance sheet
			ar assets held for public exhibition, ed	
	.1		ating to these items:	,
	١,		15.1	<b>&gt;</b> \$
	( )	1		
2	:	•	t, historical treasures, or other similar	
	1.3%	A STATE OF THE STA	SFAS 116 (ASC 958) relating to these it	
а	(3o	1 1 7 7 7 6 7		▶ \$
b	C	t 113 t or	· · · · · · · · · · · · · · · · · · ·	<b>A</b>
or l			or Form 990.	Schedule D (Form 990) 2018

REV 11/12/18 PRO

.Schedule D (Fo.	••			Page <b>2</b>
Partilli	t is Main's ric	ections of Art, Historical Tre	easures, or Other Sir	milar Assets (continued)
3 Usur coller	/ n. org	ദാവ and other records, check	any of the following that	at are a significant use of its
a 🔲 Pt	• 1	d ☐ Loan o	r exchange programs	
b 🔲 Sc	h	e Other		
<b>c</b>	ulure general is	- <del>-</del>		
4 Provi	pt in of the or it. It is a	corrections and explain how the	y further the organization	on's exempt purpose in Part
5 Durin ·		t or receive donations of art, his to be maintained as part of the c		
<b>27</b> 73	Co C	1 5.	2/94/11/24/10/11 0 0 0 110 0 110 110 11	· · · _ les _ No
	,^	ਾਂ "Yes" on Form 990, Pa	art IV, line 9, or reporte	ed an amount on Form
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inclu. <b>b</b> If "Y	), Pint X	Load complete the following tab		· · · U Yes U No
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	' year		1d	
e Dist	1 154		1e	
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3a / /	'	on of the organization that a	are hold and administor	and for the
34 .	•	On Or the organization that a	are neid and administer	
1				Yes No
ts.		ns listed as required on Sche	odulo D2	
b 4		anization's endowment fund		<u>3b</u> <u>'</u>
P		Anización s'endownient func		<del></del>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e rd "Yes" on Form 990, Par	rt IV line 11a See For	rm 990 Part Y line 10
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Total		orm 990, Part X, column (B	N line 10c l	.▶ 54,870.
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B∧^		REV 11/12/10 PRU		Schedule D (Form 990) 2018

`Sched or ") (c			Page 4
	.;	<u>''</u>	First ited Financial Statements With Revenue per Return.
5.45		. d	od "Yes" on Form 990, Part IV, line 12a.
1		_	ordited financial statements
	•		
2 ,			90, Part VIII, line 12:
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b 119	•	•	<u>2</u> b
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3	•		
a	•		12, but not on line 1:
e V	•		S Part VIII, line 7b 4a
1			41.
C E		_	4c
5 (*		<u> </u>	equal Form 990, Part I, line 12.)
Pē		34	Audited Financial Statements With Expenses per Return.
	•	13	"rod "Yes" on Form 990, Part IV, line 12a.
1		! 1.	chil statements
2	1	F	n 500, Part IX, line 25:
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5		<u>'1:</u>	equal Form 990, Part I, line 18) 5
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Pro	•		and 9; Part III, lines 1a and 4 Part IV, lines 1b and 2b, Part V, line 4, Part X, line
2; P.			Let Also complete this part to provide any additional information.
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Department of t	,	► Attach to Form 990 or 990-EZ.  Go to www irs.gov/Form990 for the latest information.		Open to Public Inspection
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Pt V1, 1	2 5	"EE AND BOARD OF DIRECTORS REVIEW A	AND APPROVE	990
PRIO? TO	-			
Pt V:, I		HUT : EST STATEMENTS ARE UPDATED AN	NNUALLY AND	MAINTAINED
BY IAPR				
Pt V ,	, , ,	EQUISIT THE 990 WILL BE PROVIDED TO	THOSE WHO	REQUEST
IT.	-			·····
Pt V`, [	41.1	"t 7		
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Pt V'',	,	TO COARD OF DIRECTORS APPROVED A	A CHANGE IN	THE
ACCC+ (m		TOP TO JUNE. THIS 990 REFLECTS THE	E FILING OF	ГНЕ
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FILE \ T		(ID/.P_YEAR.	·	•••••
Pt ] 17,				
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		UPIO 17 - SEE ATTACHMENT 4		
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HF 1/11		^[I <sup>™</sup> ,''' <b>T_7</b>		
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