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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization  
NATIONAL ASSOCIATION OF NURSE PRACTITIONERS IN WOMEN'S HEALTH INC

Doing business as  
NPWH

Number and street (or P O box if mail is not delivered to street address)Room/suite  
505 C STREET NE

City or town, state or province, country, and ZIP or foreign postal code  
WASHINGTON, DC 20002

F Name and address of principal officer  
GAY JOHNSON  
505 C STREET NE  
WASHINGTON, DC 20002

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number  
13-3216405

E Telephone number  
(202) 543-9693

G Gross receipts \$ 2,085,357

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

J Website: ▶ WWW.NPWH.ORG

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation 1981

M State of legal domicile CT

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE NATIONAL ASSOCIATION OF NURSE PRACTITIONERS IN WOMEN'S HEALTH'S (NPWH) MISSION IS TO ENSURE THE PROVISION OF QUALITY PRIMARY AND SPECIALTY HEALTHCARE TO WOMEN OF ALL AGES BY WOMEN'S HEALTH AND WOMEN'S HEALTH FOCUSED NURSE PRACTITIONERS OUR MISSION INCLUDES PROTECTING AND PROMOTING A WOMAN'S RIGHT TO MAKE HER OWN CHOICES REGARDING HER HEALTH WITHIN THE CONTEXT OF HER PERSONAL, RELIGIOUS, CULTURAL, AND FAMILY BELIEFS

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .11

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .11

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .5

6 Total number of volunteers (estimate if necessary) . . . . .0

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .11,936

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .4,528

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .545,135

9 Program service revenue (Part VIII, line 2g) . . . . .1,675,432

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .4,126

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .72,672

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .2,297,365

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .0

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .548,101

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .0

b Total fundraising expenses (Part IX, column (D), line 25) ▶143,597

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .1,437,180

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .1,985,281

19 Revenue less expenses Subtract line 18 from line 12 . . . . .312,084

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .1,505,869

21 Total liabilities (Part X, line 26) . . . . .558,108

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .947,761

Part II

Signature Block

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

Sign Here

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Signature of officer

GAY JOHNSON CHIEF EXECUTIVE OFFICER

Type or print name and title

2019-11-06

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00369217

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 9801 WASHINGTONIAN BLVD STE 500

Phone no (301) 296-3600

GAITHERSBURG, MD 20878

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)