

Form 990

Department of the Treasury
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.

OMB No. 1545-0047

2016

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:	C Name of organization MIDWIVES FOR HAITI, INC.		D Employer identification number 27-2368581
<input type="checkbox"/> Address change	Doing business as		E Telephone number 804-662-6060
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 7130 GLEN FOREST DR., SUITE 101		F Gross receipts \$ 841,163.
<input type="checkbox"/> Initial return	Room/suite		G
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 23226		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: NADENE BRUNK SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)
J Website: ► WWW.MIDWIVESFORHAITI.ORG			H(c) Group exemption number ►
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: 2010 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INCREASE ACCESS TO SKILLED MATERNITY CARE IN HAITI.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 7
	6 Total number of volunteers (estimate if necessary)	6 213
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 771,122. Current Year 840,996.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95. 167.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	771,217. 841,163.
Expenses	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)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	140,950. 151,067.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 41,261.	0. 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	607,964. 642,363.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	748,914. 793,430.
19 Revenue less expenses. Subtract line 18 from line 12	22,303. 47,733.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 270,176. End of Year 313,414.
	21 Total liabilities (Part X, line 26)	8,056. 3,561.
	22 Net assets or fund balances. Subtract line 21 from line 20	262,120. 309,853.

Part II Signature Block

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

Sign Here	► Signature of officer	Date		
	► JESSICA JORDAN, TREASURER			
Paid Preparer Use Only	Print/Type preparer's name E. JEFFREYS LOVE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00074596
	Firm's name ► MITCHELL, WIGGINS & COMPANY LLP	Firm's EIN ► 54-0565834		
	Firm's address ► 1802 BAYBERRY COURT, SUITE 300 RICHMOND, VA 23226	Phone no. (804) 282-6000		

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

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION