Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service 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

20 19
Open to Public Inspection

A Fo	or the	e 201 <u>9 ca</u>	lendar year, or tax year begi	nning 07	/01, 2019 ,	and e	nding	_	06,	/30 ,20 ₂₀	
R or	ck if ap		ame of organization					D Employer id	entifica	ation number	
Cne		1	HE CENTER FOR REPROD	UCTIVE RIGHTS I	INC			1			
	Addres	• 100	oing Business As					13-3669			
	Name	onango	umber and street (or P.O. box if mail is		SS)	Room/s	uite	E Telephone n			
	Initial		.99 WATER STREET, 22N					(917) 63	7 – 3	600	
	Termir	latoa	ity or town, state or province, country,	and ZIP or foreign postal code	е					20 555	5
	Ameno		IEW YORK, NY 10038		G Gross receip		38,755				
	Applic pendir	ng	ame and address of principal officer:	NANCY NORTHU		10000		H(a) Is this a grown subordinates	up returi ?		X No
			.99 WATER STREET, 22N	· ·	T .			H(b) Are all subord			No
		empt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) c	or	527	1		(see instructions)	
			V.REPRODUCTIVERIGHTS.			1		H(c) Group exem			
$\overline{}$			n: X Corporation Trust	Association Other	<u> </u>	LY	ear of forma	tion: 1992 M	State	of legal domicile:	DE
Pa		Summa			ייים כוויים	מיחידיני			ים יו	TOUTE HEE	
	1		cribe the organization's mission of WER OF LAW TO ADVANCE							IGUID OPE	5
Governance			AROUND THE WORLD.	E REPRODUCTIVE	KIGHIS A						
Lua	•										
o e		Check this							1 1		21.
<u>ග</u> න	3	Number of	voting members of the governing	body (Part VI, line 1a)					3		20.
es	4	Number of	independent voting members of	the governing body (Part	VI, line 1b)				4		208.
<u> </u>			per of individuals employed in cale						5		847.
Activities &	6	lotal numb	per of volunteers (estimate if neces	sary)					6		
			lated business revenue from Part V						7a		0
-	b	Net unrela	ted business taxable income from	Form 990-1, line 34					7b	C	
	_							Prior Year	2	Current Y	
ne	8	Contributio -	ons and grants (Part VIII, line 1h)		COPY	for		33,084,28	0.	29,380	7,342.
Revenue			ervice revenue (Part VIII, line 2g)		PUBLIC IN		юи	7.61 05		100	
			t income (Part VIII, column (A), line					761,07			0,055 3,751
			enue (Part VIII, column (A), lines 5,					35,162,45	_	31,879	
-			nue - add lines 8 through 11 (mus					562,98			2,584
			d similar amounts paid (Part IX, col					302,90	0.	332	7,504
			aid to or for members (Part IX, colu					22,259,74		24,695	105
ses			ther compensation, employee ben				289,21			5,494	
Expenses	Ioa	Profession	al fundraising fees (Part IX, column	1 (A), line 11e)	302 401		• •	207,21		40.	,, 1,1
Ä			raising expenses (Part IX, column (11,369,84	5	10,705	233
	17 40	Other expe	enses (Part IX, column (A), lines 11	I Dort IV solvery (A) line	05)		• • -	34,481,78		36,158	
			nses. Add lines 13-17 (must equal ess expenses. Subtract line 18 fron					680,67		-4,279	
	19	Kevenue i	ess expenses. Subtract line 18 from	II lille 12		<u></u>		nning of Current		End of Yea	
ance	20	Total accet	ts (Part V. line 16)					48,198,60		46,593	
Ass			ts (Part X, line 16) ities (Part X, line 26)				• •	2,816,55			1,578.
⋇⋷			or fund balances. Subtract line 21				• •	45,382,05		40,858	
Par			ure Block	i iloili iiile 20		· · · ·		10,002,00		10,000	
	_		jury, I declare that I have examined th	is return, including accomp	anving schedu	les and	statements.	and to the best of	f mv k	nowledge and be	elief. it is
true,	corre	ct, and comp	plete. Declaration of preparer (other than	n officer) is based on all info	rmation of which	ch prepa	rer has any k	nowledge.	,		
Sigr	1	Signa	ature of officer					Date			
Here	е	▶ NAN	CY NORTHUP		PRESID	ENT/	CEO				
		Type	or print name and title								
		Print/Type	preparer's name	Preparer's signature		Date		Check	if P	TIN	
Paid		KRISTI	N RUFFINI	Ku	stin Rubbini	, 1/	13/2021	self-employ	,	P00741491	
Prep		Firm's name	- DDO 1103 11D		##					5381590	
Use	Only		ess ► 100 PARK AVENUE	NEW YORK, NY 10	0017-500	1		Phone no.		-885-8000	
May	the IF		this return with the preparer show								No
			uction Act Notice, see the separat							Form 99 (

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
_	Did the ergonization undertake any cignificant program convices during the year which were not listed on the	2
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.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
4a	U.S. LEGAL PROGRAM - SEE SCHEDULE O	0)
4b	GLOBAL LEGAL PROGRAM - SEE SCHEDULE O 352,584.) (Revenue \$	0)
4c	(Code:) (Expenses \$6,675,967. including grants of \$0.) (Revenue \$	0)
	THE COMMUNICATIONS PROGRAM INFORMS A WIDE RANGE OF EXTERNAL AUDIENCES ON THE CENTER'S ACTIVITIES AND IMPACT, DEVELOPING AND	
	IMPLEMENTING MESSAGES THAT PROMOTE THE ORGANIZATION'S OVERALL	
	MISSION AND GOALS. IT WORKS WITH THE U.S. AND GLOBAL PROGRAMS TO PUBLICIZE NEW CASES AND REPORTS, LEGAL VICTORIES, AND ADVOCACY	
	EFFORTS THROUGH THE MEDIA, AS WELL AS THE CENTER'S OWN WEBSITE AND NEWSLETTERS. IT IS ALSO RESPONSIBLE FOR DESIGNING AND LAYING OUT	
	REPORTS PRODUCED BY THE LEGAL PROGRAMS.	
4d	I Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	• Total program service expenses ► 26,916,975.	- 000
	1020 2.000 5663NV 702V 1/13/2021 8:48:49 AM V 19-7.7F 0342633	Form 990 (2019 PAGE

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Part	Checklist of Required Schedules		V	N.
	le the consciention described in certific FOA(s)/O) on AOA7(s)/A) (ather there exists foundation)O If II)/on II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	Х	
•	complete Schedule A	2	X	
2			- 2	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		21
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	21	
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	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		Х
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	iie	21	
'	the organization's Separate of Consolidated Hilancial Statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		7.7	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	, ,		Х
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		Δ.
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX column (A) line 12 If "Ves" complete Schedule I. Parts I and II	21		Х

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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 "Pes," complete Schedule I. Part I and III. 23 Did the organization answer "Yes' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization snawer "Yes' to Part VII. Section A, line 3, 4, or 5 about compensated employees? If "Pes," complete Schedule J. 24 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 "Pes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a. 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization anitarian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization anitarian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 27 Did the organization and that the disqualified person during the year? If "Yes," complete Schedule L. Part II. 28 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 in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spurple that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with one of the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part IV. 28 Was the organization approach graph or these persons or founder, or substantial con	Par	t IV Checklist of Required Schedules (continued)		Yes	No
Part IX, column (A), line 2? If "ves," complete Schedule I, Parts I and III . 23 Did the organization answer "Yes" to Part VIII, 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. 24 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? . 24d 15a 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	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, at It "No," for to line 25a. 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 II. "Tho," for to line 25a. 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? cto defease any tax-exempt bonds? d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 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. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25c Did 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 organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I. 27b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 28c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 27c Did the organization and provide and provide schedule R. Part IV.			22		Х
employees? If "Yes." complete Schedule J. 23	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
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					
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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?	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					7.7
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?. 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 transactor with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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-E27; If "Yes," complete Schedule L, Part II. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 25b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27c A Saward or applieta Schedule L, Part III. 28d A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28d A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part II. 30 Did the organization receive contributions of art, historical treasures, or other similar assets? If "Yes," complete Schedule M. Part II. 31					X
to defease any tax-exempt bonds? do the defease any tax-exempt bonds? 24d do do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d do do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 15d 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? 15d "Yes," complete Schedule L, Part I. 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 synony organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? 15d "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 15d "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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule M, Part II, Did the organization receive more than \$25,000 in non-cash contributi			246		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	С		240		
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. b Is the organization ware 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-E2? If "Yes," complete Schedule L, Part I. 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member 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 filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets; If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or t	Ч				
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. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV "Yes," complete Schedule L, Part IV. B A darmily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II. Did 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. Jay 10 In the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization shape a controlled entity within the meaning of section 512(b)(13)? Did the organization shape a controlled entity within the meaning of section 512(b)(13)? Did the organi					
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conservation contributions? If "Yes," complete Schedule M			29	X	
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or IV, and Part V, line 1	34				
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controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 a		35a		Х
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	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
related organization? If "Yes," complete Schedule R, Part V, line 2			35b		
	36				
			36		X
Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37				Х
and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	20		31		
	30		38	X	
Part V Statements Regarding Other IRS Filings and Tax Compliance	Pari				
Check if Schedule O contains a response or note to any line in this Part V					
				Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 129	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.		2 Enter the number of Forme W 20 moladed in the fat Enter of in flot applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and	С				
i opolitacio gammig (gammamigo to prizo mimioro) i i i i i i i i i i i i i i i i i i i	ISA	reportable gaming (gambling) winnings to prize winners?		X	
9E1030 2.000	9E1030		Form		(2019 AGE

Page 5 Form 990 (2019)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 208			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶ <u>ATTACHMENT 1</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		3.5
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Λ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	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	7a	Х	
L-	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
A	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
а		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 40		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	.,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			

THE CENTER FOR REPRODUCTIVE RIGHTS INC 13-3669731 Page 6 Form 990 (2019) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 21 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			X
	any other officer, director, trustee, or key employee?	2		Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
_	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	21
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	7a	Х	
	one or more members of the governing body?	<i>1</i> a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
	stockholders, or persons other than the governing body?	7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ū	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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?	4 0 h	X	
	animates, and branches to ensure their operations are consistent with the organizations exempt purposes:	10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a 12a	Х	
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a	Х	
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b	X X	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b 12c	X X X	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13	X X X	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	11a 12a 12b 12c	X X X	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	11a 12a 12b 12c 13	X X X	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13	X X X X	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13 14	X X X X X X	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13	X X X X X X	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13 14 15a 15b	X X X X X X	Y
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13 14	X X X X X X	X
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13 14 15a 15b	X X X X X X	X
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13 14 15a 15b	X X X X X X	X
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	11a 12a 12b 12c 13 14 15a 15b	X X X X X X	x
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13 14 15a 15b	X X X X X X	X

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Other (explain on Schedule O) Another's website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ LAURA PEROZO 199 WATER STREET, 22ND FLOOR NEW YORK, NY 10038 917-637-3604 20

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 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. See instructions for the order in which to list the persons above.

Check this box if neither	the organization nor	anv related	dorganization	compensated	l anv current off	icer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)NANCY NORTHUP	35.00									
PRESIDENT AND CEO	0.	Х		Х				502,498.	0.	49,940.
(2) MICHELLE DEES	35.00									
CHIEF STRATEGY&OPERATING OFFIC	0.			Х				343,431.	0.	49,940.
(3) ANNE MATSUI	35.00									
CHIEF DEVELOPMENT OFFICER	0.				Х			327,819.	0.	40,826.
(4) ANTONY MUSYOKA	35.00									
CHIEF HR OFFICER	0.				Х			277,519.	0.	39,948.
(5)LOURDES RIVERA	35.00									
SENIOR VP, US PROGRAM	0.				Х			241,308.	0.	46,216.
(6) DARLENE LARSEN	35.00									
SENIOR DIRECTOR MAJOR GIFTS	0.					Х		212,071.	0.	33,042.
(7)JILL D. BERGER	35.00									
SENIOR DIRECTOR, DEVELOPMENT	0.					Х		215,183.	0.	26,619.
(8) VIVIAN SIU	35.00									
CHIEF MARKETING &COMMUNICATION	0.				Х			219,594.	0.	17,586.
(9) ILEANA FUTTER	35.00									
SENIOR MAJOR GIFTS OFFICER	0.					Х		192,708.	0.	31,959.
(10) LAURA PEROZO	35.00									
SENIOR DIRECTOR, FINANCE & ADM	0.					Х		178,747.	0.	41,156.
(11) JULIE RIKELMAN	35.00									
SENIOR DIRECTOR, LITIGATION	0.					Х		181,537.	0.	32,019.
(12) KATHLEEN TAIT	3.00									
CHAIR	0.	X		X				0.	0.	0.
(13) JONATHAN KAUFELT	3.00									
VICE CHAIR, THRU 06/20	0.	Х		Х				0.	0.	0.
(14) J.B. KITTREDGE	1.00									
TREASURER	0.	Х		Х				0.	0.	0.

Form **990** (2019)

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Form 990 (2019) Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (contin											ed)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unle:	heck ss pe d a c	erson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am	timated ount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anization	b
15) CYNTHIA BLUMENTHAL	1.00											
DIRECTOR, THRU 06/20	0.	Х						0	0.			0
16) MARIA CARDONA	1.00											
DIRECTOR	0.	Х						0	0.			0
17) LORRAINE CLASQUIN DIRECTOR	1.00	X						0	0.			0
18) NICKI NICHOLS GAMBLE	1.00											
DIRECTOR, THRU 06/20	0.	Х						0	0.			0
19) DAVID HOFFMAN	1.00											
DIRECTOR	0.	Х						0	. 0.			0
20) RACHEL LAM	1.00											
DIRECTOR	0.	X						0	0.			0
21) HEIDI LINDELOF	1.00											
DIRECTOR	0.	X						0	0.			C
22) JANICE MACAVOY	1.00											
DIRECTOR	0.	X						0	0.			C
23) KARLA MARTIN	1.00											
DIRECTOR	0.	X						0	0.			C
24) AMY METZLER RITTER	1.00											
DIRECTOR	0.	X						0	0.			C
25) JOSEPH STERN	1.00											
DIRECTOR	0.	X						0	0.			0
1b Sub-total								2,892,415.	0.	4	109,2	251.
c Total from continuation sheets to Part VII, S							\blacktriangleright	0.	0.			0.
d Total (add lines 1b and 1c)							\blacktriangleright	2,892,415.	0.	4	109,2	251.
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose	liste				o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
										3		
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	i It	"Yes	5,"	complete Schedu	le J for such	4	X	
individual. 5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual		25	Х
for services rendered to the organization? If "Y Section B. Independent Contractors	es, comple	ie Sci	ieal	iie J	ı tor	sucn	per	รบก		5		

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 10

Part VII Section A. Officers, Directors, Tr		y EII	ihio			anu f	ııgı			
(A) Name and title	Average hours per week (list any hours for related	box,	unles er and	s pei	ition more rson irect	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
6) CATALINA BOTERO MARINO	1.00									
DIRECTOR, THRU 01/20	0.	Х						0	0.	
7) MARY RUBIN	1.00									
DIRECTOR	0.	Х						0	0.	
8) JENNIFER SOKOLER	1.00									
DIRECTOR	0.	Х						0	0.	
9) ROANN COSTIN DIRECTOR	1.00	Х						0	0.	
0) MELANIE GRAY	1.00									
DIRECTOR	0.	Х						0	0.	
l) JANET LEVIT	1.00									
DIRECTOR	0.	Х						0	0.	
2) MICHELE COLEMAN MAYES	1.00									
DIRECTOR	0.	Х						0	0.	
3) JOACHIM OSUR	1.00									
DIRECTOR	0.	X						0	0.	
4) CAROLE PRESERN	1.00							_		
DIRECTOR	0.	X						0	0.	
5) LOUISA RITTER	1.00							_		
DIRECTOR	0.	X						0	0.	
Ib Sub-total							<u> </u>	0.	0.	C
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				 	 	>			
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	ceived more than	\$100,000 of	
,										Yes No
B Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	If	"Yes,	," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	ron	any	uni	related organizati	on or individual	5 X
Section B. Independent Contractors										

year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VIII Statement of Revenue

(A) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns Membership dues 543,873 **c** Fundraising events 1c d Related organizations 1<u>e</u> Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above ... 28,836,469 1f g Noncash contributions included in 3,292,509 1g \$ lines 1a-1f. Total. Add lines 1a-1f 29,380,342 **Business Code** Program Service Revenue 2a е All other program service revenue 0. Investment income (including dividends, interest, and 334,775 334,775 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 6,372,069. Ω other than inventory 7a b Less: cost or other basis Other Revenue 7b 6,518,730. 8,059. and sales expenses . . -146,661. -8,059 c Gain or (loss) 7c -154,720. -154,720 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ __ of contributions reported on line 2,207,329 1c). See Part IV, line 18 8a 349,829 b Less: direct expenses 8b 1,857,500. 1,857,500. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright 10a Gross sales of inventory, less Ω returns and allowances 0. Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous ATTORNEY AWARD 900099 402,412 402,412 Revenue 11a OTHER REVENUE 900099 58,839. 58,839. b С d All other revenue 461,251 Total. Add lines 11a-11d Total revenue. See instructions 2,498,806. 12 31,879,148.

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Part IX Statement of Functional Expenses

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

000	Check if Schedule O contains a response or note to any line in this Part IX							
Do	not include amounts reported on lines 6b, 7b,		(B)		(D)			
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign	252 524	250 504					
	individuals. See Part IV, lines 15 and 16	352,584.	352,584.					
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,	2,507,608.	1,923,970.	90,793.	100 015			
	trustees, and key employees	2,307,000.	1,923,970.	90,793.	492,845.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and	0.						
7	persons described in section 4958(c)(3)(B)	17,154,130.	13,178,667.	612,151.	3,363,312.			
	Other salaries and wages	17713171301	13/1/0/00/1	012/101.	3730373121			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	944,559.	717,865.	37,782.	188,912.			
		2,543,680.	1,933,198.	101,747.	508,735.			
10	Other employee benefits	1,545,428.	1,174,526.	61,817.	309,085.			
10	Fees for services (nonemployees):	, ,		•	·			
	Management	0.						
	Legal	59,516.	48,752.	7,994.	2,770.			
	Accounting	128,211.	105,026.	17,219.	5,966.			
	Lobbying	0.						
	Professional fundraising services. See Part IV, line 17	405,494.			405,494.			
	Investment management fees	37,872.		37,872.				
	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.) ATCH 4	4,036,391.	3,450,757.	585,634.				
12	Advertising and promotion	8,164.	6,688.	1,096.	380.			
13	Office expenses	981,949.	302,785.	312,910.	366,254.			
14	Information technology	555,935.	278,899.	193,069.	83,967.			
15	Royalties	0.						
16	Occupancy	2,216,368.	1,861,749.	132,982.	221,637.			
17	Travel	925,579.	700,290.	45,058.	180,231.			
18	Payments of travel or entertainment expenses	0						
	for any federal, state, or local public officials	0.	F24 020	24 410	127 675			
19	Conferences, conventions, and meetings	707,033.	534,939.	34,419.	137,675.			
20	Interest	0.						
21	Payments to affiliates	336,760.	28,619.	308,141.				
22	Depreciation, depletion, and amortization	126,074.	5,061.	120,848.	165.			
23	Insurance	120,071.	3,001.	120,010.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	DUES, FEES AND SUBSCRIPTIONS	506,632.	284,190.	118,250.	104,192.			
_	DIRECT MAIL	13,640.		·	13,640.			
_	MISCELLANEOUS	65,109.	28,410.	29,468.	7,231.			
d								
	All other expenses							
	Total functional expenses. Add lines 1 through 24e	36,158,716.	26,916,975.	2,849,250.	6,392,491.			
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							
_	following SOP 98-2 (ASC 958-720)	0.			Form QQQ (2010)			

Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,130,901.	1	15,500,523.
	2	Savings and temporary cash investments	3,637,473.	2	3,263,991.
	3	Pledges and grants receivable, net	13,374,325.	3	6,586,232.
	4	Accounts receivable, net	123,540.	4	10,721.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	253,783.	9	244,379.
	-	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,548,789.			
	b	Less: accumulated depreciation	1,187,625.	10c	915,864.
	11	Investments - publicly traded securities	19,455,914.	11	20,043,200.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	35,041.	15	28,579.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	48,198,602.	16	46,593,489.
_	17	Accounts payable and accrued expenses	1,756,842.	17	1,859,556.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	482,909.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
'n	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	J.
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iji		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	576,801.	25	3,875,022.
	26	Total liabilities. Add lines 17 through 25	2,816,552.	26	5,734,578.
		Organizations that follow FASB ASC 958, check here ► X		20	27.0270.00
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	21,137,711.	27	18,694,310.
Fund Balances	28	Net assets with donor restrictions.	24,244,339.	28	22,164,601.
pu		Organizations that do not follow FASB ASC 958, check here ▶		20	
		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž.	32	Total net assets or fund balances	45,382,050.	32	40,858,911.
Net	33	Total liabilities and net assets/fund balances	48,198,602.	33	46,593,489.
			,,	_ 55	Form 990 (2019)

Page 12 Form 990 (2019)

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Part	XI 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		31,8	79,1	.48.
2	Total expenses (must equal Part IX, column (A), line 25)	2		36,1		
3	Revenue less expenses. Subtract line 2 from line 1	3		-4,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		45,3		
5	Net unrealized gains (losses) on investments	5		-2	43,5	571.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		40,8	58,9	911.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ınt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b		

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

Department of the Treasury Internal Revenue Service Name of the organization

THE CENTER FOR REPRODUCTIVE RIGHTS INC

Employer identification number 13-3669731

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma						om the general public
		described in section 170(b)	=	· ·				
8		A community trust describe		·	Part II.)			
9		An agricultural research org					I in conjunction with a	land-grant college
		or university or a non-land-	=			-	=	
		university:	g	,	,		, ,	
10		An organization that norma	lly receives: (1) m	ore than 331/3 % of its	support	from co	ntributions membersh	nin fees, and gross
. •		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s. and (2) no more tha	n 331/3% of its
		support from gross investmacquired by the organizatio						businesses
11		An organization organized	·		. , , , ,		,	
12	-	An organization organized	•	•	-			earry out the nurneses
12		of one or more publicly su	•	•				• • • •
		Check the box in lines 12a t						
	Г		=				•	_
а	L	Type I. A supporting orga	·		-			
		the supported organization				ajority of	the directors or truste	es of the
	Г	supporting organization.	-					
b	L	Type II. A supporting org	· · · · · · · · · · · · · · · · · · ·					
		control or management of		=	the sam	e persor	is that control or man	age the supported
	Г	organization(s). You must						
С	L	Type III functionally integ						ly integrated with,
		its supported organization		· ·				
d	L				-			- ' '
		that is not functionally inte	-		-		•	d an attentiveness
	_	requirement (see instruct	·	-				
е	L	Check this box if the orga						I, Type III
	_	functionally integrated, or			-	_		
t		nter the number of supported	-					
g		ovide the following information			I			
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,984,160.	31,281,993.	32,867,477.	33,084,282.	29,380,342.	152,598,254.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	25,984,160.	31,281,993.	32,867,477.	33,084,282.	29,380,342.	152,598,254.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						36,883,211.
6	Public support. Subtract line 5 from line 4						115,715,043.
	tion B. Total Support	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,984,160. 305,040.	31,281,993.	32,867,477. 378,829.	33,084,282. 408,120.	29,380,342. 334,775.	1,724,061.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				596,757.	1,857,500.	2,454,257.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH. 1	770,021.	259,604.	897,496.	720,344.	461,251.	3,108,716.
11	Total support. Add lines 7 through 10						159,885,288.
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	.		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						72 27
14	Public support percentage for 2019 (li		-			14	72.37 % 66.60 %
15	Public support percentage from 2018					15	
16a	331/3% support test - 2019. If the org						
h	box and stop here. The organization q 331/3% support test - 2018. If the org			_			
D	this box and stop here. The organization	=					
172	10%-facts-and-circumstances test - 2	-		_			
174	10% or more, and if the organization Part VI how the organization meets torganization	meets the "facts-and-c	cts-and-circumsta ircumstances" te	ances" test, ch est. The organi	eck this box ar zation qualifies	nd stop here. E as a publicly s	xplain in upported
	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	2018. If the organization meets on meets the "	ganization did no the "facts-and facts-and-circum	ot check a box -circumstances' stances" test.	on line 13, 16 test, check the The organizatio	a, 16b, or 17a, nis box and st o n qualifies as a	and line op here. publicly ►
18	Private foundation. If the organization instructions						
						obodulo A (Form 0	

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
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						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		ı	I	I		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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						
٠	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,		•			15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and sto	p here. The org	anization qualifies	s as a publicly	supported organi	ization . ►
b	331/3% support tests - 2018. If the orga	anization did not	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔃
20	Private foundation. If the organization of	lid not check a	a hox on line 1	4 19a or 19h	check this box	and see instruc	ctions •

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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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Part	Supporting Organizations (continued)		1.4	
			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		
Secti	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe 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 for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
24	11 0 0	2		
secti	on C. Type II Supporting Organizations		Vas	NI -
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	•		
Cooti	•	1		
secti	on 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 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	162	NO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			•
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ŕ	
·	3. gameation supported a governmental oriting. December in Fair vinew you supported a government entity (see	o.i u	Yes	
2	Activities Test. Answer (a) and (b) below.		. 55	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_		u		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the 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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exen						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
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	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
С	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

<u></u>		<u> </u>		•	,	
					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	E				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
ATTORNEY AWARD FEES	751,966.	218,933.	856,566.	700,159.	402,412.	2,930,036.
ATTORNET AWARD FEES	731,900.	210,933.	050,500.	700,159.	402,412.	2,930,036.
OTHER INCOME	18,055.	40,671.	27,680.	20,185.	58,839.	165,430.
HONORARIUMS			13,250.			13,250.
TOTALS	<u>770,021.</u>	259,604.	897,496.	720,344.	461,251.	3,108,716.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

THE CENTER FOR REPRODUCTIVE RIGHTS INC 13-3669731 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 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** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 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).

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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization THE CENTER FOR REPRODUCTIVE RIGHTS INC

Employer identification number

			13-3669731
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization THE CENTER FOR REPRODUCTIVE RIGHTS INC

Employer identification number 13-3669731

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE CENTER FOR REPRODUCTIVE RIGHTS INC

Employer identification number 13-3669731

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
	140116a3111 10pc1ty	1300 111311 401101137.	. Obe auplicate copi	os or i art ii ii additioria	i space is riceacu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization THE CENTER FOR REPRODUCTIVE RIGHTS INC **Employer identification number** 13-3669731 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Гах)	(see separate instructions), ther		Tax) (see separate in	structions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			Employer ide	ntification number
	CENTER FOR REPRODUC			13-3669	
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or i	s a section 527 orgar	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	ctivities in Part IV. (see in	structions for
	definition of "political campa	•			
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Par		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1		xpended by the filing organization			
2		g organization's funds contributed es			
3	line 17b	enditures. Add lines 1 and 2. Ent		▶\$	
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were promoted or a political action committee (I	er (EIN) of all section ter the amount paic ptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing ation's funds. Also ente litical organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Sch	edule C (Form 990 or 990-EZ) 2019 THE CE	NIER FOR REPRODUCTIVE RIGHTS INC	13-36	06973⊥ Page 2
P	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group memb	per's name,
В	Check ▶ if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
18	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	88,000.	
k	Total lobbying expenditures to influence	a legislative body (direct lobbying)	60,000.	
		a and 1b)	148,000.	
(Other exempt purpose expenditures		29,739,478.	
•		d lines 1c and 1d)	29,887,478.	
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both		
	columns.	-	1,000,000.	
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
Ç	Grassroots nontaxable amount (enter 2	5% of line 1f)	250,000.	
ŀ	Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-	0.	0.
j		on either line 1h or line 1i, did the organiza	ation file Form 4720	
	reporting section 4911 tax for this year?		<u></u>	Yes No
		4-Year Averaging Period Under Section 501(h)		
	(Some organizations that made a	section 501(h) election do not have to compl	lete all of the five column	ns helow

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.		
c Total lobbying expenditures	267,386.	298,994.	267,385.	148,000.	981,765.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.		
f Grassroots lobbying expenditures	154,657.	115,152.	154,656.	88,000.	512,465.		

Page 3 Schedule C (Form 990 or 990-EZ) 2019

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	d For	m 57	68		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
des	ription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
a	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?						
c d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?			<u> </u>			
j	Total. Add lines 1c through 1i			L			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d Det	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	c)/5)	or s	cotio			
ıaı	501(c)(6).	C)(3)	, OI 8	CUIO			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from						
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (c)					2 :-	
	answered "Yes."	JN (L) Fai	t III-74	, IIIIe	J, 15	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts (of				
	political expenses for which the section 527(f) tax was paid).			0-			
а	Current year			2a 2b			
b	Carryover from last year			2c			
C	Total			3			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
	and political expenditure next year?	DOyn	9	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	l grou	ıp list	:); Part	II-A, li	nes 1	and
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
				_		_	

Schedule C (Form 990 or 990-EZ) 2019 Page 4

Part IV **Supplemental Information** (continued)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number THE CENTER FOR REPRODUCTIVE RIGHTS INC 13-3669731 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2019

▶ \$

following amounts required to be reported under FASB ASC 958 relating to these items:

	rt Organizations Maintaini	ng Collections of	Art Historical Tro	acuros or Ot	hor Similar Assot		Page Z
3	Using the organization's acquisition			· · · · · · · · · · · · · · · · · · ·			of ito
3	collection items (check all that app		ottier records, checi	cally of the for	nowing that make	significant use	OI IIS
_	Public exhibition	ıy).	d Dloop	ar ayahanga nra	arom		
a				or exchange pro	gram		
b	Scholarly research		e Other				
C	Preservation for future gene						Б.
4	Provide a description of the organ	nization's collections	and explain how	they further the	organization's exe	empt purpose in	Part
_	XIII.						
5	During the year, did the organization						
	assets to be sold to raise funds rath		ained as part of the	organization's co	ollection?	Yes	No
Pa	rt IV Escrow and Custodial A						
	Complete if the organiza	ition answered "Ye	s" on Form 990, F	art IV, line 9, o	or reported an am	nount on Form	
	990, Part X, line 21.						
1a	Is the organization an agent, truste						_
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tal	ole:			
					Amo	ount	
С	Beginning balance						
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
	Did the organization include an am						_ No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been provid	led on Part XIII	<u> </u>	
Pa	rt V Endowment Funds.						
	Complete if the organiza						
		(a) Current year	(b) Prior year	(c) Two years bad	, , ,		
1a	Beginning of year balance	1,563,643.	1,622,705.	1,602,54	0. 1,498,10	1,611	<u>,137</u> .
b	Contributions						
С	Net investment earnings, gains,						
	and losses	-16,265.	27,937.	107,40	198,28	3924	,217
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs	82,472.	81,418.	79,89	82,72	21. 81	,831
f	Administrative expenses	7,277.	5,581.	7,35	7,12	29. 6	,988
q	End of year balance	1,457,629.	1,563,643.	1,622,70	5. 1,606,54	1,498	,101.
2	Provide the estimated percentage	of the current year	end balance (line 1g	column (a)) held	l as:		
a	Board designated or quasi-endown	nent ▶ 27.2200	%	(4))			
b	Permanent endowment ► 68.8	3900 %	_				
С	Term endowment ▶ 3.8900						
	The percentages on lines 2a, 2b, a	nnd 2c should equal 1	100%.				
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and ac	Iministered for the		
	organization by:		· ·			Yes	No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations					3a(ii)	Х
b	If "Yes" on line 3a(ii), are the relate						
4	Describe in Part XIII the intended u	•	•				
Pa	rt VI Land, Buildings, and Equ	uipment.					
	Complete if the organize	ation answered "Ye)
	Description of property	(a) Cost or (invest			Accumulated depreciation	(d) Book value	
1a	Land	,	, (0	/			
h	Buildings						
C	Leasehold improvements		-	714,464.	320,635.	393,	829.
d	Equipment			546,107.	435,234.	110,	
e	Other			288,218.	877,056.	411,	
	I. Add lines 1a through 1e. (Column					915,	
. 3.0		1=,		(=),		7	

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.	"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: Cost or end-of-year market value	12.
(1) Financi	al derivatives			
	held equity interests			
	Tiold oquity interests [] [] [] [] [] [] [] [] [] [
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII				
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line	15.
	(a) De:	scription	(b) Book v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u></u>	
Part X	Other Liabilities.	\/ 000	Don't IV 150 - 44 446 Oc - Forms 000 Don't	V
	line 25.	Tres on Form 990	, Part IV, line 11e or 11f. See Form 990, Part	Χ,
1.	()	tion of liability	(b) Book v	alue
	ral income taxes			
	RRED RENT PAYABLE			9,125.
	LOAN PAYABLE		3,309	5,897.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			5,022.
2. Liability for	or 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 9

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Schedule D (Form 990) 2019

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	(1.0111.000) 2010		1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	59,087,846.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
С	Recoveries of prior year grants		
d	Other (Beschibe in Late Ain.)	2e	27,246,570.
е	Add lines 2a through 2d	3	31,841,276.
3	Subtract line 2e from line 1		31/011/2/01
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 37,872.		
a b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	37,872.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,879,148.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	63,610,985.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	27,490,141.
3	Subtract line 2e from line 1	3	36,120,844.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 37,872.		
b	Other (Describe in Part XIII.)		37,872.
c	Add lines 4a and 4b	4c	36,158,716.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	30,130,710.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V.	line 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		
_			

Page 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ENDOWMENT FUND WAS ESTABLISHED TO SUPPORT A LEGAL FELLOWSHIP POSITION AT THE CENTER FOR REPRODUCTIVE RIGHTS.

THE ORGANIZATION HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD

PART X, LINE 2:

REQUIRE PROVISION OF A LIABILITY UNDER ASC 740. UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX LIABILITIES ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2020 AND 2019. THE ORGANIZATION HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2020 AND 2019 THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE TAX CUTS AND JOBS ACT (THE "ACT") WHICH WAS SIGNED INTO LAW IN DECEMBER 2017, CONTAINS VARIOUS PROVISIONS AFFECTING NOT-FOR-PROFIT ORGANIZATIONS. TAX-EXEMPT ORGANIZATIONS ARE IMPACTED IN PART BY THE INCLUSION OF A NEW EXCISE TAX ON EXCESS COMPENSATION FOR COVERED EMPLOYEES AND CHANGES TO UNRELATED BUSINESS INCOME. THE ACT'S PROVISIONS MAY ALSO IMPACT DONOR INCENTIVES FOR CHARITABLE GIVING. THE ACT DID NOT HAVE A SIGNIFICANT IMPACT ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2020 AND 2019.

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Part XIII Supplemental Information (continued)

PART XI, LINE 2D AND PART XII, LINE 2D

BOOK TO TAX DIFFERENCE: \$121,253.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Open to Public

OMB No. 1545-0047

Department of the Treasury

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

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

	evenue Service					ispection
	the organization		T.1.G		Employer identifica	
	ENTER FOR REPRODUCTIV			11 1/2 1 0/2 / 0 /	13-366973	
Part I	General Information o Form 990, Part IV, line 14th		Outside the	United States. Compl	ete if the organization a	nswered "Yes" or
1 Fc	or grantmakers. Does the org	yanization mair	ntain records	to substantiate the amou	unt of its grants and	
	her assistance, the grantees'		=	assistance, and the selec		
av	vard the grants or assistance?					X Yes No
	or grantmakers. Describe in I	Part V the org	anization's pro	ocedures for monitoring	the use of its grants and	d other assistance
3 Ac	ctivities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace 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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CI	ENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	ADVOCACY & LITIGATION	143,110.
(1)	Difficial Transition, Grantabara.		0.	THOUSEN DERVICED	IDVOCACT & ETTOMICAL	113,110.
(2) E	AST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	ADVOCACY & LITIGATION	81,731.
(3) E	UROPE	1.	12.	PROGRAM SERVICES	ADVOCACY & LITIGATION	2,262,104.
(4) M	IDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	ADVOCACY & LITIGATION	9,752.
(4) M	IDDE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	ADVOCACI & HITIGATION	9,732.
(5) S0	OUTH AMERICA	1.	8.	PROGRAM SERVICES	ADVOCACY & LITIGATION	596,463.
(6) So	OUTH ASIA	0.	2.	PROGRAM SERVICES	ADVOCACY & LITIGATION	458,802.
(7) St	UB-SAHARAN AFRICA	1.	13.	PROGRAM SERVICES	ADVOCACY & LITIGATION	1,081,532.
(1)	OD DIMINUM THREET	1.	13.	TROOKEN BERVICED	IDVOCACT & EFFICATION	1,001,332.
(8) CI	ENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	62,990.
(9) so	OUTH AMERICA	0.	0.	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	44,500.
(10) so	OUTH ASIA	0.	0.	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	110,545.
(10)	00111 110111			GIUNTIMALING	TROUGHT REGISTRE OF THE	110,013.
(11) ST	UB-SAHARAN AFRICA	0.	0.	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	101,481.
(12)						
(13)						
(10)						
<u>(14)</u>						
(4.5)						
<u>(15)</u>						
(16)						
• /						
<u>(17)</u>						
3a	Subtotal	3.	35.			4,953,010.

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

Schedule F (Form 990) 2019

Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

4,953,010.

Page 2

Schedule F (Form 990) 2019

Donogano i	(1.0111.000) 2010	i ago 🗕
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Fo	m 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

	Part IV, line 15, for any re	T .			•	· ·	niccucu.	1	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				PROMOTE RIGH					
(1)			CENT. AMERICA/CARIBBEAN	TS & JUSTICE	23,000.	WIRE			
				PROMOTE RIGH					
(2)			CENT. AMERICA/CARIBBEAN	TS & JUSTICE	39,990.	WIRE			
				PROMOTE RIGH					
(3)			SOUTH AMERICA	TS & JUSTICE	18,000.	WIRE			
				PROMOTE RIGH					
(4)			SOUTH AMERICA	TS & JUSTICE	14,000.	WIRE			
				PROMOTE RIGH					
(5)			SOUTH AMERICA	TS & JUSTICE	12,500.	WIRE			
				PROMOTE RIGH					
(6)			SOUTH ASIA	TS & JUSTICE	10,711.	WIRE			
				PROMOTE RIGH					
(7)			SOUTH ASIA	TS & JUSTICE	28,906.	WIRE			
				PROMOTE RIGH					
(8)			SOUTH ASIA	TS & JUSTICE	13,688.	WIRE			
				PROMOTE RIGH					
(9)			SOUTH ASIA	TS & JUSTICE	51,892.	WIRE			
				PROMOTE RIGH					
(10)			SOUTH ASIA	TS & JUSTICE	5,348.	WIRE			
				PROMOTE RIGH					
(11)			SUB-SAHARAN AFRICA	TS & JUSTICE	8,000.	WIRE			
				PROMOTE RIGH					
(12)			SUB-SAHARAN AFRICA	TS & JUSTICE	15,973.	WIRE			
				PROMOTE RIGH					
(13)			SUB-SAHARAN AFRICA	TS & JUSTICE	15,000.	WIRE			
				PROMOTE RIGH					
(14)			SUB-SAHARAN AFRICA	TS & JUSTICE	8,000.	WIRE			
				PROMOTE RIGH					
(15)			SUB-SAHARAN AFRICA	TS & JUSTICE	12,951.	WIRE			
				PROMOTE RIGH					
(16)			SUB-SAHARAN AFRICA	TS & JUSTICE	12,657.	WIRE			

2	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	
	Enter total number of other organizations or entities	•

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page 2

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.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				PROMOTE RIGH					
(1)			SUB-SAHARAN AFRICA	TS & JUSTICE	21,922.	WIRE			
				PROMOTE RIGH					
(2)			SUB-SAHARAN AFRICA	TS & JUSTICE	6,978.	WIRE			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En	ter total number of recipient orga	anizations listed abo	ve that are recognized as	charities by the	foreign country, re-	cognized as ta	x-exempt		
by	the IRS, or for which the grantee	or counsel has prov	vided a section 501(c)(3) e	quivalency lette	r		▶		17.
3 En	ter total number of other organiz	ations or entities		· · · · · · · · · · · · · · · · · · ·			▶		1.
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Schedule F (Form 990) 2019

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
1)							
12)							
(3)							
14)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2019 Page 4

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page **5**

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

GRANTS WERE PAID TO NONPROFIT PARTNER ORGANIZATIONS THAT WORK TO SUPPORT THE CENTER'S MISSION OF ADVANCING REPRODUCTIVE HEALTH AND HUMAN RIGHTS.

THE GLOBAL LEGAL PROGRAM SUPPORTS LEGAL REFORM EFFORTS AND ARGUMENTS FOR PRECEDENT-SETTING CASES IN NATIONAL COURTS IN AFRICA, ASIA, EASTERN EUROPE AND LATIN AMERICA, AND FURTHER CATALYZES REPRODUCTIVE RIGHTS ADVOCACY WORLDWIDE BY EMPOWERING NATIONAL ADVOCATES TO USE LEGAL AND HUMAN RIGHTS STRATEGIES THROUGH COLLABORATIVE LITIGATION AND ADVOCACY, NATIONAL AND REGIONAL TRAININGS, AND THE FOSTERING OF A DIALOGUE AMONG KEY REPRODUCTIVE RIGHTS STAKEHOLDERS. PRIOR TO SIGNING A GRANT AGREEMENT, THE CENTER'S EMPLOYEES RUN A BACKGROUND CHECK FOR ANY NEW GRANTEE.

PARTNER ORGANIZATIONS SUBMIT ACTIVITY REPORTS TO ENSURE COMPLIANCE WITH THE TERMS OF THE AGREEMENTS. PROJECT SUPERVISORS REGULARLY CHECK IN WITH PARTNER ORGANIZATIONS TO MAKE SURE THAT ACTIVITIES ARE BEING COMPLETED ON TASK AND ON TIME.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number THE CENTER FOR REPRODUCTIVE RIGHTS INC 13-3669731 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1

Mail solicitations Solicitation of non-government grants а b Internet and email solicitations f Solicitation of government grants Х Phone solicitations Special fundraising events C X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
1	DIRECT MAIL						
AB DATA	CONSULTING		X	3,437,726.	267,150.	3,170,576	
2	GALA						
ASTIC	CONSULTANT		X	1,939,232.	30,000.	1,909,232	
3	FUNDRAISING						
MERREN TECHNOLOGIES	CONSULTANT		X	676,641.	96,000.	580,641	
4 PUBLIC INTEREST							
COMMUNICATION	TELEFUNDER		X	29,891.	12,344.	17,547	
5							
6							
7							
8							
9							
10							
「otal				6,083,490.	405,494.	5,677,996	
List all states in which the organ registration or licensing.	nization is registered of	or license	d to solicit	contributions or	has been notified	it is exempt from	

registration or licensing.
AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY,

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

Schedule G (Form 990 or 990-EZ) 2019

Sche	dule	THE CEI	NTE	R FOR REPRODUC	CTIVE RIGHTS IN	IC	13-	-3669731 Page 2
Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts great the second sec	aisir	ng event contribut	answered "Yes" or ions and gross inco	n F om	Form 990, Part IV, e on Form 990-EZ,	line 18, or reported, lines 1 and 6b. List
				(a) Event #1 LA	(b) Event #2		(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>o</u>				(event type)	(event type)		(total number)	COI. (C)
Revenue	1	Gross receipts		1,741,372.	536,034		473,796.	2,751,202.
œ		Less: Contributions Gross income (line 1 minus		265,148.	75,029		203,696.	543,873.
	3	line 2)		1,476,224.	461,005		270,100.	2,207,329.
	4	Cash prizes						
	5	Noncash prizes						
enses	6	Rent/facility costs		104,629.	74,700		8,035.	187,364
Direct Expenses	7	Food and beverages		93,701.	21,500			115,201.
Direc	8	Entertainment		25,078.	1,363			26,441.
	9	Other direct expenses		5,168.	15,655			20,823
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	349,829. 1,857,500.					
Pa			aniz	zation answered "				reported more than
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						
Direct Expenses	3	Noncash prizes						
irect E	4	Rent/facility costs						
	_5	Other direct expenses						
		Volunteer labor		Yes %	Yes	%	Yes%	

	• 14 1 1 1		% res				
	6 Volunteer labor	. No	No No	No			
	7 Direct expense summary. Add I	ines 2 through 5 ir	n column (d)		▶		
	8 Net gaming income summary.	Subtract line 7 fror	m line 1, column (d)		▶ │		
9 a b	Enter the state(s) in which the order is the organization licensed to colf "No," explain:			e states?		Yes	No
10a b	Were any of the organization's gam If "Yes," explain:	ing licenses revoked	d, suspended, or termin	ated during the tax	year?	Yes	No

Sched	lule G (Form 990 or 990-EZ) 2019
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CENTER FOR REPRODUCTIVE RIGHTS INC

Employer identification number 13-3669731

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to						
	explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line						
	1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the	_					
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	X Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
а							
b							
С							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
а	The organization?	5a		Х			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed						
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53 4958-6(c)?	اما		1			

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

Schedule J (Form 990) 2019

THE CENTER FOR REPRODUCTIVE RIGHTS INC 13-3669731

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
NANCY NORTHUP	(i)	458,934.	40,000.	3,564.	21,000.	28,940.	552,438.	0.	
1 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
MICHELLE DEES	(i)	312,379.	30,000.	1,052.	21,000.	28,940.	393,371.	0.	
2 ^{CHIEF} STRATEGY&OPERATING OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.	
ANNE MATSUI	(i)	294,719.	25,000.	8,100.	21,000.	19,826.	368,645.	0.	
3 ^{CHIEF} DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
LOURDES RIVERA	(i)	220,184.	20,000.	1,124.	17,312.	28,904.	287,524.	0.	
4 SENIOR VP, US PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.	
VIVIAN SIU	(i)	219,109.	0.	485.	17,152.	434.	237,180.	0.	
5CHIEF MARKETING &COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
ANTONY MUSYOKA	(i)	276,070.	0.	1,449.	11,008.	28,940.	317,467.	0.	
6CHIEF HR OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
JILL D. BERGER	(i)	214,725.	0.	458.	16,341.	10,278.	241,802.	0.	
ZSENIOR DIRECTOR, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
ILEANA FUTTER	(i)	190,898.	0.	1,810.	15,120.	16,839.	224,667.	0.	
8SENIOR MAJOR GIFTS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
JULIE RIKELMAN genior director, Litigation	(i)	180,938.	0.	599.	14,487.	17,532.	213,556.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
DARLENE LARSEN 10 SENIOR DIRECTOR MAJOR GIFTS	(i)	211,610.	0.	461.	4,161.	28,881.	245,113.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
LAURA PEROZO 11 SENIOR DIRECTOR, FINANCE & ADM	(i)	178,135.	0.	612.	12,310.	28,846.	219,903.	0.	
11	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
_14	(ii)								
4.5	(i)								
15	(ii)								
40	(i)								
	(ii)								

Schedule J (Form 990) 2019

THE CENTER FOR REPRODUCTIVE RIGHTS INC 13-3669731

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

STAFF MEMBERS WHO ARE AT THE C-SUITE LEVEL, WHICH ARE STAFF MEMBERS ON THE EXECUTIVE TEAM, ARE ELIGIBLE FOR A PERFORMANCE-BASED BONUS ON AN ANNUAL BASIS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SETS THE BONUS AMOUNT FOR THE INDIVIDUAL WHO IS SERVING AS BOTH PRESIDENT AND CEO. THE INDIVIDUAL WHO IS SERVING AS BOTH PRESIDENT AND CEO SETS THE BONUS AMOUNT FOR THE CHIEF STRATEGY AND OPERATIONS OFFICE (CSOO). CEO AND CSOO SET THE BONUS AMOUNT FOR ALL OTHER C-SUITE STAFF MEMBERS.

SCHEDULE M (Form 990)

Noncash Contributions

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

THE CENTER FOR REPRODUCTIVE RIGHTS INC

Employer identification number 13-3669731

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont		_	•
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		67.	3,292,509.	MARKET QU	OTAT	TON	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
4.4	structures							
14	Qualified conservation							
15	contribution - Other							
15 16	Real estate - Residential							
17	Real estate - Commercial							
18	Real estate - Other							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the orga	anization during the tax y	ear for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
					1		Yes	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least the							
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a					24	v	
	contributions?					31	Х	
32a	Does the organization hire or use	-		•		20-		v
	contributions?					32a		X
	If "Yes," describe in Part II.	amaiint !	olumn (a) for a firm a of the	المستناعة المامانية المستناعة المستناء	vio obsoles d			
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Part II Suppleme

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN(B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I,

COLUMN (B).

Schedule M (Form 990) (2019)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

13-3669731

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

FORM 990, PART III, LINE 1:

THE CENTER FOR REPRODUCTIVE RIGHTS INC

THE CENTER ENVISIONS A WORLD WHERE EVERY PERSON PARTICIPATES WITH DIGNITY

AS AN EQUAL MEMBER OF SOCIETY, REGARDLESS OF GENDER. WHERE EVERY WOMAN IS

FREE TO DECIDE WHETHER OR WHEN TO HAVE CHILDREN AND WHETHER TO GET

MARRIED; WHERE ACCESS TO QUALITY REPRODUCTIVE HEALTH CARE IS GUARANTEED;

AND WHERE EVERY WOMAN CAN MAKE THESE DECISIONS FREE FROM COERCION OR

DISCRIMINATION.

THE CENTER FOR REPRODUCTIVE RIGHTS (THE CENTER) IS A NON-PROFIT GLOBAL HUMAN RIGHTS ORGANIZATION THAT USES THE POWER OF LAW TO ADVANCE REPRODUCTIVE RIGHTS AS FUNDAMENTAL HUMAN RIGHTS AROUND THE WORLD. ITS GAME-CHANGING LITIGATION, POLICY, AND ADVOCACY WORK - COMBINED WITH ITS UNPARALLELED EXPERTISE IN CONSTITUTIONAL, INTERNATIONAL, AND COMPARATIVE HUMAN RIGHTS LAW - HAVE TRANSFORMED HOW REPRODUCTIVE RIGHTS ARE UNDERSTOOD BY COURTS, GOVERNMENTS, AND HUMAN RIGHTS BODIES. THE CENTER HAS PLAYED A KEY ROLE IN SECURING LEGAL VICTORIES IN THE U.S., LATIN AMERICA, SUB-SAHARAN AFRICA, ASIA, AND EUROPE ON ISSUES INCLUDING ACCESS TO LIFE-SAVING OBSTETRICS CARE, CONTRACEPTION, AND SAFE ABORTION SERVICES. IN ADDITION, THE CENTER HAS BUILT THE LEGAL CAPACITY OF WOMEN'S RIGHTS ADVOCATES IN OVER 60 COUNTRIES THROUGH ITS PRO BONO PROGRAM AND LEGAL NETWORKS.

FORM 990, PART III, LINE 4A:

U.S. LEGAL PROGRAM:

13-3669731

THE U.S. LEGAL PROGRAM STRIVES TO PROTECT AND ADVANCE REPRODUCTIVE

LIBERTY AND ACCESS TO REPRODUCTIVE HEALTH CARE IN THE UNITED STATES BY

EMPLOYING DIVERSE STRATEGIES GROUNDED IN THE CENTER'S LEGAL EXPERTISE VIA

LITIGATION AND LEGAL ADVOCACY. THE LEGAL VICTORIES OF THE U.S. LEGAL

PROGRAM - INCLUDING A LANDMARK 2016 U.S. SUPREME COURT DECISION AFFIRMING

A WOMAN'S RIGHT TO ACCESS ABORTION AND STRIKING DOWN ABORTION TEXAS

RESTRICTIONS, CONSTITUTING AN "UNDUE BURDEN" OF THE CONSTITUTIONAL RIGHTS

OF WOMEN - HAVE HELPED MILLIONS OF WOMEN AND THEIR FAMILIES BY STRIKING

DOWN ABORTION BANS AND OTHER RESTRICTIONS ON ACCESS TO REPRODUCTIVE

HEALTH CARE, SECURING COVERAGE FOR REPRODUCTIVE HEALTH SERVICES AVAILABLE

THROUGH GOVERNMENT - SPONSORED HEALTH INSURANCE PROGRAMS AND PROTECTING

ACCESS TO EMERGENCY CONTRACEPTION AND CONFIDENTIAL REPRODUCTIVE HEALTH

CARE.

THE CENTER'S U.S. POLICY AND ADVOCACY TEAM WORKS AT THE LOCAL, STATE AND NATIONAL LEVELS TO PROTECT AND PROMOTE REPRODUCTIVE RIGHTS AND HEALTH. IT ADVOCATES FOR DOMESTIC AND FOREIGN POLICY THAT ADVANCES REPRODUCTIVE HEALTH AND FREEDOM, WHICH ALLOWS WOMEN AND FAMILIES TO PROSPER.

THE LEGAL VICTORIES OF THE U.S. LEGAL PROGRAM INCLUDE TWO U.S. SUPREME COURT VICTORIES IN THE LAST FIVE YEARS: 1) THE 2020 U.S. SUPREME COURT DECISION IN JUNE MEDICAL SERVICES V. RUSSO WHICH ALLOWED ABORTION CLINICS IN LOUISIANA TO STAY OPEN TO SERVE THE ONE MILLION WOMEN OF REPRODUCTIVE AGE IN THE STATE; AND 2) THE LANDMARK 2016 U.S. SUPREME COURT DECISION IN WHOLE WOMAN'S HEALTH V. HELLERSTEDT AFFIRMING A WOMAN'S RIGHT TO ACCESS ABORTION AND STRIKING DOWN ABORTION RESTRICTION IN TEXAS, CONSTITUTING AN "UNDUE BURDEN" OF THE CONSTITUTIONAL RIGHTS OF WOMEN.

Name of the organization

THE CENTER FOR REPRODUCTIVE RIGHTS INC

13-3669731

FORM 990, PART III, LINE 4B:

GLOBAL LEGAL PROGRAM:

THE GLOBAL LEGAL PROGRAM WORKS TO ESTABLISH AND MAINTAIN LEGAL

PROTECTIONS FOR REPRODUCTIVE RIGHTS AT THE NATIONAL, REGIONAL, AND

INTERNATIONAL LEVELS TO IMPROVE THE REALITY OF WOMEN'S LIVES WITH RESPECT

TO THEIR REPRODUCTIVE HEALTH. WE ARE THE RECOGNIZED GLOBAL LEADER IN

USING THE LAW TO ADVANCE REPRODUCTIVE FREEDOM, AUTONOMY, AND ACCESS TO

HEALTH CARE AS FUNDAMENTAL HUMAN RIGHTS THAT GOVERNMENTS ARE OBLIGATED TO

PROTECT, RESPECT, AND FULFILL. FOR NEARLY 30 YEARS, OUR INNOVATIVE LEGAL

STRATEGIES HAVE BEEN A DRIVING FORCE IN MANY OF THE MOST IMPORTANT

ADVANCES IN REPRODUCTIVE RIGHTS LAW WORLDWIDE, AND IN BROADENING HOW

HUMAN RIGHTS ARE UNDERSTOOD AND APPLIED TO SOME OF THE MOST PRESSING

CHALLENGES SOCIETIES FACE TODAY. OUR GROUNDBREAKING CASES BEFORE NATIONAL

COURTS, UNITED NATIONS COMMITTEES, AND REGIONAL HUMAN RIGHTS BODIES HAVE

DRAMATICALLY EXPANDED ACCESS TO REPRODUCTIVE HEALTH CARE AND REDRESSED

RIGHTS VIOLATIONS.

FORM 990, PART VI, SECTION A, LINE 1:

IN FY16, THE CENTER'S GOVERNING BODY DELEGATED BROAD AUTHORITY TO ACT ON ITS BEHALF TO AN EXECUTIVE COMMITTEE.

MEMBERSHIP: THE PRESIDENT AND ALL OTHER OFFICERS SHALL BE THE MEMBERS OF
THE EXECUTIVE COMMITTEE. THE BOARD CHAIR, AT HIS OR HER DISCRETION, MAY
INVITE OTHER MEMBERS TO ANY PARTICULAR MEETING. THE BOARD CHAIR SHALL
CHAIR THE COMMITTEE.

Employer identification number 13-3669731

THE SCOPE OF THE COMMITTEE'S AUTHORITY: ACT ON BEHALF OF THE BOARD WHEN ACTION IS NEEDED BUT A FULL BOARD MEETING IS NOT POSSIBLE OR NECESSARY.

ALL ACTIONS OF THIS TYPE MUST BE PRESENTED FOR RATIFICATION AT THE NEXT FULL BOARD MEETING. THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO AMEND THE ARTICLES OF THE INCORPORATION OR THE BYLAWS. PLAN, WITH THE PRESIDENT, THE ANNUAL REVIEW OF THE STRATEGIC PLAN BY THE BOARD. EVALUATE THE PERFORMANCE OF THE PRESIDENT ANNUALLY. PERFORM OTHER DUTIES AS DELEGATED BY THE BOARD.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE CORPORATION SHALL AT ALL TIMES CONSIST ONLY OF THE DIRECTORS OF THE CORPORATION (THE "DIRECTORS"). THE ELECTION OF A PERSON AS A DIRECTOR SHALL LIKEWISE BE AN ADMISSION OF SUCH PERSON TO MEMBERSHIP IN THE CORPORATION. NO PERSON SHALL CONTINUE TO BE A MEMBER OF THE CORPORATION (A "MEMBER") AFTER CEASING TO BE A DIRECTOR.

FORM 990, PART VI, SECTION A, LINE 7A:

IN CASE OF ANY INCREASE OR DECREASE FROM TIME TO TIME IN THE NUMBER OF DIRECTORS, THE BOARD IS AUTHORIZED TO ASSIGN THE PERSON TO FILL SUCH NEWLY CREATED DIRECTORSHIP.

AS A DIRECTOR SHALL LIKEWISE BE AN ADMISSION OF SUCH PERSON TO MEMBERSHIP

IN THE CORPORATION. NO PERSON SHALL CONTINUE TO BE A MEMBER OF THE

CORPORATION (A "MEMBER") AFTER CEASING TO BE A DIRECTOR.

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

THE FORM 990 WAS COMPILED BY OUTSIDE ACCOUNTANTS BASED ON SUPPORTING

SCHEDULES PREPARED BY THE CENTER'S ACCOUNTING DEPARTMENT. THE DRAFT 990 IS REVIEWED BY THE ACCOUNTING TEAM, EXECUTIVE TEAM AND IS CIRCULATED TO THE BOARD IN PDF VERSION FOR REVIEW PRIOR TO FILING.

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

AT THE BEGINNING OF EACH FISCAL YEAR, THE CENTER'S BOARD MEMBERS AND STAFF COMPLETE CONFLICT-OF-INTEREST FORMS TO DISCLOSE IF THEY OR THEIR IMMEDIATE FAMILY HAVE INTERESTS OR OTHER EMPLOYMENT WHICH WOULD ALLOW THEM TO BENEFIT FINANCIALLY OR RESULT IN SOME TYPE OF PERSONAL GAIN, DUE TO THE INFLUENCE THEY MAY HAVE ON DECISIONS MADE. THE CENTER'S VICE PRESIDENT OF GLOBAL ADMINISTRATION AND OFFICE OPERATIONS THEN REVIEWS THE CONFLICT-OF-INTEREST DISCLOSURE FORMS AND, IF A CONFLICT IS IDENTIFIED, THE CHIEF OPERATING OFFICER WILL BE NOTIFIED AND WILL DISCUSS THE CONFLICT WITH THE APPROPRIATE PARTIES AND WILL TAKE FURTHER ACTION IF NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15:

THE CENTER CONDUCTS A COMPENSATION AND BENEFITS ANALYSIS EVERY THREE
YEARS TO DETERMINE IF THE CENTER'S COMPENSATION, LEAVE AND BENEFIT
PROGRAMS ARE COMPETITIVE WITH COMPARABLE ORGANIZATIONS. THE CENTER
UNDERTOOK A WHOLISTIC COMPENSATION AND BENEFITS ANALYSIS IN 2017, IN
WHICH THE CENTER ANALYZED SALARY AND BENEFITS INFORMATION PROVIDED BY 17
COMPARABLE COMPANIES AND DATA FROM PUBLISHED SURVEYS FOR NON-PROFIT
ORGANIZATIONS. THE CENTER ALSO SOLICITED FEEDBACK FROM STAFF REGARDING
THE CENTER'S COMPENSATION AND BENEFIT PROGRAMS THROUGH AN IN-HOUSE CUSTOM
SURVEY. SALARIES AND BENEFITS OF STAFF POSITIONS THAT WERE FOUND TO BE

THE CENTER FOR REPRODUCTIVE RIGHTS INC

BELOW THAT OF COMPARABLE COMPANIES WERE ADJUSTED ACCORDINGLY. IN OCTOBER 2019 THE CENTER ANALYZED SALARY BENCHMARK DATA DRAWN FROM PAYSCALE ON-DEMEND AND THE HUMENTUM INGO ANNUAL SURVEYS FOR US-BASED STAFF IN THE FIRST THREE LEVELS OF THE ORGANIZATION AND CREATED A CAREER LADDER AND SALARY LEVELS FOR THE SAME, WITH ALL STAFF IN THE CATEGORY MAPPED TO THE RIGHT LEVEL. IN NOVEMBER 2019, THE CENTER ANALYZED SALARY BENCHMARKS PAYSCALE ON-DEMAND DATA FOR US-BASED ATTORNEYS AND CREATED A US ATTORNEY CAREER LADDER AND SALARY LEVEL, WITH ALL ATTORNEYS MAPPED TO FIT THE SALARY LEVELS. IN MAY 2020, THE CENTER ANALYZED SALARY BENCHMARK DATA FROM THE BIRCHES GROUP INGO SURVEYS FOR SWITZERLAND, COLUMBIA & KENYA FOR ALL GLOBAL STAFF AND ADJUSTED SALARIES FOR POSITIONS THAT WERE FOUND TO BE BELOW BENCHMARK. IN ADDITION, THE CENTER CONDUCTS AN ANNUAL PERFORMANCE EVALUATION FOR ITS MANAGEMENT AND THE REST OF ITS STAFF. THE CENTER THEN APPLIES MERIT INCREASES BASED ON THE RESULTS OF THE EVALUATION. ANNUALLY, THE CENTER DISCLOSES TO ITS EXECUTIVE COMMITTEE THE COMPENSATION AND BENEFITS OF MEMBERS OF SENIOR MANAGEMENT. ANNUALLY, THE BOARD OF DIRECTORS ALSO REVIEW THE PERFORMANCE OF THE INDIVIDUAL WHO IS SERVING AS BOTH THE CENTER'S PRESIDENT AND CEO. IT DELEGATES THE DECISION OF COMPENSATION OF THE INDIVIDUAL WHO IS SERVING AS BOTH PRESIDENT AND CEO BASED ON PERFORMANCE TO THE EXECUTIVE COMMITTEE OF THE BOARD. AFTER DELIBERATION WITH THE EXECUTIVE COMMITTEE, THE CHAIRMAN OF THE BOARD MEETS WITH THE PERSIDENT AND CEO TO PRESENT ANY FEEDBACK AS WELL AS THE DECISION REGARDING ANY CHANGE IN COMPENSATION. THE CHAIRMAN THEN DOCUMENTS THE DECISION IN AN EMAIL TO THE CHIEF STRATEGY AND OPERATIONS OFFICER.

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization

THE CENTER FOR REPRODUCTIVE RIGHTS INC

Employer identification number

13-3669731

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS

REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

IN ADDITION, THE CENTER'S FINANCIAL STATEMENTS ARE PART OF ITS ANNUAL

REPORT WHICH IS AVAILABLE ONLINE IN THE CENTER'S WEBSITE.

FROM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

KENYA

COLOMBIA

NEPAL

SWAZILAND

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, CA, CO,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

AB DATA

DIR. MAIL CONSULTING

559,498.

Schedule O (Form 990 or 990-EZ) 2019

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization Employer identification number THE CENTER FOR REPRODUCTIVE RIGHTS INC 13-3669731 ATTACHMENT 3 (CONT'D)

990.	PART VII	- COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
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NAME AND ADDRESS 600 A.B. DATA DRIVE	DESCRIPTION OF SERVICES	COMPENSATION
MILWAUKEE, WI 53217		
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193	SOFTWARE	260,820.
ENID MUTHONI NDIGA COZY RESIDENCES, GITHUNGURI ROAD NAIROBI KENYA	CONSULTING	183,070.
BERLIN ROSEN 15 MAIDEN LANE, SUITE 1600 NEW YORK, NY 10038	CONSULTING	169,091.
NETSURIT, INC. 247 WEST 30TH STREET NEW YORK, NY 10001	COMPUTER SERVICES	161,613.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
RECRUITMENT AND TEMP. AGENCIES	855,121.	734,671.	120,450.	
INTERNATIONAL PARTNERS	74,489.	63,997.	10,492.	
OTHER PROFESSIONAL FEES	3,106,781.	2,652,089.	454,692.	
TOTALS	4,036,391.	3,450,757.	585,634.	